2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE

		IDENTIFICATION		
PLACE NAME				-
NAME OF HOUSEHOLD	HEAD			
DHS CLUSTER NUMBER	۶			
PSU CODE				· L L L
HOUSEHOLD NUMBER				
REGION (HHOHHO = 1,	·			
URBAN/RURAL (URBAN				
SELECTED FOR YOUTH	SURVEY AND TESTING	G (YES = 1, NO = 2)		· –
LARGE CITY/SMALL CIT (LARGE CITY=1, SMALL				
		INTERVIEWER VISIT	6	
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR 2 0 0 6
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
		HOME OR NO COMPETI	ENT RESPONDENT A	TOTAL PERSONS IN HOUSEHOLD
	E HOUSEHOLD ABSENT	FOR EXTENDED PERIC	D OF TIME	15-49
5 REFUS 6 DWELL	ED ING VACANT OR ADDR	RESS NOT A DWELLING		TOTAL MEN 15-49
8 DWELL	ING DESTROYED ING NOT FOUND			TOTAL AGE 12-14
		(SPECIFY)		TOTAL CHILDREN 0-5
				TOTAL AGE 50+
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
SUPERVI	SOR	FIELD EDIT	OR	OFFICE KEYED BY EDITOR
NAME				
DATE	[_] [DATE		

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESID	ENCE	AGE	IF AGE 15 OR OLDER	ELIGIBILITY				
	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.	What is the relationship of (NAME) to the head of the household?	ls (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	MARITAL STATUS What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PERSONS AGE 12-14	CIRCLE LINE NUMBER OF ALL CHILD- REN AGE 0-5	CIRCLE LINE NUMBER OF ALL MEN AND WOMEN AGE 50+
	AFTER LISTING NAMES, RELATIONSHIPS, AND SEX, ASK QS. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.	SEE CODES BELOW.	MALE = 1 FE- MALE = 2	YES = 1 NO = 2	YES = 1 NO = 2		SEE CODES BELOW.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01						IN YEARS		01	01	01	01	01
02								02	02	02	02	02
03								03	03	03	03	03
04								04	04	04	04	04
05								05	05	05	05	05
06								06	06	06	06	06
07								07	07	07	07	07
08								08	08	08	08	08
09								09	09	09	09	09
10								10	10	10	10	10

 CODES FOR Q. 3

 RELATIONSHIP TO HEAD OF HOUSEHOLD:

 01 = HEAD

 02 = WIFE OR HUSBAND/
 08 = BROTH

 PARTNER
 09 = NIECE/I

 03 = SON OR DAUGHTER
 10 = NIECE/I

 04 = SON-IN-LAW OR
 11 = OTHER

 DAUGHTER-IN-LAW
 12 = ADOPT

 05 = GRANDCHILD
 13 = NOT RE

 06 = PARENT
 98 = DON'T I

 07 = PARENT-IN-LAW
 10

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

CODES FOR Q. 8 MARITAL STATUS 1 = MARRIED/LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER MARRIED/NEVER LIVED WITH A PARTNER

