

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

| IDENTIFICATION (1) | | | | | | | | | | | | | | |
|---|---|-------|--|---|---|--|--|---------------------------------|---|---|--|-----------------------------------|---|--|
| PLACE NAME _____ | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | |
| CLUSTER NUMBER | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR STANDARD BIOMARKER TESTING? (1=YES, 2=NO) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MICRONUTRIENT AND FOOD FORTIFICATION TESTING? (1=YES, 2=NO) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><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; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | INT. NO. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | RESULT* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| TIME | _____ | _____ | | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| *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; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> | 0 | 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | NATIVE LANGUAGE OF RESPONDENT** | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | TRANSLATOR USED (YES = 1, NO = 2) | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | |
| 0 | 1 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | ENGLISH | | **LANGUAGE CODES: 01 ENGLISH 03 TUMBUKA 02 CHICHEWA | | | | | | | | | | | |
| TEAM | TEAM SUPERVISOR | | CAPI SUPERVISOR (2) | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER | | | NAME | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER | | | | | NAME | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis. Curly brackets {} indicate dynamic text that will be automatically filled by CSPPro and should not be changed.

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with NSO. We are conducting a survey about health and other topics all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



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

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | MORE PEOPLE | IF AGE 15 OR OLDER | | | |
|----------|--|---|--------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|---|--|
| | | | | 5 | 6 | | | 8 | 9 | 10 | 11 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7-1 | 8 | 9 | 10 | 11 |
| | 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. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON. | What is the relationship of {FULL NAME} to the head of the household? SEE CODES BELOW. | Is {FULL NAME} male or female? | Does {FULL NAME} usually live here? | Did {FULL NAME} stay here last night? | How old is {FULL NAME}? IF 95 OR MORE, RECORD '95' | Are there any other persons living in this household? | What is {FIRST NAME}'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49] | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| 01 | | <input type="text"/> | M 1 2 | Y 1 2 | N 1 2 | IN YEARS <input type="text"/> | Y 1 → GO TO NEXT LINE 2 GO TO 7A ← | <input type="text"/> | 01 | 01 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 1 → GO TO NEXT LINE 2 GO TO 7A ← | <input type="text"/> | 02 | 02 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 1 → GO TO NEXT LINE 2 GO TO 7A ← | <input type="text"/> | 03 | 03 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 1 → GO TO NEXT LINE 2 GO TO 7A ← | <input type="text"/> | 04 | 04 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 1 → GO TO NEXT LINE 2 GO TO 7A ← | <input type="text"/> | 05 | 05 | 05 |

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 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 98 = DONT KNOW

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ADD TO TABLE NO

7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

HOUSEHOLD SCHEDULE

| LINE NO. | IF AGE 0-17 YEARS | | | | IF AGE 4 YEARS OR OLDER | | | IF AGE 4-24 YEARS | | IF AGE 0-4 YEARS |
|----------|--|---|--|--|---|--|---|---|---|--|
| | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | | CURRENT/RECENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION |
| | 12 | 13 | 14 | 15 | 16 | 17A | 17B | 18 | 19 | 20 |
| | Is (FIRST NAME)'s biological mother alive? | Does (FIRST NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER IF NO: RECORD '00' | Is (FIRST NAME)'s biological father alive? | Does (FIRST NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER IF NO: RECORD '00' | Has (FIRST NAME) ever attended school or any early childhood education program? | What is the highest level of school (FIRST NAME) has attended? | What is the highest grade (FIRST NAME) completed at that level? | Did (FIRST NAME) attend school or any early childhood education program at any time during the [2019-2020] school year? | During [this/that] school year, what level and grade [is/was] (FIRST NAME) attending? | Does (FIRST NAME) have a birth certificate? IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW |
| | Y N DK 1 2-8 GO TO 14 | Y N DK 1 2-8 GO TO 14 | Y N DK 1 2-8 GO TO 16 | Y N DK 1 2-8 GO TO 16 | Y N 1 2 GO TO 20 | SEE CODES BELOW. | SEE CODES BELOW. | (4) Y N 1 2 GO TO 20 | SEE CODES BELOW. LEVEL GRADE [][] [][] | [][] |
| 01 | | | | | | | | | | |
| 02 | | | | | | | | | | |
| 03 | | | | | | | | | | |
| 04 | | | | | | | | | | |
| 05 | | | | | | | | | | |

CODES FOR Qs. 17 AND 19: EDUCATION

- LEVEL**
 0 = EARLY CHILDHOOD EDUCATION PROGRAM (USE '00' FOR Q. 17 ONLY.)
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 6 = ADULT LITERACY PROGRAM
 8 = DON'T KNOW
- GRADE**
 00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 17 ONLY.)
 THIS CODE IS NOT ALLOWED FOR Q. 19.)
 98 = DON'T KNOW
 99 = ADULT LITERACY PROGRAM
 8 = DON'T KNOW

D

HOUSEHOLD SCHEDULE

| DISABILITY | | | | | | | | | | | | | | |
|------------|--|--|---|---------------------------------------|---|--|---|--|---|--|--|----------------------------------|--|--|
| LINE NO. | P13A0 | P13A1 | P13A2 | P13B0 | P13B1 | P13B2 | P13C1 | P13D1 | P13E1 | P13F1 | P13G | P13H | P13I | P13J |
| | Does (FIRST NAME) wear glasses or contact lenses to help them see? | Does (FIRST NAME) have difficulty in seeing? | Does (FIRST NAME) have difficulty seeing even if wearing glasses? | Does (FIRST NAME) wear a hearing aid? | Does (FIRST NAME) have difficulty in hearing? | Does (FIRST NAME) have difficulty in hearing, even if using hearing aid? | Does (FIRST NAME) have difficulty in walking or climbing steps? | Does (FIRST NAME) have difficulty in speaking? | Does (FIRST NAME) have difficulty learning new things or solving problems or remembering? | Would you say that (FIRST NAME) has experienced developmental delay? | Does (FIRST NAME) have difficulty with self-care such as washing all over or dressing? | Does (FIRST NAME) have Albinism? | Does (FIRST NAME) have Epilepsy or seizures? | Does (FIRST NAME) have any other disability? |
| 1 | Y 1 ↓ GO TO P13A2 | Y N 1 2 ↓ GO TO P13B1 | SEE CODES BELOW. <input type="checkbox"/> | Y N 1 2 ↓ GO TO P13B2 | Y N 1 2 ↓ GO TO P13C1 | SEE CODES BELOW. <input type="checkbox"/> | SEE CODES BELOW. <input type="checkbox"/> | SEE CODES BELOW. <input type="checkbox"/> | Y N 1 2 | Y N 1 2 | Y N 1 2 | Y N 1 2 | Y N DK 1 2 8 | Y N DK 1 2 8 |
| 2 | 1 ↓ GO TO P13A2 | 1 2 ↓ GO TO P13B1 | <input type="checkbox"/> | 1 2 ↓ GO TO P13B2 | 1 2 ↓ GO TO P13C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 8 | 1 2 8 |
| 3 | 1 ↓ GO TO P13A2 | 1 2 ↓ GO TO P13B1 | <input type="checkbox"/> | 1 2 ↓ GO TO P13B2 | 1 2 ↓ GO TO P13C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 8 | 1 2 8 |
| 4 | 1 ↓ GO TO P13A2 | 1 2 ↓ GO TO P13B1 | <input type="checkbox"/> | 1 2 ↓ GO TO P13B2 | 1 2 ↓ GO TO P13C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 8 | 1 2 8 |
| 5 | 1 ↓ GO TO P13A2 | 1 2 ↓ GO TO P13B1 | <input type="checkbox"/> | 1 2 ↓ GO TO P13B2 | 1 2 ↓ GO TO P13C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 8 | 1 2 8 |

CODES FOR Q. P13A2, P13B2, P13C1, P13D1, P13E1: DEGREE OF DIFFICULTY

- 1 = NO DIFFICULTY
- 2 = YES - SOME DIFFICULT
- 3 = YES - A LOT OF DIFFICULT
- 4 = CANNOT SEE/ HEAR/WALK/ CLIMB
- 5 = DONT KNOWN

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------|---|--|--|
| 101 (5) | What is the main source of drinking water for members of your household? | <p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (SPECIFY)</p> | <p>→ 106</p> <p>→ 103</p> <p>→ 103</p> |
| 102 | What is the main source of water used by your household for other purposes such as cooking and handwashing? | <p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p> | <p>→ 106</p> |
| 103 | Where is that water source located? | <p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p> | <p>→ 106</p> |
| 104 | How long does it take to go there, get water, and come back? | <p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> | |
| 105 | Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'. | <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | |
|------------|---|---|-------|--|--|
| 106 | In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed? | YES 1 NO 2 DON'T KNOW 8 | | | |
| 107 | Do you usually do anything to the water to make it safer to drink? | YES 1 NO 2 DON'T KNOW 8 | → 109 | | |
| 108 | What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED. | BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z | | | |
| 109 (6) | What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY. | FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH CONCRETE/CEMENT SL 22 PIT LATRINE WITH LOG/ROCK SL 23 PIT LATRINE WITHOUT SLAB/OPEN PIT 24 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY) | → 117 | | |
| 110 | Do you share this toilet facility with other households? | YES 1 NO 2 | → 112 | | |
| 111 | Including your own household, how many households use this toilet facility? | NO. OF HOUSEHOLDS IF LESS THAN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98 | 0 | | |
| 0 | | | | | |
| 112 | Where is this toilet facility located? | IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3 | | | |
| 113 | CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓ | OTHER <input type="checkbox"/> | → 117 | | |
| 114 | CHECK 109: CODE <input type="checkbox"/> 12 ↓ CODE <input type="checkbox"/> 13, 21, ↓ 22, OR 23 CODE <input type="checkbox"/> 31 ↓ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied? | YES 1 NO 2 DON'T KNOW 8 | → 117 | | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 115 | <p>CHECK 109:</p> <p>CODE <input type="checkbox"/> 12 ↓ CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ CODE <input type="checkbox"/> 31 ↓</p> <p>a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 116 | Where were the contents emptied to? | <p>A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> | |
| 117 | In your household, what type of cookstove is mainly used for cooking? | <p>ELECTRIC STOVE 01</p> <p>SOLAR COOKER 02</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/COOKING GAS STOVE 03 → 121</p> <p>PIPED NATURAL GAS STOVE 04</p> <p>BIOGAS STOVE 05</p> <p>LIQUID FUEL STOVE 06 → 120</p> <p>MANUFACTURED SOLID FUEL STOVE 07</p> <p>TRADITIONAL SOLID FUEL STOVE 08</p> <p>THREE STONE STOVE/OPEN FIRE 09 → 120</p> <p>NO FOOD COOKED IN HOUSEHOLD 95 → 126</p> <p>OTHER _____ 96 → 120 (SPECIFY)</p> | |
| 118 | Does the stove have a chimney? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------------------|
| 120 | What type of fuel or energy source is used in this cookstove? | ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROI 08 ANIMAL DUNG/WASTI 09 PROCESSED BIOMASS (PELLETS) OR WOODC 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY) | |
| 121 | Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY) | } } } → 123 |
| 122 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|---|-------|-----|----|-----------------|---|---|-------------|---|---|------------------|---|---|----------------------------|---|---|----------------|---|---|--------------------|---|---|--------------|---|---|-----------------------|---|---|----------|---|---|--|
| 126 | At night, what does your household mainly use to light the home? | ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 SHRUBS/GRASS 10 AGRICULTURAL CROP/STRAW 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | How many rooms in this household are used for sleeping? | ROOMS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1 NO 2 | → 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 (7) | How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens ? g) Other poultry? h) Pigs | a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS <input type="text"/> <input type="text"/> g) OTHER POULTRY <input type="text"/> <input type="text"/> h) PIGS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | Does any member of this household own any agricultural land? | YES 1 NO 2 | → 132 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'. | HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 (8) | Does your household have: | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) A non-mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) A computer?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) Sofa set?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) Bed with mattress?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) Torch</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | a) Electricity? | 1 | 2 | b) A radio? | 1 | 2 | c) A television? | 1 | 2 | d) A non-mobile telephone? | 1 | 2 | e) A computer? | 1 | 2 | f) A refrigerator? | 1 | 2 | g) Sofa set? | 1 | 2 | h) Bed with mattress? | 1 | 2 | i) Torch | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Electricity? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) A radio? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) A television? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) A non-mobile telephone? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) A computer? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) A refrigerator? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Sofa set? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Bed with mattress? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) Torch | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP |
|-----|--|--|--------------------------------------|-------|
| 133 | Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A laptop? | YES | NO | |
| | | a) WATCH 1 | 2 | |
| | | b) MOBILE PHONE 1 | 2 | |
| | | c) BICYCLE 1 | 2 | |
| | | d) MOTORCYCLE/SCOOTER 1 | 2 | |
| | | e) ANIMAL-DRAWN CART 1 | 2 | |
| | | f) CAR/TRUCK 1 | 2 | |
| | | g) BOAT WITH MOTOR 1 | 2 | |
| | | h) LAPTOP 1 | 2 | |
| 134 | Does any member of this household have an account in a bank or other financial institution? | YES 1 | NO 2 | |
| 135 | Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages? | YES 1 | NO 2 | |
| 136 | How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never? | DAILY 1 | WEEKLY 2 | |
| | | MONTHLY 3 | LESS OFTEN THAN ONCE A MONTH 4 | |
| | | NEVER 5 | | |
| 137 | Does your household have any mosquito nets? | YES 1 | NO 2 | → 149 |
| 138 | How many mosquito nets does your household have? | NUMBER OF NETS <input style="width: 40px; height: 20px;" type="text"/> | | |

MOSQUITO NETS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| | ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE. | | |
| 139 | ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE. | NET NUMBER <input type="text"/> <input type="text"/> | |
| 140 | I would like to take a look at the nets. Can you show me the first net? RECORD IF THE NET WAS OBSERVED OR NOT OBSERVED. | OBSERVED 1 NOT OBSERVED 2 | |
| 141 | How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 | |
| 142 | OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT. | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWAPLUS 11 DURANET 12 INTERCEPTOR 13 LIFENET 14 MAGNET 15 OLYSET 16 OLYSET PLUS 17 PERMANET 2.0 18 PERMANET 3.0 19 ROYAL SENTRI 20 YORKKOO 21 OTHER/DON'T KNOW BRAND (LLIN) 26 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98 | |
| 143 | Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit? | YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 NO 4 | } → 145 |
| 144 | Where did you get the net? | GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98 | |
| 145 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 NOT SURE 8 | → 147 → 148 |

MOSQUITO NETS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------|---|---|--------------|
| 146 | <p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p> | <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> | <p>→ 148</p> |
| 147 | <p>What was the main reason this net was not used last night?</p> | <p>TOO HOT 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE 02</p> <p>DON'T LIKE SMELL 03</p> <p>UNABLE TO HANG NET 04</p> <p>SLEPT OUTDOORS 05</p> <p>USUAL USER DIDN'T SLEEP HERE LAST NIGH' 06</p> <p>NO MOSQUITOES/NO MALARIA 07</p> <p>EXTRA NET/SAVING FOR LATE 08</p> <p>TORN NET 09</p> <p>DON'T LIKE SLEEPING UNDER NE' 10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 148 (9) | GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149. | | |

ADDITIONAL HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------|--|---|-------|
| 149 | We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands? | OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PL 3 NOT OBSERVED, NO PERMISSION TO S 4 NOT OBSERVED, OTHER REASON 5 | → 152 |
| 150 | OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 | |
| 151 | OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE OF HANDWASHING. RECORD OBSERVATION. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y | |
| 152 (6) | OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOC 22 FINISHED FLOOR PARQUET OR POLISHED WOO 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY) | |
| 153 (6) | OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION. | NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOC 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY) | |

ADDITIONAL HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------------|---|--|------|--|--|--|--|--|--|--|--|
| 154 (6) | OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION. | NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY) | | | | | | | | | |
| 156 | RECORD THE TIME. | HOURS <table border="1" data-bbox="1187 792 1318 846"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1187 846 1318 900"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 WOMAN'S QUESTIONNAIRE

MALAWI
 NATIONAL STATISTICAL OFFICE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | |
|---|--------------------|--|--|--|----------------------------|---------------------------------|--|--|---------------|--|--|---------------|--|--|-------------|-----------------|---------|--|--|
| PLACE NAME _____ | | | | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | |
| CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO) | | | | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) | | | | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY MONTH YEAR INT. NO. | | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | RESULT* | | | | | | | | | | | | | | | |
| NEXT VISIT: DATE TIME | _____ | _____ | | TOTAL NUMBER OF VISITS | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td>*RESULT CODES: 1 COMPLETED</td> <td>4 REFUSED</td> <td colspan="3"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> <td colspan="2"></td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: center;">SPECIFY</td> <td colspan="2"></td> </tr> </table> | | | | | *RESULT CODES: 1 COMPLETED | 4 REFUSED | | | | 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ | | | 3 POSTPONED | 6 INCAPACITATED | SPECIFY | | |
| *RESULT CODES: 1 COMPLETED | 4 REFUSED | | | | | | | | | | | | | | | | | | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ | | | | | | | | | | | | | | | | | |
| 3 POSTPONED | 6 INCAPACITATED | SPECIFY | | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | 0 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> | | | NATIVE LANGUAGE OF RESPONDENT** | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> | | | TRANSLATOR USED (YES = 1, NO = 2) | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | ENGLISH | **LANGUAGE CODES: 01 ENGLISH 03 TUMBUKA 02 CHICHEWA | | | | | | | | | | | | | | | | | |
| TEAM | TEAM SUPERVISOR | | CAPI SUPERVISOR | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> NUMBER | | | _____ NAME | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> NUMBER | | | | | _____ NAME | <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> NUMBER | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with NSO. We are conducting a survey about health and other topics all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 101 | RECORD THE TIME. | HOURS <input type="text"/> MINUTES <input type="text"/> | |
| 102 | What district/city were you born in? | CHITIPA 01 KARONGA 02 NKHATABAY 03 RUMPHI 04 MZIMBA 05 LIKOMA 06 MZUZU CITY 07 KASUNGU 08 NKHOTAKOTA 09 NTCHISI 10 DOWA 11 SALIMA 12 LILONGWE 13 MCHINJI 14 DEDZA 15 NTCHEU 16 LILONGWE CITY 17 MANGOCHI 18 MACHINGA 19 ZOMBA 20 CHIRADZULU 21 BLANTYRE 22 MWANZA 23 THYOLO 24 MULANJE 25 PHALOMBE 26 CHIKWAWA 27 NSANJE 28 BALAKA 29 NENO 30 ZOMBA CITY 31 BLANTYRE CITY 32 OUTSIDE OF [COUNTRY] 96 | → 104 |
| 103 | What country were you born in? | COUNTRY _____ <input type="text"/> | |
| 104 | How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> ALWAYS 95 VISITOR 96 | → 110 |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 105 | CHECK 104: 00 - 04 YEARS <input type="checkbox"/> ↓ 05 YEARS <input type="checkbox"/> OR MORE | → 107 | |
| 106 | In what month and year did you move here? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 107 | Just before you moved here, which district/city did you live in? | CHITIPA 01 KARONGA 02 NKHATABAY 03 RUMPHI 04 MZIMBA 05 LIKOMA 06 MZUZU CITY 07 KASUNGU 08 NKHOTAKOTA 09 NTCHISI 10 DOWA 11 SALIMA 12 LILONGWE 13 MCHINJI 14 DEDZA 15 NTCHEU 16 LILONGWE CITY 17 MANGOCHI 18 MACHINGA 19 ZOMBA 20 CHIRADZULU 21 BLANTYRE 22 MWANZA 23 THYOLO 24 MULANJE 25 PHALOMBE 26 CHIKWAWA 27 NSANJE 28 BALAKA 29 NENO 30 ZOMBA CITY 31 BLANTYRE CITY 32 OUTSIDE OF THE COUNTRY 96 | |
| 108 | Just before you moved here, did you live in a city, in a town, or in a rural area? | CITY 1 TOWN 2 RURAL AREA 3 | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 120 | Do you listen to the radio at least once a week, less than once a week or not at all? | AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 | |
| 121 | Do you watch television at least once a week, less than once a week or not at all? | AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 | |
| 122 | Do you own a mobile phone? | YES 1 NO 2 | → 127 |
| 123 | Is your mobile phone a smart phone? | YES 1 NO 2 | |
| 127 | Have you ever used the Internet from any location on any device? | YES 1 NO 2 | → 130 |
| 128 | In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE. | YES 1 NO 2 | → 130 |
| 129 | During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 130 | What is your religion? | CATHOLIC 01 CCAP 02 ANGLICAN 03 SEVEN DAYS/BAPTIST 04 PENTECOSTAL 05 OTHER CHRISTIAN 06 MUSLIM 07 NO RELIGION 08 OTHER _____ 96 (SPECIFY) | |
| 131 | What is your ethnic group? | CHEWA 01 TUMBUKA 02 LOMWE 03 TONGA 04 YAO 05 SENA 06 NKHONDE 07 NGONI 08 MANG'ANJA 09 OTHER _____ 96 (SPECIFY) | |