LINE NO.	IF AGE 18-59 YEARS		IF AGE 0-17 YEARS							IFAGE 0-17 YEARS			
	SICK PERSON			SURVIVORSHIP	AND RESIDEN	ICE OF BIOL	OGICAL PARENTS			BROT	HERS	SISTE	RS
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months. YES = 1 NO = 2 DK = 8	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE NO. SEE BELOW.	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least three of the past 12 months? YES = 1 NO = 2 DK = 8	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house- hold? IF YES: What is his name? RECORD FATHER'S LINE NO. SEE BELOW.	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean to sick to work or do normal activities around the house for at least three of the past 12 months? YES = 1 NO = 2 DK = 8	CHECK QS. 15 TO 20: CIRCLE LINE NUMBER FOR THE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q. 15 AND 18) OR IS SICK (Q. 17 AND 20).	CHECK Q.15 AND Q.18: IF YES TO Q.15 AND Q.18 (BOTH PARENTS ALIVE), CIRCLE '1', OTHER- WISE CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean born to the same mother and same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this house- hold? YES = 1 NO = 2	Does (NAME) have any natural sisters under the age of 187 By natura sisters, I mean born to the same mother and same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this house- hold? YES = 1 NO = 2
(1)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
01		Y N DK ¹ ² - ⁸ GO TO 18			Y N DK ¹ ² - ⁸ GO TO 21			01	1 2 GO TO 27	Y N DK 1 2 - 8 GO TO 25		Y N DK ¹ ² 8 GO TO 27	
02		¹ ² ⁸ GO TO 18			¹ ² - ⁸ GO TO 21			02	1 2 GO TO 27	1 2 8 GO TO 25		¹ ² ⁸ 30 TO 27	
03		1 2 ↓ 8 GO TO 18			¹ ² 8 GO TO 21			03	1 2 GO TO 27	1 2 8 GO TO 25		1 2_8 GO TO 27	
04		1 2 7 8 GO TO 18			¹ ² * GO TO 21			04	1 2 GO TO 27	1 2 8 GO TO 25		¹ ² 1 ⁸ 30 TO 27	
05		1 2 ↓ 8 GO TO 18			¹ ² 8 GO TO 21			05	1 2 GO TO 27	1 2 8 GO TO 25		¹ ² ↓ ⁸ GO TO 27	
06		¹ ² 7 ⁸ GO TO 18			¹ ² 8 GO TO 21			06	1 2 GO TO 27	1 2 - 8 GO TO 25		¹ ² ⁸ 30 TO 27	
07		1 2 - 8 GO TO 18			¹ ² 8 GO TO 21			07	1 2 GO TO 27	1 2 - 8 GO TO 25		¹ ² ⁸ 30 TO 27	
08		¹ ² 7 ⁸ GO TO 18			¹ ² 1 ⁸ GO TO 21			08	1 2 GO TO 27	1 2 8 GO TO 25		¹ ² ⁸ 30 TO 27	
09		¹ ² 7 ⁸ GO TO 18			1 2 - 8 GO TO 21			09	1 2 GO TO 27	1 2 - 8 GO TO 25		^{1 2} Т ⁸ Зо то 27	
10		1 2 → 8 GO TO 18			1 2 - 8 GO TO 21			10	1 2 GO TO 27	1 2 8 GO TO 25		1 2_8 GO TO 27	

Qs. 16 AND 19 RECORD '00' IF PARENT IS NOT LISTED IN THE HOUSEHOLD SCHEDULE.

LINE NO.	IF AGI OLI	E 5 YEARS OR DER		IF AGE 5-	24 YEARS		IF AGE 0-4	IF	AGE 5-17 YEA	RS
	HIGHE	ST EDUCATION		RECENT SCHOO	DL ATTENDA	ANCE	BIRTH REGIS- TRATION	BASI	C MATERIAL N	EEDS
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis- tered with the civil authority?	Does (NAME) have at least one meal per day?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?
		SEE CODES BELOW.		SEE CODES BELOW.		SEE CODES BELOW.	SEE CODES BELOW.	YES = 1 NO = 2 DK = 8	YES = 1 NO = 2 DK = 8	YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
01	YES NO 1 2 GO TO 33	LEVEL GRADE	YES NO 1 2 GO TO 31	LEVEL GRADE	YES NO	LEVEL GRADE				
02	1 2 GO TO 33		1 2 ↓ GO TO 31		1 2 GO TO 33					
03	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
04	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
05	1 2 GO TO 33		1 2 ↓ GO TO 31		1 2 ↓ GO TO 33					
06	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
07	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
08	1 2 GO TO 33		1 2 ↓ GO TO 31		1 2 GO TO 33					
09	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
10	1 2 ↓ GO TO 33		1 2 ↓ GO TO 31		1 2 ↓ GO TO 33					
		CODES FOR Qs. 2 EDUCATION LEVE 1 = LOWER PRIMA 2 = HIGHER PRIMA 3 = SECONDARY	iL: .RY 4= .ARY 5=	32 HIGH SCHOOL TERTIARY DON'T KNOW	00 =	JCATION GRADE: = LESS THAN 1 YE (FOR Q. 28 ONLY. NOT ALLOWED F(= DON'T KNOW	AR COMPLETE THIS CODE IS	D 1 : 2 : 32) 3 :	DDES FOR Q.3 = CERTIFICAT = REGISTRATI = NEITHER = DON'T KNOV	E ON

LINE NO.	IF AGE 5 Y	EARS OR OLDER		IF AGE 5-	24 YEARS		IF AGE 0-4	IF AGE 5-17 YEARS		
	HIGHES	ST EDUCATION		RECENT SCHOO	DL ATTEND	ANCE	BIRTH REGIS- TRATION	REGIS- BASIC MATERIAL NE		
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis- tered with the civil authority?	Does (NAME) have at least one meal per day?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?
		SEE CODES BELOW.		SEE CODES BELOW.		SEE CODES BELOW.	SEE CODES BELOW.	YES = 1 NO = 2 DK = 8	YES = 1 NO = 2 DK = 8	YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
11	YES NO 1 2 ↓	LEVEL GRADE	YES NO 1 2 ↓	LEVEL GRADE	YES NO 1 2 ↓	LEVEL GRADE				
	GO TO 33		GO TO 31		GO TO 33					
12	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
13	1 2 GO TO 33		1 2 ↓ GO TO 31		1 2 GO TO 33					
14	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
15	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
16	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
17	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
18	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
19	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
20	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					

CODES FOR Qs. 28, 30, AND 32 EDUCATION LEVEL: 1 = PRIMARY 2 = SECONDARY 3 = HIGH SCHOOL 4 = TERTIARY 8 = DON'T KNOW

EDUCATION GRADE: 00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 28 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 30 AND 32) 98 = DON'T KNOW

CODES FOR Q.33 1 = CERTIFICATE 2 = REGISTRATION 3 = NEITHER 8 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATERPIPED INTO DWELLING11PIPED TO YARD/PLOT12PUBLIC TAP/STANDPIPE13BOREHOLE21DUG WELL11PROTECTED WELL31UNPROTECTED WELL32WATER FROM SPRING41UNPROTECTED SPRING41UNPROTECTED SPRING42RAINWATER51TANKER TRUCK61SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL)81BOTTLED WATER91	+ 106 + 103 + 106 + 103 + 102
		OTHER 96 (SPECIFY)	→ 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 BOREHOLE 21 DUG WELL 12	→ 106
		PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81	>106
		OTHER 96 (SPECIFY)	
103	Where is that water source located?	IN OWN YARD/PLOT 1 ELSEWHERE 2	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES 996 ON PREMISES 996 DON'T KNOW 998	→ 106
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD 1 UNDER 15 YEARS OLD 3 MALE CHILD 1 UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY) 6	
106	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/JIG 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) D DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 11 PIT TOILET/LATRINE 0RDINARY PIT TOILET 21 VENTILATED IMPROVED PRIVY 22 NO FACILITY/BUSH/FIELD 31 31 OTHER 96	→ 111
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS 0 IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
111	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A stove? A watch or clock?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 MOBILE TELEPHONE 1 2 NON-MOBILE TELEPHONE 1 2 REFRIGERATOR 1 2 STOVE 1 2 WATCH/CLOCK 1 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 CHARCOAL 02 WOOD 03 GAS 04 PARAFFIN 05 COAL 06 NO FOOD COOKED IN THE 07 OTHER	→ 114 → 116
113	In this household, is food usually cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD 2 CLOSED STOVE WITH CHIMNEY 3 OTHER 6 (SPECIFY)	
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE]→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKI
116	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR	
		EARTH/SAND 17	1
	RECORD OBSERVATION.	DUNG 12	2
		RUDIMENTARY FLOOR WOOD PLANKS	1
		PALM/BAMBOO 22	
		FINISHED FLOOR	_
		PARQUET OR POLISHED	
		WOOD	
		VINYL OR ASPHALT STRIPS 32 CERAMIC TILES	
		CEMENT	-
		CARPET 35	5
		OTHER 96	6
		(SPECIFY)	-
117	MAIN MATERIAL OF THE ROOF.	NATURAL ROOFING	
		GRASS 12	2
	RECORD OBSERVATION.	RUDIMENTARY ROOFING RUSTIC MAT	1
		PALM/BAMBOO 22	
		WOOD PLANKS	
		FINISHED ROOFING	
		CORRUGATED IRON 3 ⁷	
		ASBESTOS	
		SLATE	
		CONCRETE 35	
		OTHER 96	6
		(SPECIFY)	
118	MAIN MATERIAL OF THE WALLS.	NATURAL WALLS	
	RECORD OBSERVATION.	GRASS 11 CANE/PALM/TRUNKS 12	
	RECORD OBSERVATION.	MUD 13	
		RUDIMENTARY WALLS	-
		BAMBOO WITH MUD 2'	
		STONE WITH MUD 22	
		PLYWOOD	
		REUSED WOOD	-
		FINISHED WALLS	
		CEMENT	
		STONE WITH LIME/CEMENT 32 BRICKS 33	
		CEMENT BLOCKS 34	-
		MUD BLOCKS 35	
		WOOD PLANKS/SHINGLES 36	6
		OTHER 96	6
		(SPECIFY)	
119	TYPE OF WINDOWS.	YES NO	
		ANY WINDOWS 1 2	2 + 1
	RECORD OBSERVATION.	WINDOWS WITH GLASS 1	2
			2
			2
			2
			- 1
		(SPECIFY)	
120	How many rooms in this household are usually used for sleeping?	(SPECIFY)	