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|--------------|
| 230 | <p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> | <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p> | |
| 231 | <p>C FOR EACH LIVE BIRTH IN 2019-2024, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2019-2024, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p> | | |
| 232 | <p>Are you pregnant now?</p> | <p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p> | <p>→ 236</p> |
| 233 | <p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p> | <p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> | |
| 234 | <p>When you got pregnant, did you want to get pregnant at that time?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 236</p> |
| 235 | <p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p> | <p>LATER 1</p> <p>NO MORE/NONE 2</p> | |

SECTION 2. REPRODUCTION

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

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--|
| 302 | CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ | PREGNANT <input type="checkbox"/> → 317 | |
| 303 | Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 307 |
| 304 | Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner? | YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4 | → 306 |
| 305 | CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. | PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. | BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. |
| 306 | Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception? | YES 1 NO 2 | → 317 |
| 307 | Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y | → 312 → 314 → 314 → 310 → 311 → 314 |
| 308 | Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE. | DMPA-SC/SAYANA PRESS 1 DMPA-IM 2 NEEDLE AND SYRINGE 3 DON'T KNOW 8 | → 314 |
| 309 | The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you? | SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 DON'T KNOW 8 | → 314 |
| 310 | What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. | MICROLUT 01 MICROGYNON 02 OVERETTE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | → 314 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|--|---|-------|--|--|--|--|--|-------|
| 311 | What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. | CHISHANGO 01 MANYUCHI 02 ICON GOLD 03 CARE (FEMALE CONDOMS) 04 PUBLIC SECTOR CONDOMS 05 MOODS 06 ROUGH RIDER 07 DUREX 08 BAREBACK 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | → 314 | | | | | | |
| 312 | In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) CHAM/MISSION/IHAM HOSPITAL 21 HEALTH CENTER 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL. 31 PRIVATE DOCTOR'S OFFICE 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) NGO BLM 41 PSI 42 FPAM 43 OTHER NGO _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | | | | | | | |
| 313 | 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></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | → 315 |
| | | | | | | | | | |
| | | | | | | | | | |
| 314 | Since what month and year have you been using {METHOD} without stopping? PROBE: For how long have you been using {METHOD} now without stopping? | MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><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><td> </td></tr></table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 315 | CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO <input type="checkbox"/> YES <input type="checkbox"/> | GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). | | | | | | | |

SECTION 3. CONTRACEPTION (CAPI OPTION) (8)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 316 | <p>CHECK 313 AND 314:</p> <p align="center">YEAR IS 2019-2024 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE ↓</p> | <p align="center">YEAR IS 2018 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2019.</p> <p align="center">THEN ↓ (SKIP TO 329) ←</p> | |
| 317 | <p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF</p> | C | |
| 317A | MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE. | <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 317B | Between {EVENT ONE} in {MONTH/YEAR ONE} and {EVENT TWO} in {MONTH/YEAR TWO}, did you or your partner use any method of contraception? | <p>YES 1</p> <p>NO 2</p> | → 317I |
| 317C | Which method was that? | METHOD CODE <input type="text"/> | |
| 317D | <p>How many months after {EVENT ONE} in {MONTH/YEAR ONE} did you start to use the {METHOD}?</p> <p>RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.</p> | <p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p> | → 317F |
| 317E | RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD. | <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 317F | <p>For how many months did you use the {METHOD} continuously?</p> <p>RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE</p> | <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p> | → 317H |
| 317G | RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. | <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 317H | Why did you stop using {METHOD}? | REASON STOPPED <input type="text"/> | |
| 317I | GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318. | | |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---|
| 318 | Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy? | YES 1 NO 2 | |
| 319 | CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> | | → 321 |
| 320 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | → 331 |
| 321 | CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96 | → 331 → 324 → 332 → 332 → 332 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 322 | <p>You first started using {METHOD} in {DATE FROM 314}. Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>CBDA/DOOR TO DOOR 24</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>CBDA/DOOR TO DOOR 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>NGO</p> <p>BLM 41</p> <p>PSI 42</p> <p>FPAM 43</p> <p>MACRO 44</p> <p>YOUTH DROP-IN CENTER 45</p> <p>OTHER SOURCE</p> <p>SHOP 71</p> <p>CHURCH 72</p> <p>FRIEND/RELATIVE 73</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 323 | At that time, were you told about side effects or problems you might have with the method? | <p>YES 1</p> <p>NO 2</p> | → 325 |
| 324 | When you got sterilized, were you told about side effects or problems you might have with the method? | <p>YES 1</p> <p>NO 2</p> | |
| 325 | Were you told what to do if you experienced side effects or problems? | <p>YES 1</p> <p>NO 2</p> | |
| 326 | At that time, were you told about other methods of family planning that you could use? | <p>YES 1</p> <p>NO 2</p> | |
| 327 | <p>CHECK 307:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>FEMALE STERILIZATION 01</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTION 09</p> <p>STANDARD DAYS METHOD 10</p> <p>OTHER MODERN METHOD 95</p> | → 332 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---------------------------|-------|
| 331 | Do you know of a place where you can obtain a method of family planning? | YES 1 NO 2 | |
| 332 | In the last 12 months, were you visited by a fieldworker? | YES 1 NO 2 | → 334 |
| 333 | Did the fieldworker talk to you about family planning? | YES 1 NO 2 | |
| 334 | CHECK 202: CHILDREN LIVING WITH RESPONDENT <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ a) In the last 12 months, have you visited a health facility for care for yourself or your children? </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> NO <input type="checkbox"/> ↓ b) In the last 12 months, have you visited a health facility for care for yourself? </div> </div> | YES 1 NO 2 | → 401 |
| 335 | Did any staff member at the health facility speak to you about family planning methods? | YES 1 NO 2 | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|---|-------------------------|--|--|--|--|--|--|--|--|
| 409 | Did you want to have a baby later on, or not at all? | LATER 1 NOT AT ALL 2 | → 411 | | | | | | | | |
| 410 | How much longer did you want to wait? | MONTHS 1 <table border="1" data-bbox="1189 253 1318 309"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" data-bbox="1189 309 1318 365"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 411 | CHECK 405: PREGNANCY OUTCOME TYPE | MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5 | → 434 → 434 → 475 | | | | | | | | |
| 412 | Did you see anyone for antenatal care for this pregnancy? | YES 1 NO 2 | → 414 | | | | | | | | |
| 413 | CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ← | MOST RECENT STILLBIRTH <input type="checkbox"/> | → 426 | | | | | | | | |
| 414 | Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT A NURSE/MIDWIFE B PATIENT ATTANDANT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|--|--------------|-----|----|----|-------|---|---|---|----------|---|---|---|----------|---|---|---|--------------|---|---|---|----------|---|---|---|---------------|---|---|---|-------------|---|---|---|--|
| 415 | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p> | <p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>CHAM/MISSION/IHAM HOSPITAL E HEALTH CENTER F</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL G PRIVATE DOCTOR'S OFFICE H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY)</p> <p>NGO BLM J PSI K FPAM L OTHER NGO _____ M (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Y</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 416 | <p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> | <p>WEEKS 1 <table border="1" data-bbox="1187 1070 1318 1122"><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1187 1122 1318 1173"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 417 | <p>How many times did you receive antenatal care during this pregnancy?</p> | <p>NUMBER OF TIMES <table border="1" data-bbox="1187 1249 1318 1301"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 418 | <p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) BP | 1 | 2 | 8 | b) URINE | 1 | 2 | 8 | c) BLOOD | 1 | 2 | 8 | d) HEARTBEAT | 1 | 2 | 8 | e) FOODS | 1 | 2 | 8 | f) BREASTFEED | 1 | 2 | 8 | g) BLEEDING | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) BP | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) URINE | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) BLOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) HEARTBEAT | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) FOODS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) BREASTFEED | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) BLEEDING | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 419 | <p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> | <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p> | <p>→ 426</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 420 | <p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>→ 423</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 421 | During this pregnancy, how many times did you get a tetanus injection? | TIMES <input type="text"/> DON'T KNOW 8 | |
| 422 | CHECK 421: ONE TIME <input type="checkbox"/> OR DK ↓ | TWO OR MORE TIMES <input type="checkbox"/> → 426 | → 426 |
| 423 | At any time before this pregnancy, did you receive any tetanus injections? | YES 1 NO 2 DON'T KNOW 8 | → 426 |
| 424 | Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> DON'T KNOW 8 | |
| 425 | CHECK 424: ONLY <input type="checkbox"/> ONE ↓ | MORE <input type="checkbox"/> THAN ONE ↓ YEARS AGO <input type="text"/> <input type="text"/> | |
| 426 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT. | YES 1 NO 2 DON'T KNOW 8 | → 429 |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|---------------------------------------|
| 427 | <p>Where did you get the iron tablets or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p> | <p>PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>CHAM/MISSION/IHAM HOSPITAL E HEALTH CENTER F</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL. G PRIVATE DOCTOR'S OFFICE H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY)</p> <p>NGO BLM J PSI K FPAM L OTHER NGO _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP Q MARKET R MASS DISTRIBUTION CAMPAIGN S OTHER _____ X (SPECIFY)</p> | |
| 428 | <p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p> | <p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> | |
| 429 | <p>During this pregnancy, did you take any medicine for intestinal worms?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 430 | <p>During this pregnancy, did you receive food or cash assistance through the food or cash assistance program?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 431 | <p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p><input type="checkbox"/> → 434</p> |
| 432 | <p>How many times did you take SP/Fansidar during this pregnancy?</p> | <p>TIMES <input type="text"/> <input type="text"/></p> | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---------------------------|
| 433 | <p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p> | <p>ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6</p> | |
| 434 | <p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of {NAME IN 407}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p> <p>b) Who assisted with the delivery of the stillbirth you had in {DATE FROM 406}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE</p> | <p>HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT A NURSE/MIDWIFE B PATIENT ATTANDANT C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p> | |
| 435 | <p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Where did you give birth to {NAME IN 407}? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>CHAM/MISSION/IHAM HOSPITAL 31 HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL. 41 PRIVATE DOCTOR'S OFFICE 42 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>NGO BLM 51 PSI 52 FPAM 53 OTHER NGO _____ 56 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | <p>→ 437</p> <p>→ 437</p> |

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|---|---|-------|--|--|--|--|--|--|
| 447 | <p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) How long after {NAME IN 407} was delivered did you stay in the {FACILITY IN 435}?</p> <p>b) For the stillbirth you had in {DATE FROM 406}, how long after the baby was born did you stay in the {FACILITY IN 435}?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p> <table border="1" data-bbox="1187 259 1318 416"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 448 | <p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p> | <p>YES 1</p> <p>NO 2</p> | → 451 | | | | | | |
| 449 | <p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p> <table border="1" data-bbox="1187 719 1318 875"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 450 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11</p> <p>NURSE/MIDWIFE 12</p> <p>PATIENT ATTANDANT 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>RELATIVE/FRIEND 22</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | |
| 451 | <p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> | <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p> | → 455 | | | | | | |
| 452 | <p>Now I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}.</p> <p>Before {NAME IN 407} left the facility, did anyone check on {NAME IN 407}'s health?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 455 | | | | | | |
| 453 | <p>How long after delivery was {NAME IN 407}'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p> <table border="1" data-bbox="1187 1579 1318 1736"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|
| 454 | Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTANDANT 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY) | | | | | | | |
| 455 | Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility? | YES 1 NO 2 | → 459 | | | | | | |
| 456 | How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="1187 589 1318 636"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="1187 636 1318 683"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="1187 683 1318 730"><tr><td></td><td></td></tr></table> DON'T KNOW 998 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 457 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTANDANT 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY) | | | | | | | |
| 458 | Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) CHAM/MISSION/IHAM HOSPITAL 31 HEALTH CENTER 32 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CI 41 PRIVATE DOCTOR'S OFFICE 42 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) NGO BLM 51 PSI 52 FPAM 53 OTHER NGO _____ 56 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|
| 459 | CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> | MOST RECENT STILLBIRTH <input type="checkbox"/> | → 474 | | | | | | |
| 460 | After {NAME IN 407} left the {FACILITY IN 435} did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health? | YES 1 NO 2 DON'T KNOW 8 | → 473 | | | | | | |
| 461 | How long after the birth of {NAME IN 407} did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="1187 398 1318 450"> <tr><td></td><td></td></tr> </table> DAYS 2 <table border="1" data-bbox="1187 450 1318 501"> <tr><td></td><td></td></tr> </table> WEEKS 3 <table border="1" data-bbox="1187 501 1318 553"> <tr><td></td><td></td></tr> </table> DON'T KNOW998 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 462 | Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTANDANT 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY) | | | | | | | |
| 463 | Where did this check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) CHAM/MISSION/IHAM HOSPITAL 31 HEALTH CENTER 32 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CI 41 PRIVATE DOCTOR'S OFFICE 42 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) NGO BLM 51 PSI 52 FPAM 53 OTHER NGO _____ 56 (SPECIFY) OTHER _____ 96 (SPECIFY) | → 473 | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 464 | <p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to {NAME IN 407}?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in {DATE FROM 406}?</p> | <p>YES 1</p> <p>NO 2 → 468</p> | |
| 465 | <p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> | |
| 466 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11</p> <p>NURSE/MIDWIFE 12</p> <p>PATIENT ATTANDANT 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>RELATIVE/FRIEND 22</p> <p>OTHER _____ 96 (SPECIFY)</p> | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| 467 | <p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>CHAM/MISSION/IHAM HOSPITAL 31 HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL. 41 PRIVATE DOCTOR'S OFFICE 42 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>NGO BLM 51 PSI 52 FPAM 53 OTHER NGO _____ 56 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | | | | | |
| 468 | <p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p style="text-align: center;"> MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓ </p> <p style="text-align: center;"> MOST RECENT <input type="checkbox"/> STILLBIRTH → 474 </p> | | | | | | | | | | | | | | |
| 469 | <p>I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}.</p> <p>After {NAME IN 407} was born, did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 473 | | | | | | | | | | | | |
| 470 | <p>How long after the birth of {NAME IN 407} did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 471 | <p>Who checked on {NAME IN 407}'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTANDANT 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIEND 22</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|-------|--|--|--|--|--|--|--|--|
| 478 | <p>CHECK 405:</p> <p style="text-align: center;"> PREGNANCY TYPE 1 <input type="checkbox"/> PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> </p> <p>a) Have you had sexual intercourse since the birth of {NAME IN 407}?</p> <p>b) Have you had sexual intercourse since the pregnancy that ended in {DATE FROM 406}?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | |
| 479 | CHECK 405: PREGNANCY OUTCOME TYPE | <p>MOST RECENT LIVE BIRTH 1</p> <p>MOST RECENT STILLBIRTH 3</p> <p>MISCARRIAGE/ABORTION 5</p> | → 487 | | | | | | | | |
| 480 | Did you ever breastfeed {NAME IN 407}? | <p>YES 1</p> <p>NO 2</p> | → 482 | | | | | | | | |
| 481 | CHECK 224 FOR CHILD: | <p>LIVING <input type="checkbox"/> → 486</p> <p>DEAD <input type="checkbox"/> → 487</p> | | | | | | | | | |
| 482 | <p>How long after birth did you first put {NAME IN 407} to the breast?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p> | <p>IMMEDIATELY000</p> <p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 483 | In the first 2 days after delivery, was {NAME IN 407} given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [INSERT COMMON DRINKS AND FOODS THAT MAY BE GIVEN TO NEWBORN INFANTS]? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | |
| 484 | CHECK 224 FOR CHILD: | <p>LIVING <input type="checkbox"/> → 487</p> <p>DEAD <input type="checkbox"/></p> | | | | | | | | | |
| 485 | Are you still breastfeeding {NAME IN 407}? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | |
| 486 | Did {NAME IN 407} drink anything from a bottle with a nipple yesterday during the day or at night? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | | | | | | |
| 487 | CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? | <p>MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←</p> <p>NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 501</p> | | | | | | | | | |

SECTION 5. CHILD IMMUNIZATION

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

SECTION 5. CHILD IMMUNIZATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|-------|------|-----|--|--|--|---|--|--|--|----------------------------|--|--|--|----------------------------|--|--|--|----------------------------|--|--|--|---------------------------------|--|--|--|-------------------------------|--|--|--|-------------------------------|--|--|--|-------------------------------|--|--|--|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|-------------|--|--|--|-------------|--|--|--|---------------------------|--|--|--|---------------------------|--|--|--|----------------------------------|--|--|--|-------------------------|--|--|--|--|--|
| | NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 509 | <p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">DAY</th> <th style="text-align:center;">MONTH</th> <th style="text-align:center;">YEAR</th> </tr> </thead> <tbody> <tr><td style="text-align:right;">BCG</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">MEASLES RUBELLA VACCINE 1</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">MEASLES RUBELLA VACCINE 2</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">TYPHOID CONJUGATED VACCINE (TCV)</td><td></td><td></td><td></td></tr> <tr><td style="text-align:right;">VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MONTH | YEAR | BCG | | | | ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE) | | | | ORAL POLIO VACCINE (OPV) 1 | | | | ORAL POLIO VACCINE (OPV) 2 | | | | ORAL POLIO VACCINE (OPV) 3 | | | | INACTIVATED POLIO VACCINE (IPV) | | | | DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | PNEUMOCOCCAL 1 | | | | PNEUMOCOCCAL 2 | | | | PNEUMOCOCCAL 3 | | | | ROTAVIRUS 1 | | | | ROTAVIRUS 2 | | | | MEASLES RUBELLA VACCINE 1 | | | | MEASLES RUBELLA VACCINE 2 | | | | TYPHOID CONJUGATED VACCINE (TCV) | | | | VITAMIN A (MOST RECENT) | | | | | |
| | DAY | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INACTIVATED POLIO VACCINE (IPV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASLES RUBELLA VACCINE 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASLES RUBELLA VACCINE 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPHOID CONJUGATED VACCINE (TCV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VITAMIN A (MOST RECENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 510 | ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD. | PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON . . . 6 _____ (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 511 | CHECK 509: 'BCG' TO 'TYPHOID CONJUGATED VACCINE (TCV)' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO <input type="checkbox"/> YES <input type="checkbox"/> → 529 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 512 | <p>In addition to what is recorded on (this document/these documents), did {NAME IN 503} receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p> | YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5. CHILD IMMUNIZATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| | NAME OF LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> | |
| 512A | CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES <input type="checkbox"/> SKIP TO 529 ← | NO <input type="checkbox"/> → 530 | |
| 513 | Did {NAME IN 503} ever receive any vaccinations to prevent {NAME IN 503} from getting diseases, including vaccinations received in campaigns or immunization days or child health days? | YES 1 NO 2 DON'T KNOW 8 | → 530 |
| 514 | Has {NAME IN 503} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | |
| 517 | Has {NAME IN 503} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? | YES 1 NO 2 DON'T KNOW 8 | → 521 |
| 518 | Did {NAME IN 503} receive the first oral polio vaccine in the first 2 weeks after birth or later? | FIRST TWO WEEKS 1 LATER 2 | |
| 519 | How many times did {NAME IN 503} receive the oral polio vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 520 | The last time {NAME IN 503} received the polio drops, did {NAME IN 503} also get an IPV injection in the arm to protect against polio? | YES 1 NO 2 DON'T KNOW 8 | |
| 521 | Has {NAME IN 503} ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops? | YES 1 NO 2 DON'T KNOW 8 | → 523 |
| 522 | How many times did {NAME IN 503} receive the pentavalent vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 523 | Has {NAME IN 503} ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? | YES 1 NO 2 DON'T KNOW 8 | → 525 |
| 524 | How many times did {NAME IN 503} receive the pneumococcal vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 525 | Has {NAME IN 503} ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | YES 1 NO 2 DON'T KNOW 8 | → 527 |
| 526 | How many times did {NAME IN 503} receive the rotavirus vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 527 | Has {NAME IN 503} ever received a measles vaccination, that is, an injection in the arm to prevent measles? | YES 1 NO 2 DON'T KNOW 8 | → 528A |
| 528 | How many times did {NAME IN 503} receive the measles vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 528A | Has {NAME IN 503} ever received a typhoid vaccination, that is, an injection in the arm or thigh to prevent typhoid fever? | YES 1 NO 2 DON'T KNOW 8 | |