NO.	QUESTIONS AND FILTERS			CODING CATEGORIE	S	SKIP
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor?		MOTORC ANIMAL-I CAR/TRU	YCLE/SCOOTER DRAWN CART ICK R	1 2	
122	Does any member of this household own any land that can be used for agriculture?					→ 124
123	How many square metres of agricultural land do member of this household own?	S	SQUARE METRES			
	IF MORE THAN 9500, ENTER '9500'. IF UNKNOWN, ENTER '9998'.		MORE TH DON'T KI			
124	Does this household own any livestock, herds, other farm animals, or poultry?					→ 126
125	How many of the following animals does this household of Cattle? Milk cows? Horses, donkeys, or mules? Goats? Sheep?	wn?	COWS . HORSES GOATS	/DONKEYS/MULES .		
	Chickens? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.		CHICKEN	IS		
126	Does any member of this household have a bank accoun	t?	YES NO			
127	Does your household have any mosquito or bed nets that used while sleeping?	can be	YES NO	→ 138		
128	How many bed nets does your household have?		NUMBER	OF NETS		
129	ASK THE RESPONDENT TO SHOW YOU THE NET(S)	NE	ET #1	NET #2	NET	#3
	IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).		VED 1 BSERVED 2	OBSERVED 1 NOT OBSERVED 2		ED 1 ERVED 2
130	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	BLUE GREEN 'ITN' NET BLUE GREEN (SKIP 1 OTHER	11 12 N 18	'LONG LASTING' NET WHITE 11 BLUE 12 GREEN 18 'ITN' NET BLUE 21- GREEN 22- (SKIP TO 135) ↓ OTHER 31 NOT SURE 98	'LONG LAS NET WHITE BLUE GREEN 'ITN' NET BLUE GREEN (SKIP TO OTHER NOT SURE	11 12 18 21 22- 135) ↓ 31