SECTION 5. CHILD IMMUNIZATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|--------------|
| | NAME OF LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> | |
| 529 | <p>Where did {NAME IN 503} receive most of his/her vaccinations?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBD/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">_____ (SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>CBD/DOOR TO DOOR 24</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>CBD/DOOR TO DOOR 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>NGO</p> <p>BLM 41</p> <p>PSI 42</p> <p>FPAM 43</p> <p>OTHER SOURCE</p> <p>VACCINATION CAMPAIGN 51</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> | |
| 530 | <p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p> | <p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> | <p>→ 601</p> |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|--------------------------------|---|--|-----------|-----|----------|----|------------------------|---|--------------------------------|---|--------------------------------|---|---|---|--------------------|---|---|---|--|
| 601 | CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> | NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643 | | | | | | | | | | | | | | | | | |
| 602 | Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest. | | | | | | | | | | | | | | | | | | |
| 603 | RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 604 | In the last 12 months, was {NAME IN 603} given any of the following: a) Iron tablets or syrup? SHOW COMMON TYPES OF TABLETS/SYRUPS. b) Micronutrient powders (NDISAKANIZENI)? SHOW MULTIPLE MICRONUTRIENT POWDERS. | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NDISAKANIZENI POWDERS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) TABLETS/SYRUP | 1 | 2 | 8 | b) NDISAKANIZENI POWDERS | 1 | 2 | 8 | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| a) TABLETS/SYRUP | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| b) NDISAKANIZENI POWDERS | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 605 | In the last 6 months, was {NAME IN 603} given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS. | <table border="0"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DON'T KNOW | 8 | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | |
| 606 | In the last 6 months, was {NAME IN 603} given any medicine for intestinal worms? | <table border="0"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DON'T KNOW | 8 | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | |
| 607 | In the last 3 months, has any healthcare provider or community health worker measured: a) {NAME IN 603}'s weight? b) {NAME IN 603}'s length or height? c) Around {NAME IN 603}'s mid upper arm? SHOW IMAGE OF MUAC TAPE. | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) WEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) UPPER ARM</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) WEIGHT | 1 | 2 | 8 | b) LENGTH/HEIGHT | 1 | 2 | 8 | c) UPPER ARM | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| a) WEIGHT | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| b) LENGTH/HEIGHT | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| c) UPPER ARM | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 608 | Has {NAME IN 603} had diarrhea in the last 2 weeks? | <table border="0"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DON'T KNOW | 8 | <input type="checkbox"/> → 618 | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| NO. | NAME OF LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> | |
| 609 | <p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> ↓ NO/ NOT <input type="checkbox"/> ↓ ASKED ↓</p> <p>a) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea, including breast milk. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or somewhat</p> <p>b) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or somewhat less?</p> | <p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p> | |
| 610 | <p>When {NAME IN 603} had diarrhea, was {NAME IN 603} given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was {NAME IN 603} given much less than usual to eat or somewhat less?</p> | <p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p> | |
| 611 | <p>Did you seek advice or treatment for the diarrhea from any source?</p> | <p>YES 1</p> <p>NO 2</p> | → 615 |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|---|------|-----|----|----|-------------------------|---|---|---|-------------------------|---|---|---|-------------------|---|---|---|-----------------------------|---|---|---|--|
| NO. | NAME OF LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| 612 | <p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST/OUTREACH C</p> <p>MOBILE CLINIC/VILLAGE CLINIC D</p> <p>HSA E</p> <p>CBDA/DOOR TO DOOR F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL H</p> <p>HEALTH CENTER E</p> <p>MOBILE CLINIC G</p> <p>CBDA/DOOR TO DOOR K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL L</p> <p>PRIVATE DOCTOR'S OFFICE M</p> <p>PHARMACY N</p> <p>MOBILE CLINIC O</p> <p>CBDA/DOOR TO DOOR P</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ Q</p> <p>(SPECIFY)</p> <p>NGO</p> <p>BLM R</p> <p>PSI S</p> <p>FPAM T</p> <p>MACRO U</p> <p>YOUTH DROP-IN CENTER V</p> <p>OTHER SOURCE</p> <p>SHOP W</p> <p>CHURCH Z</p> <p>FRIEND/RELATIVE Y</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | |
| 613 | <p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> | <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>→ 615</p> | | | | | | | | | | | | | | | | | | | | | |
| 614 | <p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p> | <p>FIRST PLACE <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | |
| 615 | <p>Was {NAME IN 603} given any of the following at any time since {NAME IN 603} started having the diarrhea:</p> <p>a) A fluid made from a special packet called Tanzi ORS?</p> <p>b) Other pre-packaged ORS liquid?</p> <p>c) Zinc tablets or syrup?</p> <p>d) Homemade fluid (thobwa)?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) ORS PACKET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) ORS PACKET | 1 | 2 | 8 | b) ORS LIQUID | 1 | 2 | 8 | c) ZINC | 1 | 2 | 8 | d) HOMEMADE FLUID | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | |
| a) ORS PACKET | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| b) ORS LIQUID | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| c) ZINC | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| d) HOMEMADE FLUID | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|---|------|-----|----|----|----------|---|---|---|----------|---|---|---|-----------|--|--|---|----------|---|---|---|-----------|--|--|---|-----------|-------------------------|---|---|----------|---|---|---|----------|---|---|---|----------|---|---|---|----------|---|---|---|-----------|----------------|---|---|----------|---|---|---|--|
| 635 | <p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p> | <p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p> | 643 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 636 | <p>Now I would like to ask you about liquids that {NAME IN 635} had yesterday during the day or at night. Please tell me about all drinks, whether {NAME IN 635} had them at home, or somewhere else. Yesterday during the day or at night, did {NAME IN 635} drink:</p> <p>a) Plain water?</p> <hr/> <p>b) Infant formula such as Lactogen, S26, Nan, Infacare? IF YES: b1) How many times did {NAME IN 635} drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <hr/> <p>c) Milk from animals, including fresh, packaged, or powdered milk? IF YES: c1) How many times did {NAME IN 635} drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?</p> <hr/> <p>f) Cocoa or Milo?</p> <hr/> <p>g) Fruit juice, squash, kapena Super Dip?</p> <hr/> <p>h) Soft drinks such as Fanta, Coca-Cola, Sprite, Frozy, or energy drinks such as Red Bull?</p> <hr/> <p>i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?</p> <hr/> <p>j) Clear broth or clear soup?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b1)</td> <td colspan="2" style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c1)</td> <td colspan="2" style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2)</td> <td style="text-align: center;">SWEET/ FLAVORED .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i1)</td> <td style="text-align: center;">SWEETENED .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | a) | 1 | 2 | 8 | b) | 1 | 2 | 8 | b1) | NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/> | | 8 | c) | 1 | 2 | 8 | c1) | NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/> | | 8 | c2) | SWEET/ FLAVORED .. 1 | 2 | 8 | f) | 1 | 2 | 8 | g) | 1 | 2 | 8 | h) | 1 | 2 | 8 | i) | 1 | 2 | 8 | i1) | SWEETENED .. 1 | 2 | 8 | j) | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b1) | NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/> | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c1) | NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/> | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c2) | SWEET/ FLAVORED .. 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i1) | SWEETENED .. 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|--|-------------------|----|----|------|
| | | YES | NO | DK | |
| | e) Any dark green leafy vegetables [masamba], such as pumpkin leaves, mustard leaves, rape leaves, cassava leaves, bean leaves or other masamba? | e) 1 | 2 | 8 | |
| | f) Any other vegetables, such as tomatoes, okra, cucumber, cabbage, eggplant, or other vegetables? | f) 1 | 2 | 8 | |
| | g) Ripe mango or ripe pawpaw? | g) 1 | 2 | 8 | |
| | h) Any other fruits, such as banana, pineapple, guava, watermelon, orange, or other fruits? | h) 1 | 2 | 8 | |
| | i) Fresh or dried fish or shellfish? | i) 1 | 2 | 8 | |
| | j) Liver, kidney, or heart? | j) 1 | 2 | 8 | |
| | k) Sausages, polony, or bacon? | k) 1 | 2 | 8 | |
| | l) Any other meat, such as beef, goat, pork, chicken, mice, bush meat, or wild birds? | l) 1 | 2 | 8 | |
| | m) Eggs? | m) 1 | 2 | 8 | |
| | n) Beans, chipere, cowpeas, pigeon peas, peas, ground beans, soya, or corn soy blend? | n) 1 | 2 | 8 | |
| | o) Groundnuts, groundnut butter, groundnut flour, macademia nuts, cashews, or pumpkin seeds? | o) 1 | 2 | 8 | |
| | p) Cheese? | p) 1 | 2 | 8 | |
| | q) Flying ants, caterpillars, grasshoppers, locusts, mafulufute, or nkholulu? | q) 1 | 2 | 8 | |
| | r) Sweeties, chocolates, ice cream, or freezies? | r) 1 | 2 | 8 | |
| | s) Cakes or biscuits? | s) 1 | 2 | 8 | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|---|---|----|----|-------|
| | | YES | NO | DK | |
| | t) Crisps, chips, fried potato, fried cassava, mandazi, zitumbuwa, or samosa? | t) 1 | 2 | 8 | |
| | u) Red palm oil? | u) 1 | 2 | 8 | |
| | v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? | v) 1 | 2 | 8 | |
| | MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION 'Z' AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE | OTHER FOOD(S) _____ (SPECIFY) | | | |
| 638 | CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> | | | | → 640 |
| 639 | Did {NAME IN 635} eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did {NAME IN 635} eat? | YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) | | | → 641 |
| 640 | How many times did {NAME IN 635} eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES _____ <input type="text"/> DON'T KNOW 8 | | | |
| 641 | In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed {NAME IN 635}? | YES 1 NO 2 DON'T KNOW 8 | | | |
| 642 | The last time {NAME IN 635} passed stools, what was done to dispose of the stools? | CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) | | | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|---|-------------------|----|----|------|
| 643 | <p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p> | | | | |
| | | YES | NO | DK | |
| | a) Nsima, porridge, rice, millet, sorghum, bread, buns, chigumu, or spaghetti? | a) 1 | 2 | 8 | |
| | b) Carrots, pumpkin, or sweet potatoes that are yellow or orange inside? | b) 1 | 2 | 8 | |
| | c) Potato, white sweet potato, cassava, kondole, green banana, or yam? | c) 1 | 2 | 8 | |
| | d) Any dark green leafy vegetables [masamba], such as pumpkin leaves, mustard leaves, rape leaves, cassava leaves, bean leaves or other masamba? | d) 1 | 2 | 8 | |
| | e) Any other vegetables, such as tomatoes, okra, cucumber, cabbage, eggplant, or other vegetables? | e) 1 | 2 | 8 | |
| | f) Ripe mango or ripe pawpaw? | f) 1 | 2 | 8 | |
| | g) Any other fruits, such as banana, pineapple, guava, watermelon, orange, or other fruits? | g) 1 | 2 | 8 | |
| | h) Fish, including tilapia, usipa, utaka, or matemba? | h) 1 | 2 | 8 | |
| | i) Liver, kidney, or heart? | i) 1 | 2 | 8 | |
| | j) Sausages, polony, or bacon? | j) 1 | 2 | 8 | |
| | k) Any other meat, such as beef, goat, pork, chicken, mice, bush meat, or wild birds? | k) 1 | 2 | 8 | |
| | l) Eggs? | l) 1 | 2 | 8 | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|---|----------------------------------|----|----|------|
| | | YES | NO | DK | |
| | m) Beans, chipere, cowpeas, pigeon peas, peas, ground beans, soya, or soya pieces? | m) 1 | 2 | 8 | |
| | n) Groundnuts, groundnut butter, groundnut flour, macademia nuts, cashews, or pumpkin seeds? | n) 1 | 2 | 8 | |
| | o) Milk, cheese, yogurt, or chambiko? | o) 1 | 2 | 8 | |
| | p) Flying ants, caterpillars, grasshoppers, locusts, mafulufute, or nkholulu? | p) 1 | 2 | 8 | |
| | q) Sweeties, chocolates, ice cream, freezies, cakes, or biscuits? | q) 1 | 2 | 8 | |
| | s) Crisps, chips, fried potato, fried cassava, mandazi, zitumbuwa, or samosa? | s) 1 | 2 | 8 | |
| | t) Fruit juice, squash, or Super Dip? | t) 1 | 2 | 8 | |
| | u) Soft drinks such as Fanta, Coca-Cola, Sprite, Frozy, or energy drinks such as Red Bull? | u) 1 | 2 | 8 | |
| | v) Tea with sugar, coffee with sugar, cocoa or Milo, or flavored milk? | v) 1 | 2 | 8 | |
| | w) Red palm oil? | w) 1 | 2 | 8 | |
| | x) Any other liquids? IF YES: x1) What was the drink? | x) 1 | 2 | 8 | |
| | x2) Was the drink sweetened? | SWEETENED . . . 1 | 2 | 8 | |
| | y) Any other food? IF YES: y1) What was the food? | y) 1 | 2 | 8 | |
| | MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE | OTHER FOOD(S) _____ (SPECIFY) | | | |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | |
|------|---|---|-------|--|--|
| 701 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3 | →706A | | |
| 702 | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | → 721 | | |
| 703 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 NULIFIED (UNDERAGE) 4 | →714 | | |
| 706A | Do you have a marriage certificate or other document recognizing this (marriage/union)? | YES 1 NO 2 DON'T KNOW 8 | → 707 | | |
| 706B | What document or documents do you have? Any other document? RECORD ALL MENTIONED. | MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION C OTHER DOCUMENT FROM A CIVIL AUTHORITY D OTHER _____ X (SPECIFY) | →709 | | |
| 707 | Was this marriage ever registered with the civil authority? | YES 1 NO 2 DON'T KNOW 8 | | | |
| 709 | Is your {husband/partner} living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | | | |
| 710 | Please tell me the name of your {husband/partner}. RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____ LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| 711 | Does your {husband/partner} have other wives or does he live with other women as if married? | YES 1 NO 2 DON'T KNOW 8 | → 714 | | |
| 712 | Including yourself, in total, how many wives or live-in partners does he have? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98 | | | |
| | | | | | |
| 713 | Are you the first, second, ... wife? | RANK <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98 | | | |
| | | | | | |
| 714 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | | | |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 729 | <p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/OUTREACH 13 MOBILE CLINIC 14 HSA 15 CBDA/DOOR TO DOOR 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC CBDA/DOOR TO DOOR PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 MOBILE CLINIC 34 CBDA/DOOR TO DOOR 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO</p> <p>BLM 41 PSI 42 FPAM 43 MACRO 44 YOUTH DROP-IN CENTER 45</p> <p>OTHER SOURCE</p> <p>SHOP 71 CHURCH 72 FRIEND/RELATIVE 73</p> <p>OTHER _____ 96 (SPECIFY)</p> | |
| 730 | <p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p> | <p>HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p> | |
| 731 | <p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p> | <p>YES 1 NO 2</p> | → 737 |
| 732 | <p>The last time you had sexual intercourse with this second person, was a condom used?</p> | <p>YES 1 NO 2</p> | |
| 733 | <p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p> | <p>HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p> | |

SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|-------------------------|---|--|-------|---------------------|---|-----------------------------|--------------------------------|---|---|-----------------------|---|-------|-------------------------------------|---|---|----------------------------------|---|---|---------------------------------|---|---|-------------------------------------|---|---|--|
| 815 | In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events? | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/INSTAGRAM</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS!</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | a) RADIO | 1 | 2 | b) TELEVISION | 1 | 2 | c) NEWSPAPER OR MAGAZINE | 1 | 2 | d) MOBILE PHONE | 1 | 2 | e) FACEBOOK/TWITTER/INSTAGRAM | 1 | 2 | f) POSTER/LEAFLET/BROCHURE | 1 | 2 | g) OUTDOOR SIGN/BILLBOARD | 1 | 2 | h) COMMUNITY MEETINGS/EVENTS! | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) NEWSPAPER OR MAGAZINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) MOBILE PHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) FACEBOOK/TWITTER/INSTAGRAM | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) POSTER/LEAFLET/BROCHURE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) OUTDOOR SIGN/BILLBOARD | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) COMMUNITY MEETINGS/EVENTS! | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 817 | CHECK 701: <table border="0"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION</td> </tr> </table> | YES, <input type="checkbox"/> CURRENTLY MARRIED | YES, <input type="checkbox"/> LIVING WITH A MAN | NO, <input type="checkbox"/> NOT IN A UNION | | <table border="0"> <tr> <td></td> <td align="right">→ 901</td> </tr> </table> | | → 901 | | | | | | | | | | | | | | | | | | | | | | |
| YES, <input type="checkbox"/> CURRENTLY MARRIED | YES, <input type="checkbox"/> LIVING WITH A MAN | NO, <input type="checkbox"/> NOT IN A UNION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | → 901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 818 | Who usually makes the decision on whether or not you should use contraception, you, your {husband/partner}, you and your {husband/partner} jointly, or someone else? | <table border="0"> <tr> <td>RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTL'</td> <td align="right">3</td> </tr> <tr> <td>SOMEONE ELSE</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> </tr> </table> | RESPONDENT | 1 | HUSBAND/PARTNER | 2 | RESPONDENT AND HUSBAND/PARTNER JOINTL' | 3 | SOMEONE ELSE | 4 | OTHER _____ (SPECIFY) | 6 | <table border="0"> <tr> <td></td> <td align="right">→ 820</td> </tr> <tr> <td></td> <td align="right">→ 820</td> </tr> </table> | | → 820 | | → 820 | | | | | | | | | | | | | |
| RESPONDENT | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND/PARTNER | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT AND HUSBAND/PARTNER JOINTL' | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOMEONE ELSE | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ (SPECIFY) | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | → 820 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | → 820 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 819 | When making this decision with your {husband/partner}, would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion? | <table border="0"> <tr> <td>MORE IMPORTANT</td> <td align="right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT</td> <td align="right">2</td> </tr> <tr> <td>LESS IMPORTANT</td> <td align="right">3</td> </tr> </table> | MORE IMPORTANT | 1 | EQUALLY IMPORTANT | 2 | LESS IMPORTANT | 3 | | | | | | | | | | | | | | | | | | | | | | |
| MORE IMPORTANT | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EQUALLY IMPORTANT | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS IMPORTANT | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 820 | Has your {husband/partner} or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 821 | CHECK 307: <table border="0"> <tr> <td align="center">NOT ASKED <input type="checkbox"/></td> <td align="center">NEITHER ARE <input type="checkbox"/> STERILIZED</td> <td align="center">HE OR SHE ARE <input type="checkbox"/> STERILIZED</td> </tr> </table> | NOT ASKED <input type="checkbox"/> | NEITHER ARE <input type="checkbox"/> STERILIZED | HE OR SHE ARE <input type="checkbox"/> STERILIZED | | <table border="0"> <tr> <td></td> <td align="right">→ 901</td> </tr> </table> | | → 901 | | | | | | | | | | | | | | | | | | | | | | |
| NOT ASKED <input type="checkbox"/> | NEITHER ARE <input type="checkbox"/> STERILIZED | HE OR SHE ARE <input type="checkbox"/> STERILIZED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | → 901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 822 | Does your {husband/partner} want the same number of children that you want, or does he want more or fewer than you want? | <table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table> | SAME NUMBER | 1 | MORE CHILDREN | 2 | FEWER CHILDREN | 3 | DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | |
| SAME NUMBER | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORE CHILDREN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEWER CHILDREN | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1000 | Now I would like to talk about HIV and AIDS. | | |
| 1001 | Have you ever heard of HIV or AIDS? | YES 1 NO 2 | → 1040 |
| 1002 | CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/> | | → 1008 |
| 1003 | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 1004 | Can people get HIV from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 1005 | Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 1006 | Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DON'T KNOW 8 | |
| 1007 | Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 8 | |
| 1008 | Have you heard of ARVs, that is, antiretroviral medicines that treat HIV? | YES 1 NO 2 | |
| 1009 | Are there any special medicines 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 | |
| 1010 | Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV? | YES 1 NO 2 | → 1012 |
| 1011 | Do you approve of people who take a pill every day to prevent getting HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1012 | CHECK 220 AND 223: NO LIVE BIRTHS <input type="checkbox"/> → 1024 LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/> → 1024 | | |
| 1013 | CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/> → 1018 | | |
| 1014 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 1015 | Were you tested for HIV as part of your antenatal care while you were pregnant with {CHILD NAME}? | YES 1 NO 2 | → 1018 |

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1016 | Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/OUTREACH 13 MOBILE CLINIC 14 HSA 15 CBDA/DOOR TO DOOR 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) CHAM/MISSION/IHAM HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 CBDA/DOOR TO DOOR 24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CL 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 MOBILE CLINIC 34 CBDA/DOOR TO DOOR 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) NGO BLM 41 PSI 42 FPAM 43 MACRO 44 YOUTH DROP-IN CENTER 45 OTHER SOURCE HOME 71 WORKPLACE 72 CORRECTIONAL FACILITY 73 OTHER _____ 96 (SPECIFY) | |
| 1017 | Did you get the results of the test? | YES 1 NO 2 | |
| 1018 | CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE <input type="checkbox"/> '21-46' CIRCLED ↓ | OTHER <input type="checkbox"/> → 1021 | |
| 1019 | Between the time you went for delivery but before the baby was born, were you tested for HIV? | YES 1 NO 2 | → 1021 |
| 1020 | Did you get the results of the test? | YES 1 NO 2 | → 1022 |
| 1021 | CHECK 1015: YES <input type="checkbox"/> ↓ | NO OR <input type="checkbox"/> NOT ASKED → 1024 | |
| 1022 | Have you been tested for HIV since that time you were tested during your pregnancy? | YES 1 NO 2 | → 1025 |

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1023 | In what month and year was your most recent HIV test? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | → 1028 |
| 1024 | Have you ever been tested for HIV? | YES 1 NO 2 | → 1032 |
| 1025 | In what month and year was your most recent HIV test? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 1026 | Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | <p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/OUTREACH 13 MOBILE CLINIC 14 HSA 15 CBDA/DOOR TO DOOR 16 OTHER PUBLIC SECTOR 17 <p>_____</p> <p>(SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 CBDA/DOOR TO DOOR 24 <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL/CL 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 MOBILE CLINIC 34 CBDA/DOOR TO DOOR 35 OTHER PRIVATE MEDICAL SECTOR 36 <p>_____</p> <p>(SPECIFY)</p> <p>NGO</p> BLM 41 PSI 42 FPAM 43 MACRO 44 YOUTH DROP-IN CENTER 45 <p>OTHER SOURCE</p> HOME 71 WORKPLACE 72 CORRECTIONAL FACILITY 73 <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 1027 | Did you get the results of the test? | YES 1 NO 2 | → 1031 |
| 1028 | What was the result of the test? | POSITIVE 1 NEGATIVE 2 INDETERMINATE 3 DECLINED TO ANSWER 4 DID NOT RECEIVE TEST RESULT 5 | → 1031 |
| 1029 | In what month and year did you receive your first HIV-positive test result? | 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 SAME DATE AS LAST HIV TEST 95 | |
| 1030 | Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs. | YES 1 NO 2 DON'T KNOW 8 | |
| 1031 | How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95' | NUMBER OF HIV TESTS <input type="text"/> <input type="text"/> | |
| 1032 | Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | → 1034 |
| 1033 | Have you ever tested yourself for HIV using a self-test kit? | YES 1 NO 2 | |
| 1034 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1035 | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1036 | CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓ | OTHER <input type="checkbox"/> | → 1040 |
| 1037 | Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me? | YES 1 NO 2 | |
| 1038 | Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status. | AGREE 1 DISAGREE 2 | |

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|---|--|----------------------------|--|--|---------------------------|---|---|----------------------------|---|---|--|---|---|---|---|---|--------------------------|---|---|---------------------------------|---|---|---------------------------|---|---|---|---|---|--|
| 1039 | <p>Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:</p> <p>a) People have talked badly about me because of my HIV status.</p> <p>b) Someone else disclosed my HIV status without my permission.</p> <p>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</p> <p>d) Healthcare workers talked badly about me because of my HIV status.</p> <p>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</p> <p>f) I was fired from my work because of my HIV status</p> <p>g) I was not hired because of my HIV status</p> <p>h) I was not promoted because of my HIV status</p> <p>i) My family was disassociated/dissolved because of my HIV status</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) FIRED FROM WORK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) WAS NOT HIRED FOR WORK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) WAS NOT PROMOTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) FAMILY DISASSOCIATED DISSOLVED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | a) PEOPLE TALK BADLY | 1 | 2 | b) DISCLOSED STATUS | 1 | 2 | c) VERBALLY INSULTED | 1 | 2 | d) HEALTHCARE WORKERS TALKED BADLY | 1 | 2 | e) HEALTHCARE WORKERS VERBALLY ABUSED | 1 | 2 | f) FIRED FROM WORK | 1 | 2 | g) WAS NOT HIRED FOR WORK | 1 | 2 | d) WAS NOT PROMOTED | 1 | 2 | e) FAMILY DISASSOCIATED DISSOLVED | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) PEOPLE TALK BADLY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) DISCLOSED STATUS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) VERBALLY INSULTED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) HEALTHCARE WORKERS TALKED BADLY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) HEALTHCARE WORKERS VERBALLY ABUSED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) FIRED FROM WORK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) WAS NOT HIRED FOR WORK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) WAS NOT PROMOTED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) FAMILY DISASSOCIATED DISSOLVED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1040 | <p>CHECK 1001:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> </td> <td style="width: 45%; text-align: center; vertical-align: top;"> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ </td> </tr> <tr> <td style="vertical-align: top;"> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </td> <td style="vertical-align: middle;"> </td> <td style="vertical-align: top;"> b) Have you heard about infections that can be transmitted through sexual contact? </td> </tr> </table> | HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ | | NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ | a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? | | b) Have you heard about infections that can be transmitted through sexual contact? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">YES</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table> | YES | 1 | | NO | 2 | | | | | | | | | | | | | | | | | | | | |
| HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ | | NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? | | b) Have you heard about infections that can be transmitted through sexual contact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 10. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 1041 | CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | → 1046 |
| 1042 | CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> | NO <input type="checkbox"/> | → 1044 |
| 1043 | 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 | |
| 1044 | Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge? | YES 1 NO 2 DON'T KNOW 8 | |
| 1045 | Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? | YES 1 NO 2 DON'T KNOW 8 | |
| 1046 | If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 1047 | Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives? | YES 1 NO 2 DON'T KNOW 8 | |
| 1048 | CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> | NOT IN UNION <input type="checkbox"/> | → 1101 |
| 1049 | Can you say no to your {husband/partner} if you do not want to have sexual intercourse? | YES 1 NO 2 DEPENDS/NOT SURE 8 | |
| 1050 | Could you ask your {husband/partner} to use a condom if you wanted him to? | YES 1 NO 2 DEPENDS/NOT SURE 8 | |

SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 1101 | How long does it usually take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post? | MINUTES <input type="text"/> <input type="text"/> <input type="text"/> | |
| 1102 | How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST. | MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY) | |
| 1103 | Has a doctor or other healthcare provider examined your breasts to check for breast cancer? | YES 1 NO 2 DON'T KNOW 8 | |
| 1104 | Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction. | | |
| 1105 | Has a doctor or other healthcare worker ever tested you for cervical cancer? | YES 1 NO 2 DON'T KNOW 8 | |
| 1106 | Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all? | EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3 | → 1108 |
| 1107 | On average, how many cigarettes do you currently smoke each day? | NUMBER OF CIGARETTES <input type="text"/> <input type="text"/> | |
| 1108 | Do you currently smoke or use any other type of tobacco every day, some days, or not at all? | EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3 | → 1110 |
| 1109 | What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | KRETEKS/CHINGAMBWE A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER _____ X (SPECIFY) | |
| 1110 | Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, Kachasu, Masese, or Chibuku? | YES 1 NO 2 | → 1113 |

SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|---------------------|--|---|--------|----------------|----------------------|---------------------|---|---|------------------|---|---|-------------|---|---|-------------|---|---|--|
| 1111 | <p>During the last one month, on how many days did you have an alcoholic drink?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p> | <p>DID NOT DRINK ALCOHOL 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p> | → 1113 | | | | | | | | | | | | | | | |
| 1112 | <p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of or packet or scud or velemonti or chipanda. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD DRINKS.</p> | <p>LESS THAN ONE STANDARD DRINK 00</p> <p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | |
| 1113 | <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROBLEM</th> <th style="text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | BIG PROBLEM | NOT A BIG PROBLEM | a) PERMISSION TO GO | 1 | 2 | b) GETTING MONEY | 1 | 2 | c) DISTANCE | 1 | 2 | d) GO ALONE | 1 | 2 | |
| | BIG PROBLEM | NOT A BIG PROBLEM | | | | | | | | | | | | | | | | |
| a) PERMISSION TO GO | 1 | 2 | | | | | | | | | | | | | | | | |
| b) GETTING MONEY | 1 | 2 | | | | | | | | | | | | | | | | |
| c) DISTANCE | 1 | 2 | | | | | | | | | | | | | | | | |
| d) GO ALONE | 1 | 2 | | | | | | | | | | | | | | | | |
| 1114 | <p>Are you covered by any health insurance?</p> | <p>YES 1</p> <p>NO 2</p> | → 1116 | | | | | | | | | | | | | | | |
| 1115 | <p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p> | <p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|---|------|
| ECD08 | Can {ECD CHILD NAME} correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD09 | CHECK ECDC: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MALE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> FEMALE <input type="checkbox"/> ↓ </div> </div> <p>a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it? By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct.</p> <p>b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it? By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully correct.</p> | YES 1 NO 2 DON'T KNOW 8 | |
| ECD10 | Can {ECD CHILD NAME} recognize at least 5 letters of the alphabet? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD11 | CHECK ECDC: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MALE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> FEMALE <input type="checkbox"/> ↓ </div> </div> <p>a) Can {ECD CHILD NAME} write his name? b) Can {ECD CHILD NAME} write her name?</p> | YES 1 NO 2 DON'T KNOW 8 | |
| ECD12 | Can {ECD CHILD NAME} recognize all numbers from 1 to 5? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD13 | CHECK ECDC: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MALE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> FEMALE <input type="checkbox"/> ↓ </div> </div> <p>a) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does he give you the correct amount? b) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does she give you the correct amount?</p> | YES 1 NO 2 DON'T KNOW 8 | |
| ECD14 | Can {ECD CHILD NAME} count 10 objects, for example, 10 fingers or 10 blocks, without mistakes? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD15 | Can {ECD CHILD NAME} do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly? | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|---|---|------|
| ECD16 | Does {ECD CHILD NAME} ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD17 | Does {ECD CHILD NAME} offer to help someone who seems to need help? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD18 | Does {ECD CHILD NAME} get along well with other children? | YES 1 NO 2 DON'T KNOW 8 | |
| ECD19 | How often does {ECD CHILD NAME} seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never? | DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8 | |
| ECD20 | Compared with other children of the same age, how much does {ECD CHILD NAME} kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more? | NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8 | |
| ECD21 | CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT <input type="checkbox"/> (GO TO ECDC FOR THE NEXT CHILD) ← | NO MORE <input type="checkbox"/> → HPV01 | |

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---|------|--------------|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|--|--|
| MM01 | <p>Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother. DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="0"> <thead> <tr> <th data-bbox="256 338 608 360">NAME</th> <th data-bbox="624 338 767 360">ORDER NUMBER</th> <th data-bbox="815 338 1150 360">NAME</th> <th data-bbox="1166 338 1310 360">ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td><input type="text"/> <input type="text"/></td> <td>k _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>b _____</td> <td><input type="text"/> <input type="text"/></td> <td>l _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>c _____</td> <td><input type="text"/> <input type="text"/></td> <td>m _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>d _____</td> <td><input type="text"/> <input type="text"/></td> <td>n _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>e _____</td> <td><input type="text"/> <input type="text"/></td> <td>o _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>f _____</td> <td><input type="text"/> <input type="text"/></td> <td>p _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>g _____</td> <td><input type="text"/> <input type="text"/></td> <td>q _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>h _____</td> <td><input type="text"/> <input type="text"/></td> <td>r _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>i _____</td> <td><input type="text"/> <input type="text"/></td> <td>s _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>j _____</td> <td><input type="text"/> <input type="text"/></td> <td>t _____</td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table> | NAME | ORDER NUMBER | NAME | ORDER NUMBER | a _____ | <input type="text"/> <input type="text"/> | k _____ | <input type="text"/> <input type="text"/> | b _____ | <input type="text"/> <input type="text"/> | l _____ | <input type="text"/> <input type="text"/> | c _____ | <input type="text"/> <input type="text"/> | m _____ | <input type="text"/> <input type="text"/> | d _____ | <input type="text"/> <input type="text"/> | n _____ | <input type="text"/> <input type="text"/> | e _____ | <input type="text"/> <input type="text"/> | o _____ | <input type="text"/> <input type="text"/> | f _____ | <input type="text"/> <input type="text"/> | p _____ | <input type="text"/> <input type="text"/> | g _____ | <input type="text"/> <input type="text"/> | q _____ | <input type="text"/> <input type="text"/> | h _____ | <input type="text"/> <input type="text"/> | r _____ | <input type="text"/> <input type="text"/> | i _____ | <input type="text"/> <input type="text"/> | s _____ | <input type="text"/> <input type="text"/> | j _____ | <input type="text"/> <input type="text"/> | t _____ | <input type="text"/> <input type="text"/> | | |
| NAME | ORDER NUMBER | NAME | ORDER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a _____ | <input type="text"/> <input type="text"/> | k _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b _____ | <input type="text"/> <input type="text"/> | l _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c _____ | <input type="text"/> <input type="text"/> | m _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d _____ | <input type="text"/> <input type="text"/> | n _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e _____ | <input type="text"/> <input type="text"/> | o _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f _____ | <input type="text"/> <input type="text"/> | p _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g _____ | <input type="text"/> <input type="text"/> | q _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h _____ | <input type="text"/> <input type="text"/> | r _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i _____ | <input type="text"/> <input type="text"/> | s _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j _____ | <input type="text"/> <input type="text"/> | t _____ | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM02 | <p>CHECK MM01:</p> <p>ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/></p> <p>NO BROTHERS OR SISTERS LISTED <input type="checkbox"/></p> | <p>→ MM04</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM03 | <p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK:</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM04 | <p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM05 | <p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM06 | <p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM07 | <p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p> | <p>TOTAL BROTHERS AND SISTERS .. <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|------|
| MM08 | <p>CHECK MM07:</p> <p>Just to make sure that I have this right: Your mother had in total {NUMBER OF BIRTHS TO MOTHER} births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 150px;">→ PROBE AND CORRECT MM01 AND/OR MM07.</p> | | |
| MM09 | <p>CHECK MM07:</p> <p>ONE OR MORE <input type="checkbox"/> NO <input type="checkbox"/></p> <p>BROTHERS/SISTERS BROTHER OR SISTER</p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 150px;">→ DV00</p> | | DV00 |
| MM10 | <p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND</p> | | |
| MM11 | <p>How many births did your mother have before you were born?</p> | <p>NUMBER OF PRECEDING BIRTHS . . <input type="text"/> <input type="text"/></p> | |