NO.	QUESTIONS AND FILTERS		CODING CATEGORIE	S SKIP
131	Did anyone sleep under this mosquito net last night?	YES 1	YES 1	YES 1
		NO 2 (SKIP TO 133) ← NOT SURE 8	NO 2 (SKIP TO 133) ← NOT SURE 8	NO 2 (SKIP TO 133) ← NOT SURE 8
132	Who slept under this mosquito net last night?	NAME	NAME	NAME
	RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	LINENO.	LINENO.	LINE NO.
		NAME	NAME	NAME
		LINENO.	NO.	NO.
		NAME	NAME	NAME
		LINE NO.	LINE NO.	NO.
		NAME	NAME	NAME
		LINE NO.	LINE NO.	LINE NO.
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOSAGO	MOS	MOSAGO
	IF 37 MONTHS OR MORE, CIRCLE CODE '96'. IF DON'T KNOW, RECORD '98'.	MORE THAN 3 YEARS AGO 96 DK 98	MORE THAN 3 YEARS AGO 96 DK 98	MORE THAN 3 YEARS AGO 96 DK 98
134	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1	YES 1	YES 1
		NO 2	NO 2	NO 2
		NOT SURE 8	NOT SURE 8	NOT SURE 8
135	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos?	YES 1	YES 1	YES 1
		NO 2 (SKIP TO 137) ← NOT SURE 8	NO 2 (SKIP TO 137) ← NOT SURE 8	
136	How many months ago was the net last soaked or dipped?	MOS	MOS	MOS
	IF LESS THAN ONE MONTH, RECORD '00'. IF 25 MONTHS OR MORE, CIRCLE CODE '96'.	MORE THAN 2 YEARS AGO 96	MORE THAN 2 YEARS AGO 96	MORE THAN 2 YEARS AGO 96
	IF DON'T KNOW/UNSURE, CIRCLE '98'.	NOT SURE/ DK 98	NOT SURE/ DK	NOT SURE/ DK 98
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 IN FIRST COLUMN OF NEW QUESTION NAIRE; OR, IF NO MORE NETS, GO TO 138

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
138	During the last 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes? IF NOT SPRAYED, RECORD '95' IF 'YES', How many months ago was the house sprayed?	MONTHS AGO 95	→140
139	RECORD '00' IF LESS THAN ONE MONTH. Who sprayed the house?	GOVERNMENT PROGRAM 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER 6 (SPECIFY) 0 DON'T KNOW 8	
140	Would you like to have a (another) mosquito net?	YES 1 NO 2	→ 142
141	What colour of mosquito or bed net would you prefer?	BLUE 1 GREEN 2 WHITE 3 OTHER 6 (SPECIFY) DK/NO PREFERENCE 8	
142	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE)	

SUPPORT FOR SICK PEOPLE

201	CHECK COLUMNS 7 AND 14 IN THE HOUSEHOLD SCHEDU NUMBER OF SICK PEOPLE AGE 18-59							
	AT LEAST ONE			→ 301				
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF E THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SC IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIO	HEDULE. ASK THE QU	ESTIONS ABOUT ALL (
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON				
		NAME	NAME					
		LINE NUMBER	LINE NUMBER	LINE NUMBER				
204	 You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based. 							
205	Now I would like to ask you about the support you received for (NAME).							
	In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 207) ← DK 8	YES 1 NO 2 (SKIP TO 207) ← DK 8	YES 1 NO 2 (SKIP TO 207) ← DK 8				
206	Did your household receive any medical support at least once a month while (NAME) was sick?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8				
207	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 209) ← DK 8	YES 1 NO 2 (SKIP TO 209) ← DK 8	YES 1 NO 2 (SKIP TO 209) ← DK 8				
208	Did your household receive any emotional or psychological support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8				
209	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 211) ← DK 8	YES 1 NO 2 (SKIP TO 211) ← DK 8	YES 1 NO 2 (SKIP TO 211) ← DK 8				
210	Did your household receive any material support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8				
211	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 213) ← DK 8	YES 1 NO 2 (SKIP TO 213) ← DK 8	YES 1 NO 2 (SKIP TO 213) ← DK 8				
212	Did your household receive any social support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8				