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

| | | | | |
|---|--|---|---|---|
| MM12 | LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. | | | |
| MM13 | NAME OF BROTHER OR SISTER. | (01) _____ | (02) _____ | (03) _____ |
| MM14 | Is {NAME IN MM13} male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 |
| MM15 | Is {NAME IN MM13} still alive? | YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (02) ← | YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (03) ← | YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (04) ← |
| MM16 | How old is {NAME IN MM13}? | AGE <input type="text"/> <input type="text"/> GO TO (02) | AGE <input type="text"/> <input type="text"/> GO TO (03) | AGE <input type="text"/> <input type="text"/> GO TO (04) |
| MM17 | How many years ago did {NAME IN MM13} die? | YEARS AGO .. <input type="text"/> <input type="text"/> | YEARS AGO .. <input type="text"/> <input type="text"/> | YEARS AGO .. <input type="text"/> <input type="text"/> |
| MM18 | <p>IF MALE <input type="checkbox"/> IF FEMALE <input type="checkbox"/></p> <p>a) How old was {NAME IN MM13} when he died?</p> <p>b) How old was {NAME IN MM13} when she died?</p> <p>IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.</p> | <p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p> | <p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p> | <p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p> |
| MM19 | Was {NAME IN MM13} pregnant when she died? | YES 1 GO TO MM23 ← NO 2 | YES 1 GO TO MM23 ← NO 2 | YES 1 GO TO MM23 ← NO 2 |
| MM20 | Did {NAME IN MM13} die during childbirth? | YES 1 GO TO (02) ← NO 2 | YES 1 GO TO (03) ← NO 2 | YES 1 GO TO (04) ← NO 2 |
| MM21 | Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth? | YES 1 NO 2 GO TO MM23 ← | YES 1 NO 2 GO TO MM23 ← | YES 1 NO 2 GO TO MM23 ← |
| MM22 | How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die? | DAYS .. <input type="text"/> <input type="text"/> | DAYS .. <input type="text"/> <input type="text"/> | DAYS .. <input type="text"/> <input type="text"/> |
| MM23 | Was {NAME IN MM13}'s death due to an act of violence? | YES 1 GO TO (02) ← NO 2 | YES 1 GO TO (03) ← NO 2 | YES 1 GO TO (04) ← NO 2 |
| MM24 | Was {NAME IN MM13}'s death due to an accident? | YES 1 NO 2 GO TO (02) | YES 1 NO 2 GO TO (03) | YES 1 NO 2 GO TO (04) |
| IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION. | | | | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------------------|
| DV00 | CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> | WOMAN <input type="checkbox"/> NOT SELECTED | → 1116 |
| DV01 | CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ | PRIVACY NOT POSSIBLE 2 → | → DV37 |
| DV02 | Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Malawi. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. | | |
| DV03 | CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> | CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/> → | → DV06 → DV06 |
| DV04 | You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him? | YES 1 NO 2 | → DV06 |
| DV05 | Have you ever been in an intimate relationship with a man even though you did not ever live with him? | YES 1 NO 2 | → DV19 |
| DV06 | Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He wrongly (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? | B. How often did this happen during the last 12 months: often, only sometimes, or not at all? EVER OFTEN SOME-TIMES NOT IN LAST 12 MONTHS 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 ↓ | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|---|-----------------------|-------|------------|-----------------------|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|---------------|-----|---|---|--|
| DV07 | <p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p> | <p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="699 344 877 409">EVER</th> <th data-bbox="877 344 1093 409">OFTEN</th> <th data-bbox="1093 344 1204 409">SOME-TIMES</th> <th data-bbox="1204 344 1332 409">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="699 409 877 495">YES 1 NO 2</td> <td data-bbox="877 409 1093 495">→ 1</td> <td data-bbox="1093 409 1204 495">2</td> <td data-bbox="1204 409 1332 495">3</td> </tr> <tr> <td data-bbox="699 495 877 580">YES 1 NO 2</td> <td data-bbox="877 495 1093 580">→ 1</td> <td data-bbox="1093 495 1204 580">2</td> <td data-bbox="1204 495 1332 580">3</td> </tr> <tr> <td data-bbox="699 580 877 660">YES 1 NO 2</td> <td data-bbox="877 580 1093 660">→ 1</td> <td data-bbox="1093 580 1204 660">2</td> <td data-bbox="1204 580 1332 660">3</td> </tr> </tbody> </table> | EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV08 | <p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p> | <p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="699 763 877 828">EVER</th> <th data-bbox="877 763 1093 828">OFTEN</th> <th data-bbox="1093 763 1204 828">SOME-TIMES</th> <th data-bbox="1204 763 1332 828">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="699 828 877 913">YES 1 NO 2</td> <td data-bbox="877 828 1093 913">→ 1</td> <td data-bbox="1093 828 1204 913">2</td> <td data-bbox="1204 828 1332 913">3</td> </tr> <tr> <td data-bbox="699 913 877 999">YES 1 NO 2</td> <td data-bbox="877 913 1093 999">→ 1</td> <td data-bbox="1093 913 1204 999">2</td> <td data-bbox="1204 913 1332 999">3</td> </tr> <tr> <td data-bbox="699 999 877 1084">YES 1 NO 2</td> <td data-bbox="877 999 1093 1084">→ 1</td> <td data-bbox="1093 999 1204 1084">2</td> <td data-bbox="1204 999 1332 1084">3</td> </tr> <tr> <td data-bbox="699 1084 877 1169">YES 1 NO 2</td> <td data-bbox="877 1084 1093 1169">→ 1</td> <td data-bbox="1093 1084 1204 1169">2</td> <td data-bbox="1204 1084 1332 1169">3</td> </tr> <tr> <td data-bbox="699 1169 877 1254">YES 1 NO 2</td> <td data-bbox="877 1169 1093 1254">→ 1</td> <td data-bbox="1093 1169 1204 1254">2</td> <td data-bbox="1204 1169 1332 1254">3</td> </tr> <tr> <td data-bbox="699 1254 877 1339">YES 1 NO 2</td> <td data-bbox="877 1254 1093 1339">→ 1</td> <td data-bbox="1093 1254 1204 1339">2</td> <td data-bbox="1204 1254 1332 1339">3</td> </tr> <tr> <td data-bbox="699 1339 877 1424">YES 1 NO 2</td> <td data-bbox="877 1339 1093 1424">→ 1</td> <td data-bbox="1093 1339 1204 1424">2</td> <td data-bbox="1204 1339 1332 1424">3</td> </tr> <tr> <td data-bbox="699 1424 877 1509">YES 1 NO 2</td> <td data-bbox="877 1424 1093 1509">→ 1</td> <td data-bbox="1093 1424 1204 1509">2</td> <td data-bbox="1204 1424 1332 1509">3</td> </tr> <tr> <td data-bbox="699 1509 877 1646">YES 1 NO 2</td> <td data-bbox="877 1509 1093 1646">→ 1</td> <td data-bbox="1093 1509 1204 1646">2</td> <td data-bbox="1204 1509 1332 1646">3</td> </tr> </tbody> </table> | EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | YES 1 NO 2 | → 1 | 2 | 3 | |
| EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|-------------------------|----------------------|-------------------|--|--|--|--|-------|-----|---|---|------|--|--|--|-------|-----|---|---|------|--|--|--|-------|-----|---|---|------|--|--|--|--------|
| DV09 | CHECK DV08A (a-j): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> → </div> </div> | | → DV11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV10 | Did the following ever happen as a result of what your (last) (husband/male 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? | YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV11 | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you? | YES 1 NO 2 | → DV13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV12 | In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all? | OFTEN 1 SOMETIMES 2 NOT AT ALL 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV13 | Did your (last) (husband/male partner) drink alcohol? | YES 1 NO 2 | → DV15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV14 | How often did he get drunk: often, only sometimes, or never? | OFTEN 1 SOMETIMES 2 NEVER 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV15 | Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never? | MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DV16 | A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had. | B. How long ago did this last happen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th align="center">EVER</th> <th align="center">0 - 11 MONTHS AGO</th> <th align="center">12+ MONTHS AGO</th> <th align="center">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td> </tr> <tr> <td>YES 1</td> <td align="center">→ 1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td align="center">→ 1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td align="center">→ 1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | EVER | 0 - 11 MONTHS AGO | 12+ MONTHS AGO | DON'T REMEMBER | HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6 | | | | YES 1 | → 1 | 2 | 3 | NO 2 | | | | YES 1 | → 1 | 2 | 3 | NO 2 | | | | YES 1 | → 1 | 2 | 3 | NO 2 | | | | → DV17 |
| EVER | 0 - 11 MONTHS AGO | 12+ MONTHS AGO | DON'T REMEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to? c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| DV17 | CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE 'YES' <input type="checkbox"/> | NOT A SINGLE YES <input type="checkbox"/> | → DV19 |
| DV18 | How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| DV19 | CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/> | NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/> | → DV22 |
| DV20 | Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? | YES 1 NO 2 | → DV22 |
| DV21 | Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED. | CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK O POLICE/SOLDIER P OTHER _____ X (SPECIFY) | |
| DV22 | CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/> b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 | → DV25 |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|------------------|
| DV23 | Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED. | MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY) | |
| DV24 | In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all? | OFTEN 1 SOMETIMES 2 NOT AT ALL 3 | |
| DV25 | CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> | NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER | → DV27 |
| DV26 | At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner. | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 | → DV28 → DV31 |
| DV27 | At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 | → DV31 |
| DV28 | CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? | NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | |
|---|--|---|---|--------------------------------------|--|
| DV29 | <p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER L</p> <p>RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> | | | |
| DV30 | <p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table> | <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> | <p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> | <p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> | | | | |
| DV31 | <p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> </p> | | <p>→ DV35</p> | | |
| DV32 | <p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ DV34</p> | | |
| DV33 | <p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> | <p>→ DV35</p> | | |
| DV34 | <p>Have you ever told any one about this?</p> | <p>YES 1</p> <p>NO 2</p> | | | |
| DV35 | <p>As far as you know, did your father ever beat your mother?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | |

DOMESTIC VIOLENCE MODULE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|---------------------|---|--|------|--------------|------------------------|----|---------------|---|---|---|---------------------|---|---|---|--------------------|---|---|---|--|
| | THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY. | | | | | | | | | | | | | | | | | | |
| DV36 | DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY? | <table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table> | | YES, ONCE | YES, MORE THAN ONCE | NO | HUSBAND | 1 | 2 | 3 | OTHER MALE ADULT .. | 1 | 2 | 3 | FEMALE ADULT | 1 | 2 | 3 | |
| | YES, ONCE | YES, MORE THAN ONCE | NO | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| OTHER MALE ADULT .. | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| FEMALE ADULT | 1 | 2 | 3 | | | | | | | | | | | | | | | | |
| DV37 | INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____ | | | | | | | | | | | | | | | | | | |
| DV38 | RECORD THE TIME. | HOURS..... MINUTE..... <table border="1" data-bbox="1182 640 1315 743" 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> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

| | | | COL. 1 | COL. 2 |
|----------|----|-----|--------|----------|
| | 12 | DEC | 01 | |
| | 11 | NOV | 02 | |
| | 10 | OCT | 03 | |
| 2 | 09 | SEP | 04 | |
| | 08 | AUG | 05 | 2 |
| 0 | 07 | JUL | 06 | |
| | 06 | JUN | 07 | 2 |
| 4 | 05 | MAY | 08 | |
| | 04 | APR | 09 | 4 |
| | 03 | MAR | 10 | |
| | 02 | FEB | 11 | |
| | 01 | JAN | 12 | |
| <hr/> | | | | |
| | 12 | DEC | 13 | |
| | 11 | NOV | 14 | |
| | 10 | OCT | 15 | |
| 2 | 09 | SEP | 16 | |
| | 08 | AUG | 17 | 2 |
| 0 | 07 | JUL | 18 | |
| | 06 | JUN | 19 | 2 |
| 3 | 05 | MAY | 20 | |
| | 04 | APR | 21 | 3 |
| | 03 | MAR | 22 | |
| | 02 | FEB | 23 | |
| | 01 | JAN | 24 | |
| <hr/> | | | | |
| | 12 | DEC | 25 | |
| | 11 | NOV | 26 | |
| | 10 | OCT | 27 | |
| 2 | 09 | SEP | 28 | |
| | 08 | AUG | 29 | 2 |
| 0 | 07 | JUL | 30 | |
| | 06 | JUN | 31 | 2 |
| 2 | 05 | MAY | 32 | |
| | 04 | APR | 33 | 2 |
| | 03 | MAR | 34 | |
| | 02 | FEB | 35 | |
| | 01 | JAN | 36 | |
| <hr/> | | | | |
| | 12 | DEC | 37 | |
| | 11 | NOV | 38 | |
| | 10 | OCT | 39 | |
| 2 | 09 | SEP | 40 | |
| | 08 | AUG | 41 | 2 |
| 0 | 07 | JUL | 42 | |
| | 06 | JUN | 43 | 2 |
| 2 | 05 | MAY | 44 | |
| | 04 | APR | 45 | 1 |
| 1 | 03 | MAR | 46 | |
| | 02 | FEB | 47 | |
| | 01 | JAN | 48 | |
| <hr/> | | | | |
| | 12 | DEC | 49 | |
| | 11 | NOV | 50 | |
| | 10 | OCT | 51 | |
| 2 | 09 | SEP | 52 | |
| | 08 | AUG | 53 | 2 |
| 0 | 07 | JUL | 54 | |
| | 06 | JUN | 55 | 2 |
| 2 | 05 | MAY | 56 | |
| | 04 | APR | 57 | 0 |
| 0 | 03 | MAR | 58 | |
| | 02 | FEB | 59 | |
| | 01 | JAN | 60 | |
| <hr/> | | | | |
| | 12 | DEC | 61 | |
| | 11 | NOV | 62 | |
| | 10 | OCT | 63 | |
| 2 | 09 | SEP | 64 | |
| | 08 | AUG | 65 | 2 |
| 0 | 07 | JUL | 66 | |
| | 06 | JUN | 67 | 1 |
| 1 | 05 | MAY | 68 | |
| | 04 | APR | 69 | 9 |
| 9 | 03 | MAR | 70 | |
| | 02 | FEB | 71 | |
| | 01 | JAN | 72 | |

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 MAN'S QUESTIONNAIRE

MALAWI
 NATIONAL STATISTICAL OFFICE

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

INTRODUCTION AND CONSENT

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|--|-------|--|-------|--|--|--|--|--|--|
| 101 | RECORD THE TIME. | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 102 | What district/city were you born in? | CHITIPA 01 KARONGA 02 NKHATABAY 03 RUMPHI 04 MZIMBA 05 LIKOMA 06 MZUZU CITY 07 KASUNGU 08 NKHOTAKOTA 09 NTCHISI 10 DOWA 11 SALIMA 12 LILONGWE 13 MCHINJI 14 DEDZA 15 NTCHEU 16 LILONGWE CITY 17 MANGOCHI 18 MACHINGA 19 ZOMBA 20 CHIRADZULU 21 BLANTYRE 22 MWANZA 23 THYOLO 24 MULANJE 25 PHALOMBE 26 CHIKWAWA 27 NSANJE 28 BALAKA 29 NENO 30 ZOMBA CITY 31 BLANTYRE CITY 32 OUTSIDE OF [COUNTRY] 96 | → 104 | | | | | | | | |
| 103 | What country were you born in? | COUNTRY _____ <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> | | | | | | | | | |
| | | | | | | | | | | | |
| 104 | How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <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> ALWAYS 95 VISITOR 96 | | | → 110 | | | | | | |
| | | | | | | | | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 105 | CHECK 104: 00 - 04 YEARS <input type="checkbox"/> ↓ 05 YEARS <input type="checkbox"/> OR MORE | → 107 | |
| 106 | In what month and year did you move here? | MONTH <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 YEAR9998 | |
| 107 | Just before you moved here, which district/city did you live in? | CHITIPA 01 KARONGA 02 NKHATABAY 03 RUMPHI 04 MZIMBA 05 LIKOMA 06 MZUZU CITY 07 KASUNGU 08 NKHOTAKOTA 09 NTCHISI 10 DOWA 11 SALIMA 12 LILONGWE 13 MCHINJI 14 DEDZA 15 NTCHEU 16 LILONGWE CITY 17 MANGOCHI 18 MACHINGA 19 ZOMBA 20 CHIRADZULU 21 BLANTYRE 22 MWANZA 23 THYOLO 24 MULANJE 25 PHALOMBE 26 CHIKWAWA 27 NSANJE 28 BALAKA 29 NENO 30 ZOMBA CITY 31 BLANTYRE CITY 32 OUTSIDE OF [COUNTRY] 96 | |
| 108 | Just before you moved here, did you live in a city, in a town, or in a rural area? | CITY 1 TOWN 2 RURAL AREA 3 | |

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

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

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------------|-------|-------------------------|----------------|--|---|-----------------------------------|---|------------------------------------|--------------------------------|------------------|---|-----------------------|---|---|---|---|---|--------------------------------------|---|---|---------------------------------|---|---|--|---|---|--|
| 302 | In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events? | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/ BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/ EVENTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | a) RADIO | 1 | 2 | b) TELEVISION | 1 | 2 | c) NEWSPAPER OR MAGAZINE | 1 | 2 | d) MOBILE PHONE | 1 | 2 | e) FACEBOOK/TWITTER/ INSTAGRAM | 1 | 2 | f) POSTER/LEAFLET/ BROCHURE | 1 | 2 | g) OUTDOOR SIGN/BILLBOARD | 1 | 2 | h) COMMUNITY MEETINGS/ EVENTS | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) NEWSPAPER OR MAGAZINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) MOBILE PHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) FACEBOOK/TWITTER/ INSTAGRAM | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) POSTER/LEAFLET/ BROCHURE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) OUTDOOR SIGN/BILLBOARD | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) COMMUNITY MEETINGS/ EVENTS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 303 | In the last few months, have you discussed family planning with a health worker or health professional? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 304 | Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table> | YES | 1 | NO | 2 | DON'T KNOW | 8 | → 306 | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 305 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | <table border="0"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td align="right">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td align="right">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td align="right">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table> | JUST BEFORE HER PERIOD BEGINS | 1 | DURING HER PERIOD | 2 | RIGHT AFTER HER PERIOD HAS ENDED | 3 | HALFWAY BETWEEN TWO PERIODS | 4 | OTHER _____ (SPECIFY) | 6 | DON'T KNOW | 8 | | | | | | | | | | | | | | | | |
| JUST BEFORE HER PERIOD BEGINS | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURING HER PERIOD | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT AFTER HER PERIOD HAS ENDED | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HALFWAY BETWEEN TWO PERIODS | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ (SPECIFY) | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306 | After the birth of a child, can a woman become pregnant before her menstrual period has returned? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table> | YES | 1 | NO | 2 | DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous. | <table border="0"> <tr> <td></td> <td align="right">AGREE</td> <td align="right">DIS- AGREE</td> <td align="right">DK</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table> | | AGREE | DIS- AGREE | DK | a) CONTRACEPTION WOMAN'S CONCERN | 1 | 2 | 8 | b) WOMEN MAY BECOME PROMISCUOUS | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| | AGREE | DIS- AGREE | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) CONTRACEPTION WOMAN'S CONCERN | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) WOMEN MAY BECOME PROMISCUOUS | 1 | 2 | 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 | → 404 |
| | | YES, LIVING WITH A WOMAN | 2 | |
| | | NO, NOT IN UNION | 3 | |
| 402 | Have you ever been married or lived together with a woman as if married? | YES, FORMERLY MARRIED | 1 | → 413 |
| | | YES, LIVED WITH A WOMAN | 2 | |
| | | NO | 3 | |
| 403 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED | 1 | → 410 |
| | | DIVORCED | 2 | |
| | | SEPARATED | 3 | |
| | | NULIFIED (UNDERAGE) | 4 | |
| 404 | Is your {wife/partner} living with you now or is she staying elsewhere? | LIVING WITH HIM | 1 | |
| | | STAYING ELSEWHERE | 2 | |
| 405 | Do you have other wives or do you live with other women as if married? | YES (MORE THAN ONE WIFE) | 1 | → 407 |
| | | NO (ONLY ONE WIFE) | 2 | |
| 406 | Altogether, how many wives or live-in partners do you have? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS | <input type="text"/> | |
| 407 | <p>CHECK 405:</p> <p align="center"> ONE WIFE/ PARTNER <input type="checkbox"/> </p> <p align="center"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> </p> <p>a) Please tell me the name of your {wife/partner}.</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> | <p>NAME</p> <p>LINE NUMBER</p> <p>AGE</p> <p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> | <p>408</p> <p>How old was {NAME IN 407} on her last birthday?</p> <p>AGE</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> | |
| 408 | How old was {NAME IN 407} on her last birthday? | | <input type="text"/> | <input type="text"/> |
| | RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER. | | <input type="text"/> | <input type="text"/> |
| 409 | <p>CHECK 407:</p> <p align="center"> ONE WIFE/ PARTNER <input type="checkbox"/> </p> <p align="center"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> </p> | | | → 411 |
| 410 | Have you been married or lived with a woman only once or more than once? | MORE THAN ONCE | 1 | |
| | | ONLY ONCE | 2 | |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 420 | <p>What was the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p> | <p>CHISHANGO 01</p> <p>MANYUCHI 02</p> <p>ICON GOLD 03</p> <p>CARE (FEMALE CONDOMS) 04</p> <p>PUBLIC SECTOR CONDOMS 05</p> <p>MOODS 06</p> <p>ROUGH RIDER 07</p> <p>DUREX 08</p> <p>BAREBACK 09</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 421 | <p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17 (SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC</p> <p>CBDA/DOOR TO DOOR</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL. 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>CBDA/DOOR TO DOOR 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>NGO</p> <p>BLM 41</p> <p>PSI 42</p> <p>FPAM 43</p> <p>MACRO</p> <p>YOUTH DROP-IN CENTER 45</p> <p>OTHER SOURCE</p> <p>SHOP 71</p> <p>CHURCH 72</p> <p>FRIEND/RELATIVE 73</p> <p>OTHER _____ 96 (SPECIFY)</p> | |
| 422 | <p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p> | <p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p> | |

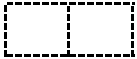
SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 423 | Apart from this person, have you had sexual intercourse with any other person in the last 12 months? | YES 1 NO 2 | → 429 |
| 424 | The last time you had sexual intercourse with this second person, was a condom used? | YES 1 NO 2 | |
| 425 | What was your relationship to this second person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'. | WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY) | |
| 426 | Apart from these two people, have you had sexual intercourse with any other person in the last 12 months? | YES 1 NO 2 | → 429 |
| 427 | The last time you had sexual intercourse with this third person, was a condom used? | YES 1 NO 2 | |
| 428 | What was your relationship to this third person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'. | WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY) | |
| 429 | In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. | NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98 | |

SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|--|-------|--|--|--|--|--|--|--|-------|
| 501 | CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> | | → 514 | | | | | | | | |
| 502 | CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/> | | → 514 | | | | | | | | |
| 503 | CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> | | → 509 | | | | | | | | |
| 504 | Is your {wife/partner} currently pregnant? | YES 1 NO 2 DON'T KNOW 8 | → 507 | | | | | | | | |
| 505 | Now I have some questions about the future. After the child you and your {wife/partner} are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8 | → 514 | | | | | | | | |
| 506 | After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 <table border="1" data-bbox="1187 808 1318 913"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" data-bbox="1187 913 1318 1019"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998 | | | | | | | | | → 514 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 507 | CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8 | → 514 | | | | | | | | |
| 508 | CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child? | MONTHS 1 <table border="1" data-bbox="1187 1447 1318 1552"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" data-bbox="1187 1552 1318 1657"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998 | | | | | | | | | → 514 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 509 | Are any of your wives or partners currently pregnant? | YES 1 NO 2 DON'T KNOW 8 | → 512 | | | | | | | | |

SECTION 6. EMPLOYMENT AND GENDER ROLES

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

SECTION 6. EMPLOYMENT AND GENDER ROLES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--------|-----|----|----|-------------------|---|---|---|--------------------------|---|---|---|-----------------|---|---|---|----------------------|---|---|---|---------------------|---|---|---|--|
| 612 | Do you own this or any other house either alone or jointly with someone else? | ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06 | → 615 | | | | | | | | | | | | | | | | | | | | | | | | |
| 613 | Do you have a title deed or other government recognized document for any house you own? | YES 1 NO 2 DON'T KNOW 8 | → 615 | | | | | | | | | | | | | | | | | | | | | | | | |
| 614 | Is your name on this document? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 615 | Do you own any agricultural or non-agricultural land either alone or jointly with someone else? | ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06 | → 617A | | | | | | | | | | | | | | | | | | | | | | | | |
| 616 | Do you have a title deed or other government recognized document for any land you own? | YES 1 NO 2 DON'T KNOW 8 | → 617A | | | | | | | | | | | | | | | | | | | | | | | | |
| 617 | Is your name on this document? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 617A | Do you have an account in a bank or other financial institution that you yourself use? | YES 1 NO 2 | → 617C | | | | | | | | | | | | | | | | | | | | | | | | |
| 617B | Did you yourself put money in or take money out of this account in the last 12 months? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 617C | In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 617D | Do you have shares in NKHONDE? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 618 | In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) GOES OUT | 1 | 2 | 8 | b) NEGLECTS CHILDREN . . | 1 | 2 | 8 | c) ARGUES | 1 | 2 | 8 | d) REFUSES SEX | 1 | 2 | 8 | e) BURNS FOOD | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | |
| a) GOES OUT | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| b) NEGLECTS CHILDREN . . | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| c) ARGUES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| d) REFUSES SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| e) BURNS FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 619 | As far as you know did your father ever beat your mother? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 700 | Now I would like to talk about HIV and AIDS. | | |
| 701 | Have you ever heard of HIV or AIDS? | YES 1 NO 2 | → 729 |
| 702 | CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/> | | → 708 |
| 703 | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 704 | Can people get HIV from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 705 | Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 706 | Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DON'T KNOW 8 | |
| 707 | Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 8 | |
| 708 | Have you heard of ARVs, that is, antiretroviral medicines that treat HIV? | YES 1 NO 2 | |
| 709 | Are there any special medicines 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 | |
| 710 | Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV? | YES 1 NO 2 | → 712 |
| 711 | Do you approve of people who take a pill every day to prevent getting HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 712 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 713 | Have you ever been tested for HIV? | YES 1 NO 2 | → 721 |
| 714 | In what month and year was your most recent HIV test? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 715 | <p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>CHAM/MISSION/IHAM</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>CBDA/DOOR TO DOOR 24</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CL 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>CBDA/DOOR TO DOOR 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>NGO</p> <p>BLM 41</p> <p>PSI 42</p> <p>FPAM 43</p> <p>MACRO 44</p> <p>YOUTH DROP-IN CENTER 45</p> <p>OTHER SOURCE</p> <p>HOME 71</p> <p>WORKPLACE 72</p> <p>CORRECTIONAL FACILITY 73</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 716 | Did you get the results of the test? | <p>YES 1</p> <p>NO 2</p> | → 720 |
| 717 | What was the result of the test? | <p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> | → 720 |
| 718 | In what month and year did you receive your first HIV-positive test result? | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST 95</p> | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------|--|--|-------|
| 719 | Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs. | YES 1 NO 2 DON'T KNOW 8 | |
| 720 | How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'. | NUMBER OF HIV TESTS <input type="text"/> <input type="text"/> | |
| 721 | Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | → 723 |
| 722 | Have you ever tested yourself for HIV using a self-test kit? | YES 1 NO 2 | |
| 723 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 724 | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 725 | CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED ↓ | OTHER <input type="checkbox"/> | → 729 |
| 726 | Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me? | YES 1 NO 2 | |
| 727 | Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status. | AGREE 1 DISAGREE 2 | |
| 728 | Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: | YES NO a) PEOPLE TALK BADLY 1 2 b) DISCLOSED STATUS 1 2 c) VERBALLY INSULTED 1 2 d) HEALTHCARE WORKERS TALKED BADLY 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2 | |
| 729 (1) | CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact? | YES 1 NO 2 | |

SECTION 7. HIV/AIDS

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

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|----------------|
| 801 | Some men are circumcised. Are you circumcised? | YES 1 NO 2 DON'T KNOW 8 | → 806 |
| 802 | Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised? | YES 1 NO 2 DON'T KNOW 8 | → 804 |
| 803 | How old were you when you got traditionally circumcised? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98 | |
| 804 | Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised? | YES 1 NO 2 DON'T KNOW 8 | → 806 |
| 805 | How old were you when you got medically circumcised? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98 | |
| 806 | Do you currently smoke tobacco every day, some days, or not at all? | EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3 | → 809 → 808 |
| 807 | In the past, have you smoked tobacco every day? | YES 1 NO 2 | → 810 |
| 808 | In the past, have you ever smoked tobacco every day, some days, or not at all? | EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3 | → 811 |
| 809 | On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Kreteks or chingambwe? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe sessions? g) Any others? _____ (SPECIFY) | NUMBER DAILY a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) KRETEKS/CHINGAMBWE .. <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/> | → 811 |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---------------------------|
| 810 | <p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks or chingambwe?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others? _____</p> <p style="text-align: center;">(SPECIFY)</p> | <p style="text-align: right;">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 811 | <p>Do you currently use smokeless tobacco every day, some days, or not at all?</p> | <p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p> | <p>→ 813</p> <p>→ 814</p> |
| 812 | <p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p style="text-align: center;">(SPECIFY)</p> | <p style="text-align: right;">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>→ 814</p> |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 813 | <p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Betel quid with tobacco? e) Any others? _____ (SPECIFY)</p> | <p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 814 | <p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, Kachasu, Masese, or Chibuku?</p> | <p>YES 1 NO 2</p> | → 817 |
| 815 | <p>During the last one month, on how many days did you have an alcoholic drink?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p> | <p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p> | → 817 |
| 816 | <p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of or packet or scud or velemonti or chipanda. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD</p> | <p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p> | |
| 817 | <p>Are you covered by any health insurance?</p> | <p>YES 1 NO 2</p> | → 819 |
| 818 | <p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p> | <p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)</p> | |
| 819 | <p>RECORD THE TIME.</p> | <p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p> | |

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2024 MALAWI DEMOGRAPHIC AND HEALTH SURVEY
 MICRONUTRIENT QUESTIONNAIRE

REPUBLIC OF MALAWI
 NATIONAL STATISTICAL OFFICE

| IDENTIFICATION | | | | | | | | | | | | |
|---|----------------------------------|--|---|--|--|--|--|--|--|--|--|--|
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| BIOMARKER TECHNICIAN VISITS | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| TECHNICIAN NAME | _____ | _____ | _____ | MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| | | | | YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| TIME | _____ | _____ | | | | | | | | | | |
| NOTES: _____ _____ _____ _____ | | | | TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| | | | | TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table> | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0 1</table> | | LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table> | | NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"></table> | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** ENGLISH | | TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table> | | | | | | | | | | |
| **LANGUAGE CODES: 01 ENGLISH 03 TUMBUKA 05 LANGUAGE 5 02 CHICHEWA 04 LANGUAGE 4 06 LANGUAGE 6 | | | | | | | | | | | | |
| TEAM <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table> NUMBER | TEAM SUPERVISOR _____ NAME | | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table> NUMBER | CAPI SUPERVISOR _____ NAME | | | | | | | | |
| | | | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table> NUMBER | | | | | | | | | |

THIS PAGE INTENTIONALLY LEFT BLANK

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| | | |
|-----|--|--|
| 101 | CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, DATE OF BIRTH, AGE AND CONFIRM AGE FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | |
| | CHILD 1 | SKIP |
| 102 | CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. | NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> |
| 103 | IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 104 | IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> |
| 105 | CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 |
| | | |
| 106 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 107 | WAS THE CHILD MINIMALLY DRESSED? | YES 1 NO 2 |
| 108 | HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 109 | WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 |
| 110 | CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED? | YES 1 NO 2 |
| 111 | IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____ | |
| 112 | WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? | YES 1 NO 2 |
| 113 | ENTER FIELDWORKER NUMBER OF MEASURER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 114 | ENTER FIELDWORKER NUMBER OF ASSISTANT. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 1 | | SKIP | | | | | | | | | | | | | | | | |
|---------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 115 | TODAY'S 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><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 116 | RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL PAMPHLET. | | | | | | | | | | | | | | | | | |
| 117 | CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/> | → 145 | | | | | | | | | | | | | | | | |
| 118 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. | NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 119B | ASK CONSENT FOR BLOOD COLLECTION AND TESTING FROM PARENT/RESPONSIBLE ADULT. As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems. Blood will be taken from the arm of (NAME OF MINOR) using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. No names will be attached to (NAME OF CHILD's) sample so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia and malaria tests? Will you allow (NAME OF CHILD) to participate in the vitamins and minerals test? | | | | | | | | | | | | | | | | | |
| 120A | CIRCLE THE CODE: | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 120B | CIRCLE THE CODE: | VITAMINS AND MINERALS TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 → 123 | | | | | | | | | | | | | | | | |
| 120C | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow to store part of the blood sample collected at the laboratory for additional tests or research. These additional tests could include additional micronutrient and vitamin tests along with other tests. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the vitamin and mineral or malaria and anemia testing in this survey. Will you allow us to keep the blood sample stored for additional testing? | | | | | | | | | | | | | | | | | |
| 120D | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 123 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> FIELDWORKER NUMBER | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| | | CHILD 1 | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|-----|----|----------------------|---|---|--------------------|---|---|---------------------------|---|---|----------------------------------|---|---|--------------|---|---|-----------------------|---|---|-----------------------------|---|---|----------------|---|---|--|
| 124 | CHECK 120A AND 120B: | ANY CONSENT GRANTED <input type="checkbox"/> BOTH CONSENTS REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124A | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). IF CONSENT GRANTED FOR ANEMIA/MALARIA TEST AND VITAMINS/MINERALS TEST, FIRST COLLECT VENOUS BLOOD IN RED TOP TUBE, THEN COLLECT VENOUS BLOOD IN PURPLE TOP TUBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | IF CONSENT GRANTED, PLACE BAR CODE LABEL IN THE SPACE PROVIDED TO THE RIGHT. CHECK 120A: PLACE BAR CODE LABEL ON PURPLE TOP TUBE IF CONSENT GRANTED FOR MALARIA AND ANEMIA TEST CHECK 120B: PLACE BAR CODE LABEL ON RED TOP TUBE IF CONSENT GRANTED FOR VITAMINS AND MINERALS TEST. PLACE BAR CODE LABEL ON TRANSMITTAL FORM. | <div style="border: 2px dashed black; padding: 10px; width: fit-content; margin: 0 auto;"> PUT THE QUESTIONNAIRE BAR CODE LABEL HERE. </div> | NOT PRESENT 99994 REFUSED BOTH 99995 OTHER 99996 <input type="checkbox"/> → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | COLLECT RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | COLLECT PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | <input type="checkbox"/> → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | DATE BLOOD SAMPLE TAKEN: | DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | TIME BLOOD DRAWN: | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTE <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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | G/DL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOT PRESENT994 REFUSED995 OTHER996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET. | POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 | <input type="checkbox"/> → 143 <input type="checkbox"/> → 145 <input type="checkbox"/> → 143 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | Does (NAME) suffer from any of the following illnesses or symptoms: | <table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td>a) Extreme weakness?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) Heart problems?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) Loss of consciousness?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) Rapid or difficult breathing?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) Seizures?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) Abnormal bleeding?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) Jaundice or yellow skin?</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>h) Dark urine?</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table> | | YES | NO | a) Extreme weakness? | 1 | 2 | b) Heart problems? | 1 | 2 | c) Loss of consciousness? | 1 | 2 | d) Rapid or difficult breathing? | 1 | 2 | e) Seizures? | 1 | 2 | f) Abnormal bleeding? | 1 | 2 | g) Jaundice or yellow skin? | 1 | 2 | h) Dark urine? | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Extreme weakness? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Heart problems? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Loss of consciousness? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Rapid or difficult breathing? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Seizures? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Abnormal bleeding? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Jaundice or yellow skin? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Dark urine? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 1 | | SKIP | | | | | | | | |
|--|--|--|--|--|----------------------------------|----------|--|-------------------------------------|--|--------------------------------------|
| 133 | CHECK 132: ANY 'YES' CIRCLED? NO <input type="checkbox"/> YES <input type="checkbox"/> | → 135 | | | | | | | | |
| 134 | CHECK 130: HEMOGLOBIN RESULT | BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6 → 136 | | | | | | | | |
| 135 | SEVERE MALARIA REFERRAL The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM. | → 143 | | | | | | | | |
| 136 | In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT. | YES 1 NO 2 → 138 | | | | | | | | |
| 137 | ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. | → 145 | | | | | | | | |
| 138 | ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not. | | | | | | | | | |
| 139 | CIRCLE THE APPROPRIATE CODE. | ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6 → 145 | | | | | | | | |
| 140 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) [] [] [] [] FIELDWORKER NUMBER | | | | | | | | |
| 141 | CHECK 139: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 | | | | | | | | |
| 142 | PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. TELL THE PARENT/RESPONSIBLE ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away. | → 145 | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Proposed Treatment for Children Testing Positive for Parasites</th> </tr> <tr> <th>Weight (in Kg) – Approximate Age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>5 to less than 15 – under 3 years of age</td> <td>1 tablet ALu twice daily for 3 days</td> </tr> <tr> <td>15 to less than 25 – 3 to 5 years of age</td> <td>2 tablets ALu twice daily for 3 days</td> </tr> </tbody> </table> | | | Proposed Treatment for Children Testing Positive for Parasites | | Weight (in Kg) – Approximate Age | Dosage * | 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days |
| Proposed Treatment for Children Testing Positive for Parasites | | | | | | | | | | |
| Weight (in Kg) – Approximate Age | Dosage * | | | | | | | | | |
| 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | | | | | | | | | |
| 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days | | | | | | | | | |
| 143 | CHECK 130: HEMOGLOBIN RESULT | BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6 → 145 | | | | | | | | |
| 144 | SEVERE ANEMIA REFERRAL The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM. | | | | | | | | | |
| 145 | IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| | | |
|-----|--|--|
| 101 | CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, DATE OF BIRTH, AGE AND CONFIRM AGE FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | |
| | CHILD 2 | SKIP |
| 102 | CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. | NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> |
| 103 | IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 104 | IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> |
| 105 | CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 |
| | | |
| 106 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 107 | WAS THE CHILD MINIMALLY DRESSED? | YES 1 NO 2 |
| 108 | HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP. | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 109 | WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 |
| 110 | CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED? | YES 1 NO 2 |
| 111 | IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____ | |
| 112 | WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? | YES 1 NO 2 |
| 113 | ENTER FIELDWORKER NUMBER OF MEASURER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 114 | ENTER FIELDWORKER NUMBER OF ASSISTANT. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 2 | | SKIP | | | | | | | | | | | | | | | | |
|---------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 115 | TODAY'S 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><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 116 | RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL PAMPHLET. | | | | | | | | | | | | | | | | | |
| 117 | CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/> | → 145 | | | | | | | | | | | | | | | | |
| 118 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. | NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 119B | ASK CONSENT FOR BLOOD COLLECTION AND TESTING FROM PARENT/RESPONSIBLE ADULT. As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems. Blood will be taken from the arm of (NAME OF MINOR) using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. No names will be attached to (NAME OF CHILD's) sample so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia and malaria tests? Will you allow (NAME OF CHILD) to participate in the vitamins and minerals test? | | | | | | | | | | | | | | | | | |
| 120A | CIRCLE THE CODE: | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 120B | CIRCLE THE CODE: | VITAMINS AND MINERALS TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 <input type="checkbox"/> → 123 | | | | | | | | | | | | | | | | |
| 120C | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow to store part of the blood sample collected at the laboratory for additional tests or research. These additional tests could include additional micronutrient and vitamin tests along with other tests. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the vitamin and mineral or malaria and anemia testing in this survey. Will you allow us to keep the blood sample stored for additional testing? | | | | | | | | | | | | | | | | | |
| 120D | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 123 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> FIELDWORKER NUMBER | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

CHILD 2

SKIP

| 124 | CHECK 120A AND 120B: ANY CONSENT GRANTED <input type="checkbox"/> BOTH CONSENTS REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|---|-------------------------|-----|----|---------------------|---|---|-------------------|---|---|----------------------|---|---|--------------------|---|---|-------------|---|---|-------------|---|---|-------------|---|---|---------------|---|---|--|
| 124A | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). IF CONSENT GRANTED FOR ANEMIA/MALARIA TEST AND VITAMINS/MINERALS TEST, FIRST COLLECT VENOUS BLOOD IN RED TOP TUBE, THEN COLLECT VENOUS BLOOD IN PURPLE TOP TUBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | IF CONSENT GRANTED, PLACE BAR CODE LABEL IN THE SPACE PROVIDED TO THE RIGHT. CHECK 120A: PLACE BAR CODE LABEL ON PURPLE TOP TUBE IF CONSENT GRANTED FOR MALARIA AND ANEMIA TEST CHECK 120B: PLACE BAR CODE LABEL ON RED TOP TUBE IF CONSENT GRANTED FOR VITAMINS AND MINERALS TEST. PLACE BAR CODE LABEL ON TRANSMITTAL FORM. | PUT THE QUESTIONNAIRE BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED BOTH 99995 OTHER 99996 | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | COLLECT RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | COLLECT PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | DATE BLOOD SAMPLE TAKEN: | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | TIME BLOOD DRAWN: | HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET. | POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 | → 143 → 145 → 143 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | a) EXTREME WEAKNESS | 1 | 2 | b) HEART PROBLEMS | 1 | 2 | c) LOSS OF CONSCIOUS | 1 | 2 | d) RAPID BREATHING | 1 | 2 | e) SEIZURES | 1 | 2 | f) BLEEDING | 1 | 2 | g) JAUNDICE | 1 | 2 | h) DARK URINE | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) EXTREME WEAKNESS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) HEART PROBLEMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) LOSS OF CONSCIOUS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) RAPID BREATHING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) SEIZURES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) BLEEDING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) JAUNDICE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) DARK URINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 2 | | SKIP | | | | | | | | |
|--|--|--|----------------------------------|----------------------------------|-------------------|--|-------------------------------------|--|--------------------------------------|-------|
| 133 | CHECK 132: ANY 'YES' CIRCLED? NO <input type="checkbox"/> YES <input type="checkbox"/> | → 135 | | | | | | | | |
| 134 | CHECK 130: HEMOGLOBIN RESULT | <table border="1"> <tr> <td>BELOW 8.0 G/DL, SEVERE ANEMIA</td> <td>..... 1</td> </tr> <tr> <td>8.0 G/DL OR ABOVE</td> <td>..... 2</td> </tr> <tr> <td>OTHER</td> <td>..... 6</td> </tr> </table> | BELOW 8.0 G/DL, SEVERE ANEMIA | 1 | 8.0 G/DL OR ABOVE | 2 | OTHER | 6 | → 136 | |
| BELOW 8.0 G/DL, SEVERE ANEMIA | 1 | | | | | | | | | |
| 8.0 G/DL OR ABOVE | 2 | | | | | | | | | |
| OTHER | 6 | | | | | | | | | |
| 135 | <p>SEVERE MALARIA REFERRAL</p> <p>The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.</p> <p>RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.</p> | → 143 | | | | | | | | |
| 136 | In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? | <table border="1"> <tr> <td>YES</td> <td>..... 1</td> </tr> <tr> <td>NO</td> <td>..... 2</td> </tr> </table> <p>VERIFY BY ASKING TO SEE TREATMENT.</p> | YES | 1 | NO | 2 | → 138 | | | |
| YES | 1 | | | | | | | | | |
| NO | 2 | | | | | | | | | |
| 137 | <p>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</p> <p>You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.</p> | → 145 | | | | | | | | |
| 138 | <p>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</p> <p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p> | | | | | | | | | |
| 139 | CIRCLE THE APPROPRIATE CODE. | <table border="1"> <tr> <td>ACCEPTED MEDICINE</td> <td>..... 1</td> </tr> <tr> <td>REFUSED MEDICINE</td> <td>..... 2</td> </tr> <tr> <td>OTHER</td> <td>..... 6</td> </tr> </table> | ACCEPTED MEDICINE | 1 | REFUSED MEDICINE | 2 | OTHER | 6 | → 145 | |
| ACCEPTED MEDICINE | 1 | | | | | | | | | |
| REFUSED MEDICINE | 2 | | | | | | | | | |
| OTHER | 6 | | | | | | | | | |
| 140 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | <p>_____</p> <p>(SIGN)</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>FIELDWORKER NUMBER</p> | | | | | | | | |
| | | | | | | | | | | |
| 141 | CHECK 139: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 | | | | | | | | |
| 142 | <p>PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT.</p> <p>TELL THE PARENT/RESPONSIBLE ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away.</p> <table border="1"> <thead> <tr> <th colspan="2">Proposed Treatment for Children Testing Positive for Parasites</th> </tr> <tr> <th>Weight (in Kg) – Approximate Age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>5 to less than 15 – under 3 years of age</td> <td>1 tablet ALu twice daily for 3 days</td> </tr> <tr> <td>15 to less than 25 – 3 to 5 years of age</td> <td>2 tablets ALu twice daily for 3 days</td> </tr> </tbody> </table> | Proposed Treatment for Children Testing Positive for Parasites | | Weight (in Kg) – Approximate Age | Dosage * | 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days | → 145 |
| Proposed Treatment for Children Testing Positive for Parasites | | | | | | | | | | |
| Weight (in Kg) – Approximate Age | Dosage * | | | | | | | | | |
| 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | | | | | | | | | |
| 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days | | | | | | | | | |
| 143 | CHECK 130: HEMOGLOBIN RESULT | <table border="1"> <tr> <td>BELOW 8.0 G/DL, SEVERE ANEMIA</td> <td>..... 1</td> </tr> <tr> <td>8.0 G/DL OR ABOVE</td> <td>..... 2</td> </tr> <tr> <td>OTHER</td> <td>..... 6</td> </tr> </table> | BELOW 8.0 G/DL, SEVERE ANEMIA | 1 | 8.0 G/DL OR ABOVE | 2 | OTHER | 6 | → 145 | |
| BELOW 8.0 G/DL, SEVERE ANEMIA | 1 | | | | | | | | | |
| 8.0 G/DL OR ABOVE | 2 | | | | | | | | | |
| OTHER | 6 | | | | | | | | | |
| 144 | <p>SEVERE ANEMIA REFERRAL</p> <p>The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p> | | | | | | | | | |
| 145 | IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| | | |
|-----|--|--|
| 101 | CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, DATE OF BIRTH, AGE AND CONFIRM AGE FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | |
| | CHILD 3 | SKIP |
| 102 | CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. | NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> |
| 103 | IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 104 | IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> |
| 105 | CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 |
| | | |
| 106 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 107 | WAS THE CHILD MINIMALLY DRESSED? | YES 1 NO 2 |
| 108 | HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP. | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 109 | WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 |
| 110 | CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED? | YES 1 NO 2 |
| 111 | IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____ | |
| 112 | WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? | YES 1 NO 2 |
| 113 | ENTER FIELDWORKER NUMBER OF MEASURER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 114 | ENTER FIELDWORKER NUMBER OF ASSISTANT. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 3 | | SKIP | | | | | | | | | | | | | | | | |
|---------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 115 | TODAY'S 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><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 116 | RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL PAMPHLET. | | | | | | | | | | | | | | | | | |
| 117 | CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/> | → 145 | | | | | | | | | | | | | | | | |
| 118 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. | NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 119B | ASK CONSENT FOR BLOOD COLLECTION AND TESTING FROM PARENT/RESPONSIBLE ADULT. As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems. Blood will be taken from the arm of (NAME OF MINOR) using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. No names will be attached to (NAME OF CHILD's) sample so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia and malaria tests? Will you allow (NAME OF CHILD) to participate in the vitamins and minerals test? | | | | | | | | | | | | | | | | | |
| 120A | CIRCLE THE CODE: | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 120B | CIRCLE THE CODE: | VITAMINS AND MINERALS TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 <input type="checkbox"/> → 123 | | | | | | | | | | | | | | | | |
| 120C | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow to store part of the blood sample collected at the laboratory for additional tests or research. These additional tests could include additional micronutrient and vitamin tests along with other tests. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the vitamin and mineral or malaria and anemia testing in this survey. Will you allow us to keep the blood sample stored for additional testing? | | | | | | | | | | | | | | | | | |
| 120D | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | | | | | | | | | | | | | | | |
| 123 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> FIELDWORKER NUMBER | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