		1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
NO.	FILTERS	NAME	NAME	NAME
213	In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215)
214	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3		
215	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 217) -	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 217) -	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 217) -
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
217		GO BACK TO 205 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP	
301	Now I would like to ask you a few more questions about your he Think back over the past 12 months. Has any usual member of household died in the last 12 months?		YES 1 NO 2 DON'T KNOW		401	
302	How many household members died in the last 12 months?		NO. OF PERSONS			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE(S).					
304	What was the name of the person who died (most recently/before him/her)?	NAME 1S	T DEATH	NAME 2ND DEATH	NAME 3R	D DEATH
305	Was (NAME) male or female?	MALE FEMALE	1 2	MALE 1 FEMALE 2	MALE FEMALE	1 2
306	How old was (NAME) when (he/she) died?	AGE IN YEARS		AGE IN YEARS	AGE IN YEARS	
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	NO	1 2 D 322) ← 8	YES 1 NO 2 (SKIP TO 322) ← DK 8	NO (SKIP T	····· 1 ····· 2 O 322) ← ····· 8
308	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ (SKIP TC 18-59) 322) ◀	<18/60+ (SKIP TO 322) - 18-59	<18/60+ (SKIP TC 18-59	D 322) ◀
	I would like to ask you about any formal, organized help or support that your household may have received fo [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided b someone working for a program. This program could be government, private, religious, charity, or community based					
309	[NAME] before (he/she) died, for which you did not have to pay	. By formal,	organized s	upport I mean help provi		
309 310	[NAME] before (he/she) died, for which you did not have to pay	YES NO (SKIP TO	organized s e, religious,	upport I mean help provi	YES NO (SKIP T	1 2 O 312) ← 8
	[NAME] before (he/she) died, for which you did not have to pay someone working for a program. This program could be govern In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care,	YES YES NO (SKIP TO DK YES NO	organized s 1 2 O 312) ← 8	upport I mean help provi charity, or community b YES	YES NO (SKIP TO DK YES NO	2 O 312) ←
310	[NAME] before (he/she) died, for which you did not have to pay someone working for a program. This program could be govern In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay? Did your household receive any medical support at least	Yes NO NO (SKIP To DK YES YES YES YES YES YES YES NO YES DK YES NO YES NO SKIP To	organized s te, religious, 1 2 O 312) ← 8 1 2 8	upport I mean help providentity, or community by YES 1 NO 2 (SKIP TO 312) ← DK 8 YES 1 NO 2	ased YES NO (SKIP Tr DK YES NO PK NO VES NO K NO K YES NO (SKIP Tr	2 O 312) ← 8
310	 [NAME] before (he/she) died, for which you did not have to pay someone working for a program. This program could be govern In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay? Did your household receive any medical support at least once a month while (NAME) was sick? In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, 	Z. By formal, privat YES NO (SKIP TC DK DK YES OK YES VO YES VES DK DK DK YES NO YES NO YES NO YES NO	organized s te, religious, 1 2 O 312) ← 8 8 8 8 8 8 8	upport I mean help providentity, or community bit YES 1 NO 2 (SKIP TO 312) ← DK 8 YES 1 NO 2 DK 8 YES 1 NO 2 DK 1 NO 2 OK 1 NO 2 (SKIP TO 314) ←	ased YES NO (SKIP Tr DK YES NO YES NO YES OK YES NO YES NO YES NO YES NO YES NO	2 0 312) ← 8 1 2 8 1 2 0 314) ←
310 311 312	 [NAME] before (he/she) died, for which you did not have to pay someone working for a program. This program could be govern In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay? Did your household receive any medical support at least once a month while (NAME) was sick? In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay? Did your household receive any emotional or psychological support in the last 30 days 	Z. By formal, privat YES NO (SKIP TC DK DK YES NO YES DK YES NO YES NO	organized s ie, religious, 1 2 0 312) ← 8 1 2 8 1 2 0 314) ← 8 1 2 0 314) ← 1 2 	upport I mean help provision charity, or community bit YES 1 NO 2 (SKIP TO 312) ← DK 8 YES 1 NO 2 DK 8 YES 1 NO 2 DK 8 YES 1 NO 2 (SKIP TO 314) ← 1 DK 8 YES 1 NO 2 YES 1 NO 2	ased YES NO (SKIP Tr DK YES NO SKIP Tr	2 0 312) ← 8 8 1 2 0 314) ← 8 1 2 0 314) ← 8 1 2