CHILD 3

SKIP

| 124 | CHECK 120A AND 120B: ANY CONSENT GRANTED <input type="checkbox"/> BOTH CONSENTS REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|---|-------------------------|-----|----|---------------------|---|---|-------------------|---|---|----------------------|---|---|--------------------|---|---|-------------|---|---|-------------|---|---|-------------|---|---|---------------|---|---|--|
| 124A | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). IF CONSENT GRANTED FOR ANEMIA/MALARIA TEST AND VITAMINS/MINERALS TEST, FIRST COLLECT VENOUS BLOOD IN RED TOP TUBE, THEN COLLECT VENOUS BLOOD IN PURPLE TOP TUBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | IF CONSENT GRANTED, PLACE BAR CODE LABEL IN THE SPACE PROVIDED TO THE RIGHT. CHECK 120A: PLACE BAR CODE LABEL ON PURPLE TOP TUBE IF CONSENT GRANTED FOR MALARIA AND ANEMIA TEST CHECK 120B: PLACE BAR CODE LABEL ON RED TOP TUBE IF CONSENT GRANTED FOR VITAMINS AND MINERALS TEST. PLACE BAR CODE LABEL ON TRANSMITTAL FORM. | PUT THE QUESTIONNAIRE BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED BOTH 99995 OTHER 99996 | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | COLLECT RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | COLLECT PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT ... 2 REFUSED 3 OTHER 6 | → 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | DATE BLOOD SAMPLE TAKEN: | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | TIME BLOOD DRAWN: | HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET. | POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 | → 143 → 145 → 143 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | a) EXTREME WEAKNESS | 1 | 2 | b) HEART PROBLEMS | 1 | 2 | c) LOSS OF CONSCIOUS | 1 | 2 | d) RAPID BREATHING | 1 | 2 | e) SEIZURES | 1 | 2 | f) BLEEDING | 1 | 2 | g) JAUNDICE | 1 | 2 | h) DARK URINE | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) EXTREME WEAKNESS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) HEART PROBLEMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) LOSS OF CONSCIOUS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) RAPID BREATHING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) SEIZURES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) BLEEDING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) JAUNDICE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) DARK URINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-4

| CHILD 3 | | SKIP | | | | | | | | |
|---|--|---|--|--|----------------------------------|----------|--|-------------------------------------|--|--------------------------------------|
| 133 | CHECK 132: ANY 'YES' CIRCLED? NO <input type="checkbox"/> YES <input type="checkbox"/> | → 135 | | | | | | | | |
| 134 | CHECK 130: HEMOGLOBIN RESULT | BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6 → 136 | | | | | | | | |
| 135 | SEVERE MALARIA REFERRAL The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM. | → 143 | | | | | | | | |
| 136 | In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT. | YES 1 NO 2 → 138 | | | | | | | | |
| 137 | ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. | → 145 | | | | | | | | |
| 138 | ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not. | | | | | | | | | |
| 139 | CIRCLE THE APPROPRIATE CODE. | ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6 → 145 | | | | | | | | |
| 140 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> FIELDWORKER NUMBER | | | | | | | | |
| | | | | | | | | | | |
| 141 | CHECK 139: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/> | → 145 | | | | | | | | |
| 142 | PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. TELL THE PARENT/RESPONSIBLE ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away. | → 145 | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Proposed Treatment for Children Testing Positive for Parasites</th> </tr> <tr> <th>Weight (in Kg) – Approximate Age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>5 to less than 15 – under 3 years of age</td> <td>1 tablet ALu twice daily for 3 days</td> </tr> <tr> <td>15 to less than 25 – 3 to 5 years of age</td> <td>2 tablets ALu twice daily for 3 days</td> </tr> </tbody> </table> | | | Proposed Treatment for Children Testing Positive for Parasites | | Weight (in Kg) – Approximate Age | Dosage * | 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days |
| Proposed Treatment for Children Testing Positive for Parasites | | | | | | | | | | |
| Weight (in Kg) – Approximate Age | Dosage * | | | | | | | | | |
| 5 to less than 15 – under 3 years of age | 1 tablet ALu twice daily for 3 days | | | | | | | | | |
| 15 to less than 25 – 3 to 5 years of age | 2 tablets ALu twice daily for 3 days | | | | | | | | | |
| 143 | CHECK 130: HEMOGLOBIN RESULT | BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6 → 145 | | | | | | | | |
| 144 | SEVERE ANEMIA REFERRAL The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM. | | | | | | | | | |
| 145 | IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | | | | | | | | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| | | | |
|-----|---|--|--------|
| 201 | INTERVIEWER TO COMPLETE Q.202 TO Q.204: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/Biomarkers". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN AGE 15-49 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S) | | |
| | WOMAN 1 | | SKIP |
| 202 | CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN. | NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> | |
| 203 | CHECK CAPI OUTPUT FOR AGE: | 15-17 YEARS 1 18-49 YEARS 2 | |
| 204 | CHECK CAPI OUTPUT FOR MARITAL STATUS: | NEVER IN UNION 1 OTHER 2 | |
| 205 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | → 207 |
| 206 | WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING? | YES 1 NO 2 | |
| 207 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | → 209 |
| 208 | WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? | YES 1 NO 2 | |
| 209 | ENTER FIELDWORKER NUMBER OF MEASURER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | |
| 210 | ENTER FIELDWORKER NUMBER OF ASSISTANT. IF NO ASSISTANT, ENTER 9999. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | |
| 211 | TODAY'S DATE: | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 212 | CHECK 203: | AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> | → 214B |
| 213 | CHECK 204: | OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> | → 218 |

| | | WOMAN 1 | SKIP |
|--|--|--|--|
| ADULT RESPONDENT CONSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | |
| ADULT RESPONDENT CONSENT | 214B | <p>ASK CONSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. Urine will be sent to a laboratory to be tested for minerals. No names will be attached to your samples so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you participate in the anemia and malaria tests? Will you participate in the blood vitamins and minerals test? Will you participate in the urine minerals test?</p> | |
| | 215A | CIRCLE THE CODE | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 |
| | 215B | CIRCLE THE CODE | VITAMINS AND MINERALS BLOOD TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 |
| | 215C | CIRCLE THE CODE | MINERALS URINE TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 |
| | 215D | CHECK 215B AND 215C: ANY CONSENT GRANTED <input type="checkbox"/> BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> → 216 | |
| | 215E | <p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | |
| | 215F | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 |
| | 216 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) [][][][] FIELDWORKER NUMBER |
| 217 | CHECK 215A, 215B AND 215C: ANY CONSENT GRANTED <input type="checkbox"/> → 226A ALL REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> → 235 | | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| | | WOMAN 1 | SKIP | |
|--|--|---|--|-------|
| 218 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. | NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <input type="text"/> | | |
| PARENT / RESPONSIBLE ADULT CONSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | | |
| P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T | 219B | <p>ASK CONSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm of (NAME OF MINOR) using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The urine will be sent to a laboratory to be tested for minerals. No names will be attached to (NAME OF MINOR's) sample so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you allow (NAME OF MINOR) to participate in the anemia and malaria tests? Will you allow (NAME OF MINOR) to participate in the vitamins and minerals test? Will you allow (NAME OF MINOR) to participate in the urine minerals test?</p> | | |
| | 220A | CIRCLE THE CODE | <p>MALARIA AND ANEMIA TEST</p> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3</p> | |
| | 220B | CIRCLE THE CODE | <p>VITAMINS AND MINERALS BLOOD TEST</p> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3</p> | |
| | 220C | CIRCLE THE CODE | <p>MINERALS URINE TEST</p> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3</p> | |
| | 220D | CHECK 220B AND 220C: ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 221 |
| | 220E | <p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| | 220F | CIRCLE THE CODE: | <p>FUTURE ADDITIONAL TESTS</p> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHE..... 3</p> | |
| | 221 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | <p>_____ (SIGN)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> FIELDWORKER NUMBER</p> | |
| 222 | CHECK 220A, 220B AND 220C: ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 235 | |

| | | WOMAN 1 | | SKIP | |
|---|----------------------------------|---|--|--|--|
| MINOR RESPONDENT ASSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | | | |
| MINOR RESPONDENT ASSENT | 223B | <p>ASK ASSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. Urine will be sent to a laboratory to be tested for minerals. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you participate in the anemia and malaria tests? Will you participate in the blood vitamins and minerals test? Will you participate in the urine minerals test?</p> | | | |
| | 224A | CIRCLE THE CODE | MALARIA AND ANEMIA GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224B | CIRCLE THE CODE | VITAMINS AND MINERALS BLOOD TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224C | CIRCLE THE CODE | MINERALS URINE TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224D | CHECK 224B AND 224C: | ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> → 225 | |
| | 224E | <p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | | | |
| | 224F | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | |
| | 225 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) | _____ FIELDWORKER NUMBER | |
| 225B | CHECK 220A, 220B, 224A AND 224B: | ANY CONSENT GRANTED BY BOTH RESPONSIBLE ADULT AND MINOR <input type="checkbox"/> | ADULT OR MINOR REFUSED <input type="checkbox"/> → 235 | | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| WOMAN 1 | | SKIP |
|---------|---|---|
| 226A | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). IF CONSENT GRANTED FOR ANEMIA/MALARIA TEST AND BLOOD VITAMINS/MINERALS TEST, FIRST COLLECT VENOUS BLOOD IN RED TOP TUBE, THEN COLLECT VENOUS BLOOD IN PURPLE TOP TUBE. PROVIDE URINE CUP AND INSTRUCT RESPONDENT TO COLLECT SAMPLE. | |
| 226B | <p>IF CONSENT GRANTED, PLACE BAR CODE LABEL IN THE SPACE PROVIDED TO THE RIGHT.</p> <p>ADULT - CHECK 215A; MINOR CHECK 220A, 224A: PLACE BAR CODE LABEL ON PURPLE TOP TUBE IF CONSENT GRANTED FOR MALARIA AND ANEMIA TEST.</p> <p>ADULT - CHECK 215B; MINOR CHECK 220B, 224B: PLACE BAR CODE LABEL ON RED TOP TUBE IF CONSENT GRANTED FOR VITAMINS AND MINERALS BLOOD TEST.</p> <p>ADULT - CHECK 215C; MINOR CHECK 220C, 224C: PLACE URINE BAR CODE LABELS ON 2 CRYOVIALS IF CONSENT GRANTED FOR URINE MINERALS TEST.</p> <p>PLACE BAR CODE LABEL ON TRANSMITTAL FORM.</p> | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE QUESTIONNAIRE BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994</p> <p>REFUSED ALL 99995</p> <p>OTHER 99996</p> |
| 227A | RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION. | <p>COLLECTED 1</p> <p>FAILED OR INSUFFICIENT 2</p> <p>REFUSED 3</p> <p>OTHER/NOT ELIGIBLE 6</p> |
| 227B | COLLECT PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP TUBE BLOOD SAMPLE COLLECTION. | <p>COLLECTED 1</p> <p>FAILED OR INSUFFICIENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p> |
| 227C | ASK RESPONDENT TO COLLECT URINE RECORD THE RESULT OF THE URINE SAMPLE COLLECTION. | <p>COLLECTED 1</p> <p>FAILED OR INSUFFICIENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p> |
| 228 | DATE SAMPLES TAKEN: | <p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/></p> |
| 229 | TIME BLOOD DRAWN: | <p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTE <input type="text"/> <input type="text"/></p> |
| 230 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | <p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT 994</p> <p>REFUSED 995</p> <p>OTHER 996</p> |
| 231 | RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET. | <p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>NOT PRESENT 4</p> <p>REFUSED 5</p> <p>OTHER 6</p> |
| 232 | The malaria test shows that you have malaria. You should go to a health facility for further assessment. RECORD THE RESULT OF THE MALARIA TEST ON THE MALARIA REFERRAL FORM. | |
| 233 | CHECK 230: HEMOGLOBIN RESULT | <p>BELOW 8.0 G/DL, SEVERE ANEMIA 1</p> <p>8.0 G/DL OR ABOVE 2</p> <p>OTHER 6</p> |
| 234 | The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM. | |
| 235 | IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, END INTERVIEW. | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| | | | |
|-----|---|--|--------|
| 201 | INTERVIEWER TO COMPLETE Q.202 TO Q.204: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN AGE 15-49 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S) | | |
| | WOMAN 2 | | SKIP |
| 202 | CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN. | NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> | |
| 203 | CHECK CAPI OUTPUT FOR AGE: | 15-17 YEARS 1 18-49 YEARS 2 | |
| 204 | CHECK CAPI OUTPUT FOR MARITAL STATUS: | NEVER IN UNION 1 OTHER 2 | |
| | | | |
| 205 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | → 207 |
| 206 | WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING? | YES 1 NO 2 | |
| 207 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | → 209 |
| 208 | WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? | YES 1 NO 2 | |
| 209 | ENTER FIELDWORKER NUMBER OF MEASURER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | |
| 210 | ENTER FIELDWORKER NUMBER OF ASSISTANT. IF NO ASSISTANT, ENTER 9999. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | |
| 211 | TODAY'S DATE: | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 212 | CHECK 203: | AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> | → 214B |
| 213 | CHECK 204: | OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> | → 218 |

| | | WOMAN 2 | SKIP | |
|--|--|---|--|-------|
| ADULT RESPONDENT CONSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | | |
| ADULT RESPONDENT CONSENT | 214B | <p>ASK CONSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. Urine will be sent to a laboratory to be tested for minerals. No names will be attached to your samples so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you participate in the anemia and malaria tests? Will you participate in the blood vitamins and minerals test? Will you participate in the urine minerals test?</p> | | |
| | 215A | CIRCLE THE CODE | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | |
| | 215B | CIRCLE THE CODE | VITAMINS AND MINERALS BLOOD TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | |
| | 215C | CIRCLE THE CODE | MINERALS URINE TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | |
| | 215D | CHECK 215B AND 215C: ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 216 |
| | 215E | <p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| | 215F | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | |
| | 216 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) [][][][] FIELDWORKER NUMBER | |
| 217 | CHECK 215A, 215B AND 215C: ANY CONSENT GRANTED <input type="checkbox"/> | ALL REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 235 | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| | | WOMAN 2 | | SKIP | |
|--|--|---|--|--|-------|
| 218 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. | NAME _____ | LINE NUMBER OF PARENT/RESPONSIBLE ADULT | <input type="text"/> | |
| PARENT / RESPONSIBLE ADULT CONSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | | | |
| P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T | 219B | <p>ASK CONSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm of (NAME OF MINOR) using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The urine will be sent to a laboratory to be tested for minerals. No names will be attached to (NAME OF MINOR's) sample so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you allow (NAME OF MINOR) to participate in the anemia and malaria tests? Will you allow (NAME OF MINOR) to participate in the vitamins and minerals test? Will you allow (NAME OF MINOR) to participate in the urine minerals test?</p> | | | |
| | 220A | CIRCLE THE CODE | MALARIA AND ANEMIA TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 220B | CIRCLE THE CODE | VITAMINS AND MINERALS BLOOD TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 220C | CIRCLE THE CODE | MINERALS URINE TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 220D | CHECK 220B AND 220C: | ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 221 |
| | 220E | <p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | | | |
| | 220F | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE..... 3 | | |
| 221 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | | | |
| 222 | CHECK 220A, 220B AND 220C: | ANY CONSENT GRANTED <input type="checkbox"/> | BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 235 | |

| | | WOMAN 2 | | SKIP | |
|---|----------------------------------|--|--|-------|--|
| MINOR RESPONDENT ASSENT FOR MALARIA, ANEMIA, AND VITAMINS AND MINERALS | | | | | |
| MINOR RESPONDENT ASSENT | 223B | <p>ASK ASSENT FOR BLOOD AND URINE COLLECTION AND TESTING FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia and vitamins and mineral levels. Malaria, anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>Blood will be taken from the arm using a needle. Taking a blood sample may cause some discomfort and bruising. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will also ask you to provide a small urine sample in a specimen cup.</p> <p>The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. Urine will be sent to a laboratory to be tested for minerals. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes or no to any test. It is up to you to decide. Will you participate in the anemia and malaria tests? Will you participate in the blood vitamins and minerals test? Will you participate in the urine minerals test?</p> | | | |
| | 224A | CIRCLE THE CODE | MALARIA AND ANEMIA GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224B | CIRCLE THE CODE | VITAMINS AND MINERALS BLOOD TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224C | CIRCLE THE CODE | MINERALS URINE TEST GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 | | |
| | 224D | CHECK 224B AND 224C: | ANY CONSENT GRANTED <input type="checkbox"/> BOTH REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/> | → 225 | |
| | 224E | <p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT:</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p> | | | |
| | 224F | CIRCLE THE CODE: | FUTURE ADDITIONAL TESTS GRANTED 1 REFUSED 2 NOT PRESENT/OTHE 3 | | |
| | 225 | SIGN NAME AND ENTER FIELDWORKER NUMBER. | _____ (SIGN) [][][][] FIELDWORKER NUMBER | | |
| 225B | CHECK 220A, 220B, 224A AND 224B: | ANY CONSENT GRANTED BY BOTH RESPONSIBLE ADULT AND MINOR <input type="checkbox"/> ADULT OR MINOR REFUSED <input type="checkbox"/> | → 235 | | |

WEIGHT, HEIGHT, AND MICRONUTRIENT TESTING FOR WOMEN AGE 15-49

| WOMAN 2 | | SKIP |
|---------|---|---|
| 226A | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). IF CONSENT GRANTED FOR ANEMIA/MALARIA TEST AND BLOOD VITAMINS/MINERALS TEST, FIRST COLLECT VENOUS BLOOD IN RED TOP TUBE, THEN COLLECT VENOUS BLOOD IN PURPLE TOP TUBE. PROVIDE URINE CUP AND INSTRUCT RESPONDENT TO COLLECT SAMPLE. | |
| 226B | <p>IF CONSENT GRANTED, PLACE BAR CODE LABEL IN THE SPACE PROVIDED TO THE RIGHT.</p> <p>ADULT - CHECK 215A; MINOR CHECK 220A, 224A: PLACE BAR CODE LABEL ON PURPLE TOP TUBE IF CONSENT GRANTED FOR MALARIA AND ANEMIA TEST.</p> <p>ADULT - CHECK 215B; MINOR CHECK 220B, 224B: PLACE BAR CODE LABEL ON RED TOP TUBE IF CONSENT GRANTED FOR VITAMINS AND MINERALS BLOOD TEST.</p> <p>ADULT - CHECK 215C; MINOR CHECK 220C, 224C: PLACE URINE BAR CODE LABELS ON 2 CRYOVIALS IF CONSENT GRANTED FOR URINE MINERALS TEST.</p> <p>PLACE BAR CODE LABEL ON TRANSMITTAL FORM.</p> | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE QUESTIONNAIRE BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994 REFUSED ALL 99995 OTHER 99996</p> |
| 227A | RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT 2 REFUSED 3 OTHER/NOT ELIGIBLE 6 |
| 227B | COLLECT PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP TUBE BLOOD SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT 2 REFUSED 3 OTHER 6 |
| 227C | ASK RESPONDENT TO COLLECT URINE RECORD THE RESULT OF THE URINE SAMPLE COLLECTION. | COLLECTED 1 FAILED OR INSUFFICIENT 2 REFUSED 3 OTHER 6 |
| 228 | DATE SAMPLES TAKEN: | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 229 | TIME BLOOD DRAWN: | HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> |
| 230 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 231 | RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET. | POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 |
| 232 | The malaria test shows that you have malaria. You should go to a health facility for further assessment. RECORD THE RESULT OF THE MALARIA TEST ON THE MALARIA REFERRAL FORM. | |
| 233 | CHECK 230: HEMOGLOBIN RESULT | BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6 |
| 234 | The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM. | |
| 235 | IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, END INTERVIEW. | |

BIOMARKER: FOOTNOTES

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

2024 MALAWI DEMOGRAPHIC AND HEALTH SURVEY
 FOOD FORTIFICATION AND WATER QUALITY QUESTIONNAIRE

REPUBLIC OF MALAWI
 NATIONAL STATISTICAL OFFICE

| IDENTIFICATION (1) | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--|
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR BLANK TESTING? (1=YES, 2=NO) | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| TIME | _____ | _____ | | RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NEXT VISIT: DATE | | | | TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"></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 _____ <div style="text-align: right;">(SPECIFY)</div> | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | <table border="1" style="width: 30px; height: 20px;"><tr><td>0</td><td>1</td></tr></table> | 0 | 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="width: 30px; height: 20px;"><tr><td></td><td></td></tr></table> | | | NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 30px; height: 20px;"><tr><td></td><td></td></tr></table> | | | | | | |
| 0 | 1 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** ENGLISH | | TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 30px; height: 20px;"><tr><td></td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 CHICHEWA 04 LANGUAGE 4 06 LANGUAGE 6 | | | | | | | | | | | | | | |
| TEAM | TEAM SUPERVISOR | | CAPI SUPERVISOR | | | | | | | | | | | |
| <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> | | | <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NUMBER | NAME | NUMBER | NAME | NUMBER | | | | | | | | | | |

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Statistical Office and the Ministry of Health. We are conducting a survey about health and other topics all over Malawi.

I'm going to ask you some questions about food items including cooking oil, wheat flour, maize flour, salt and sugar that your family purchases and eats. We may also ask for small samples of salt, sugar, wheat flour, maize flour and vegetable oil from your household. The food samples will be analyzed later to learn about the vitamin and minerals in those foods. For providing the food samples, your household will receive an equivalent food to replace the salt, sugar, wheat flour, maize flour and vegetable oil that are collected. Remember that you do not have to provide any or all of the requested food samples or answer any or all of the questions if you don't want to. The results will be reported for each group of foods and will not be linked back to your house or answers.

Do you have any questions? Do you agree to participate?

If you have any of these food items in your household, please bring the main type of oil, wheat flour, maize flour, sugar and salt that you use most often here now before we start.

As part of the survey, we are also analyzing the quality of water used for drinking. We would like to do a simple test of the water you use to drink. I'll collect the water samples. We will return to your home 1 to 3 days after the test to provide you with the results. The results will be confidential and will not be shared with anyone outside the survey team. Can we take this test?

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



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

FOOD FORTIFICATION COVERAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------------|--|---|--------------------|
| 200 | PLEASE ASK AND RECORD NAME OF THE PERSON RESPONDING TO THE QUESTIONNAIRE | NAME _____ LINE NUMBER _____ | |
| COOKING OIL | 201 | What is the main type of cooking oil that is used in your household to prepare foods or to add to foods at home on most days? | |
| | | SUNFLOWER OIL 01 CORN OIL 02 SESAME OIL 03 RED PALM OIL 04 COCONUT OIL 05 SOYBEAN OIL 06 GROUNDNUT OIL 07 OLIVE OIL 08 COTTON OIL 09 NO COOKING OIL USED IN THE HOUSE 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | → 206 |
| | 201A | May I see the main type of oil used to cook meals in the household? | |
| | | MAIN OIL TYPE AVAILABLE/OBSERVED 1 MAIN OIL TYPE NOT AVAILABLE/ NOT OBSERVED 2 | → 203 |
| | 202 | When your household got this main cooking oil, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY OIL | |
| | | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 204 → 206 |
| | 203 | The last time your household got cooking oil, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY OIL | |
| | | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 206 |
| | 204 | I would like to check whether the main oil used in your household is fortified with vit A. May I have a sample of the main oil used to cook meals in your household? IF YES, COLLECT 100 MLS OF MAIN COOKING OIL PROVIDE REPLACEMENT TO THE RESPONDENT | |
| | | SAMPLE TAKEN 1 SAMPLE NOT TAKEN/REFUSED 2 SAMPLE NOT TAKEN/ INSUFFICIENT QUANTITY 3 | → 206 |
| 204B | Was the oil used before? | YES 1 NO 2 | |
| 205A | PLACE OIL LABELS ON THE OIL BOTTLE AND BAG | | |

FOOD FORTIFICATION COVERAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | |
|--|-----------------------|--|---|--|
| W H E A T F L O U R | 206 | Does your household prepare foods using wheat flour at home, such as bread, cakes and pastries, mandazi, chapati, samosa or kaimati ? | YES 1 NO 2 → 210 | |
| | 206A | May I see the wheat flour used to cook meals in the household? | WHEAT FLOUR AVAILABLE/OBSERVED 1 WHEAT FLOUR NOT AVAILABLE/ NOT OBSERVED 2 → 208 | |
| | 207 | When your household got this wheat flour, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY WHEAT FLOUR | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 → 209 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER 6 → 210 (SPECIFY) DON'T KNOW 8 | |
| | 208 | The last time your household got wheat flour, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY WHEAT FLOUR | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 → 210 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | |
| | 209 | I would like to check whether the wheat flour used in your household is fortified with micronutrients. May I have a sample of the wheat flour used in your household? IF YES, COLLECT 200 GRAMS (ONE SCOOP) OF WHEAT FLOUR PROVIDE REPLACEMENT TO THE RESPONDENT | SAMPLE TAKEN 1 SAMPLE NOT TAKEN/REFUSED 2 SAMPLE NOT TAKEN/ INSUFFICIENT QUANTITY 3 → 210 | |
| | 209A | PLACE WHEAT LABELS ON THE WHEAT TUBE AND BAG | | |
| | 210 | Does your household purchase foods made from wheat flour at home, such as bread or cakes and pastries, mandazi, chapati, samosa, kaimati? | YES 1 NO 2 | |

FOOD FORTIFICATION COVERAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | |
|--|-----------------------|--|---|--------------------------------|
| M A I Z E F L O U R | 211 | Does your household prepare foods using maize flour at home? YES 1 NO 2 | → 215 | |
| | 211A | May I see the maize flour used to prepare foods in the household? MAIZE FLOUR AVAILABLE/OBSERVED 1 MAIZE FLOUR NOT AVAILABLE/ NOT OBSERVED 2 | → 213 | |
| | 212 | When your household got this maize flour, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY MAIZE FLOUR | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 214 → 215 |
| | 213 | The last time your household got maize flour, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY MAIZE FLOUR | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 215 |
| | 214 | I would like to check whether the maize flour used in your household is fortified with micronutrients. May I have a sample of the maize flour used in your household? IF YES, COLLECT 200 GRAMS OF MAIZE FLOUR PROVIDE REPLACEMENT TO THE RESPONDENT | SAMPLE TAKEN 1 SAMPLE NOT TAKEN/REFUSED 2 SAMPLE NOT TAKEN/ INSUFFICIENT QUANTITY 3 | → 215 |
| | 214A | PLACE MAIZE LABELS ON THE MAIZE TUBE AND BAG | | |
| | 215 | Does your household purchase foods made from maize such as stiff porridge (ugali) or porridge(uji)? YES 1 NO 2 | | |

FOOD FORTIFICATION COVERAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----------------------------|--|---|----------------|
| 216 | Does your household prepare foods using salt at home? | YES 1 NO 2 | → 221 |
| 217 | May I see the main type of salt used to cook meals in the household? | SALT AVAILABLE/OBSERVED 1 SALT NOT AVAILABLE/NOT OBSERVED 2 | → 219 |
| 218 | When your household got this salt, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY SALT | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 220 → 221 |
| S A L T 219 | The last time your household got salt, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY SALT | PURCHASED FROM MARKET/SHOP/KIOSK/ WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 | → 221 |
| 220 | I would like to check whether the salt used in your household is iodized. May I have a sample of the main type of salt used to cook meals in your household? IF YES, COLLECT 100 GRAMS OF MAIN SALT TYPE USED IN THE HOUSEHOLD PROVIDE REPLACEMENT TO THE RESPONDENT | SAMPLE TAKEN 1 SAMPLE NOT TAKEN/REFUSED 2 SAMPLE NOT TAKEN/ INSUFFICIENT QUANTITY 3 | → 221 |
| 220A | PLACE SALT LABELS ON THE SALT TUBE AND BAG | | |

FOOD FORTIFICATION COVERAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|-------|-----------------------|---|---|--|--|--|--|
| SUGAR | 221 | Does your household prepare foods using sugar at home? YES 1 NO 2 | → 226 | | | | |
| | 222 | May I see the sugar used to cook meals in the household? SUGAR AVAILABLE/OBSERVED 1 SUGAR NOT AVAILABLE/NOT OBSERVED 2 | → 224 | | | | |
| | 223 | When your household got this sugar, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY SUGAR PURCHASED FROM MARKET/SHOP/KIOSK/WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8 | → 225 → 226 | | | | |
| | 224 | The last time your household got the sugar, where did you get it from? PLEASE GET THIS INFORMATION FROM THE PERSON WHO GOES OUT TO BUY SUGAR PURCHASED FROM MARKET/SHOP/KIOSK/WHOLESALE/STREET VENDOR 1 RECEIVED FROM FOOD AID/SOCIAL PROTECTION PROGRAM 2 LOCAL SMALL FACTORY/PROCESSOR 3 HOMEMADE OR OBTAINED FROM LOCAL FARM 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8 | → 226 | | | | |
| | 225 | I would like to check whether the sugar used in your household is fortified with vit A. May I have a sample of the sugar used to prepare foods in your household? IF YES, COLLECT 200 GRAMS OF SUGAR PROVIDE REPLACEMENT TO THE RESPONDENT SAMPLE TAKEN 1 SAMPLE NOT TAKEN/REFUSED 2 SAMPLE NOT TAKEN/INSUFFICIENT QUANTITY 3 | → 226 | | | | |
| | 225A | PLACE SUGAR LABELS ON THE SUGAR TUBE AND BAG | | | | | |
| | 226 | PLACE SAMPLE BAG BAR CODE LABELS | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> AFFIX QUESTIONNAIRE BAR CODE LABEL HERE. </div> NO FOOD SAMPLE COLLECTED 99996 PLACE THE HH PAPER BAG LABEL ON THE BAG CONTAINING ALL SAMPLES FROM THE HOUSEHOLD PLACE THE LABEL ON TRANSMITTAL SHEET DISCARD ALL UNUSED LABELS ON THE SHEET | | | | |
| 227 | RECORD THE TIME. | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | |
| | | | | | | | |
| | | | | | | | |

MICS7 MODULE FOR WATER TESTING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--|-----------------------|--|---|
| W A T E R Q U E S T I O N S | WA11 | Could you please provide me with a glass of the water that members of your household usually drink? | YES 1 NO 2 → WA30 |
| | WA12 | OBSERVE AND RECORD WHETHER THE WATER WAS COLLECTED DIRECTLY FROM THE SOURCE OR FROM A SEPARATE STORAGE CONTAINER. IF POSSIBLE, OBSERVE. IF UNABLE TO OBSERVE DIRECTLY ASK THE HH | DIRECT FROM SOURCE 1 COVERED CONTAINER 2 UNCOVERED CONTAINER 3 UNABLE TO RECORD 4 |
| | WA13 | LABEL SAMPLE H-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER. | |
| | WA14 | Have you or any other member of this household done anything to this water to make it safer to drink? | YES 1 NO 2 DON'T KNOW 8 → WA17 |
| | WA15 | What has been done 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/ OR MEMBRANE FILTRATION) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z |
| | WA17 | What source was this water collected from? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 PACKAGED WATER BOTTLED WATER 91 SACHET WATER 92 LARGE BOTTLE/DISPENSER REFILL 93 OTHER 96 (SPECIFY) |
| | | | |

MICS7 MODULE FOR WATER TESTING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|-------|---|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WA18 | Can you please show me the source of the glass of drinking water so that I can take a sample from there as well? | YES, SHOWN 1 NO 2 | → WA20 | | | | | | | | | | | | | | | | |
| WA19 | RECORD WHETHER SOURCE WATER SAMPLE COLLECTED. LABEL SAMPLE S-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER. | SOURCE WATER COLLECTED 1 SOURCE WATER NOT COLLECTED NO WATER AVAILABLE AT SOURCE 2 WATER SOURCE TOO FAR 3 UNABLE TO ACCESS SOURCE 4 DON'T KNOW WHERE SOURCE IS LOCATED 5 PERMISSION NOT GIVEN TO COLLECT .. 6 OTHER 7 _____ (SPECIFY REASON) | | | | | | | | | | | | | | | | | |
| WA20 | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR BLANK TESTING? HOUSEHOLD <input type="checkbox"/> SELECTED ↓ | HOUSEHOLD <input type="checkbox"/> NOT SELECTED → | → WA22 | | | | | | | | | | | | | | | | |
| WA21 | TAKE OUT THE SAMPLE OF STERILE/MINERAL WATER FROM YOUR SUPERVISOR. LABEL SAMPLE B-XXX-YY, WHERE XXX IS THE CLUSTER NUMBER AND YY IS THE HOUSEHOLD NUMBER. RECORD WHETHER THE SAMPLE IS AVAILABLE. | BLANK WATER SAMPLE AVAILABLE 1 BLANK WATER SAMPLE NOT AVAILABLE .. 2 _____ (SPECIFY REASON) | | | | | | | | | | | | | | | | | |
| WA22 | CONDUCT TEST WITHIN 30 MINUTES OF COLLECTING SAMPLE. RECORD THE RESULTS FOLLOWING 24-36 HOURS OF INCUBATION. | | | | | | | | | | | | | | | | | | |
| WA23A | RECORD THE DAY, MONTH, AND YEAR OF COLLECTION. | 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><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| WA23B | RECORD THE TIME. | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

WATER QUESTIONS

MICS7 MODULE FOR WATER TESTING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|-------|--|---|------|--|--|--|--|--|--|--|--|--|--|--|--|
| WA24 | WATER QUALITY TESTING AND RECORDING RESULTS FOLLOWING 24-36 HOURS OF INCUBATION, EXAMINE WATER QUALITY TESTING PLATES AND RECORD THE RESULTS. | | | | | | | | | | | | | | |
| WA25A | RECORD THE DAY, MONTH, AND YEAR OF RECORDING TEST RESULTS. | 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> 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> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| WA25B | RECORD THE TIME. | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| WA26 | RESULTS OF HOUSEHOLD WATER TEST: RECORD 3-DIGIT COUNT OF COLONIES. IF 101 OR MORE COLONIES ARE COUNTED, RECORD '101'. IF IT IS NOT POSSIBLE TO READ RESULTS, RECORD '991'. IF THE RESULTS ARE LOST, RECORD '992'. | NUMBER OF BLUE COLONIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CHECK HH NUMBER AND PLATE LABEL. CONFIRM THE IDENTIFICATION NUMBERS MATCH. CONFIRM HH NUMBERS MATCH <input type="checkbox"/> CONFIRM PLATE TESTED HOUSEHOLD WATER SAMPLE <input type="checkbox"/> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| WA26A | CHECK WA19: WAS A SOURCE WATER SAMPLE COLLECTED? YES <input type="checkbox"/> NO OR NOT ASKED <input type="checkbox"/> | → WA28 | | | | | | | | | | | | | |
| WA27 | RESULTS OF SOURCE WATER TEST: RECORD 3-DIGIT COUNT OF COLONIES. IF 101 OR MORE COLONIES ARE COUNTED, RECORD '101'. IF IT IS NOT POSSIBLE TO READ RESULTS, RECORD '991'. IF THE RESULTS ARE LOST, RECORD '992'. | NUMBER OF BLUE COLONIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CHECK HH NUMBER AND PLATE LABEL. CONFIRM THE IDENTIFICATION NUMBERS MATCH. CONFIRM HH NUMBERS MATCH <input type="checkbox"/> CONFIRM PLATE TESTED SOURCE WATER SAMPLE <input type="checkbox"/> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| WA28 | CHECK WA21: WAS A BLANK WATER SAMPLE AVAILABLE? YES <input type="checkbox"/> NO OR NOT ASKED <input type="checkbox"/> | → WA30 | | | | | | | | | | | | | |
| WA29 | RESULTS OF BLANK WATER TEST: RECORD 3-DIGIT COUNT OF COLONIES. IF 101 OR MORE COLONIES ARE COUNTED, RECORD '101'. IF IT IS NOT POSSIBLE TO READ RESULTS, RECORD '991'. IF THE RESULTS ARE LOST, RECORD '992'. | NUMBER OF BLUE COLONIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CHECK HH NUMBER AND PLATE LABEL. CONFIRM THE IDENTIFICATION NUMBERS MATCH. CONFIRM HH NUMBERS MATCH <input type="checkbox"/> CONFIRM PLATE TESTED BLANK WATER SAMPLE <input type="checkbox"/> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| WA30 | RESULTS OF THE WATER TESTING QUESTIONNAIRE. DISCUSS ANY RESULT NOT COMPLETED WITH SUPERVISOR. | COMPLETED 1 PERMISSION NOT GIVEN 2 GLASS OF WATER NOT GIVEN 3 PARTLY COMPLETED 4 OTHER _____ 6 (SPECIFY) | | | | | | | | | | | | | |

WATER TESTING RESULTS