		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8
317	Did your household receive any social support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
318	In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320)
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 322)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 322)	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 322)
321	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
322		OR IN THE FIRST CO	NEXT COLUMN IN THI DLUMN OF THE ADDITI I F NO MORE PEOPLE	ONAL

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	P. FILTERS				
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?				
	AT LEAST ONE NO CHILD CHILD AGE 0-17	END INTERVIEW			
402	CHECK COLUMN 14 IN THE HOUSEHOLD SCHEDULE: ANY ADULT AGE 18-59 WHO IS SICK?				
	GO TO 405 AND LIST NO SICK ADULT AGE 18-59 AT LEAST ONE SICK ADULT AGE 18-59 ND LIST AGE 18-59 ND LIST ADULT AGE 18-59 ND LIST ADULT AGE 18-59 ND LIST ADULT AGE 18-59				
403	CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?				
	NO ADULT AT LEAST ONE ADULT →ALL CHILDREN AGE 0-17 AGE 18-59 IN 306 AGE 18-59 IN 306 IN THE HOUSEHOLD				
404	CHECK COLUMN 21 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND/OR IS SICK?				
	AT LEAST ONE CHILD WHOSE MOTHER AND/OR NO CHILD WHOSE MOTHER FATHER HAS DIED AND OR FATHER HAS DIED AND/OR IS SICK AND NOT IN HOUSEHOLD	END INTERVIEW			
	GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN 21				

405	5 RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 AS APPROPRIATE, BEGINNING WITH THE FIRST CH AND CONTINUING IN THE ORDER IN WHICH THEY ARE LISTED IN THE HOUSEHOLD SCHEDULE OR IN 21, AS APPROPRIA IF THERE ARE MORE THAN 8 CHILDREN TO BE LISTED, USE ADDITIONAL QUESTIONNAIRE(S).					
406	NAME	1ST CHILD NAME	2ND CHILD NAME	3RD CHILD NAME	4TH CHILD NAME	
	LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	AGE	AGE	AGE	AGE	AGE	
407	I would like to ask you about any formal, or (NAME OF EACH CHILD IN 406) and for w someone working for a program. This progr	hich you did not have to	o pay. By formal, organi	ized support I mean help		
408	Now I would like to ask you about the support your household received for (NAME).					
	In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
409	In the last 12 months, has your household received any emotiona or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	
410	Did your household receive any emotional or psychological support in the past three months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
411	In the last 12 months, has your household received any materia support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES1 NO2 (SKIP TO 413)← DK8	YES 1 NO 2 (SKIP TO 413)← DK 8	
412	Did your household receive any material support in the past three months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you dic not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) + DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	
414	Did your household receive any social support in the past three months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
415	CHECK 406: AGE OF CHILD	AGE 0-4 □ (SKIP TO 417) ◀ AGE 5-17 □	AGE 0-4 □ (SKIP TO 417) ◀ AGE 5-17 □	AGE 0-4 □ (SKIP TO 417) ◀ AGE 5-17 □	AGE 0-4 □ (SKIP TO 417) ◀ AGE 5-17 □	
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
417				L RE OR IN THE FIRST C E CHILDREN, END INT		

				EN AGE 0-11
501	CHECK COVER: HOUSEHOLD NOT SELECTED FOR YOUTH RECORD LINE NUMBER, AGE, AND NAME OF ALL CHILDREN AGE 0-5 (SEE COLUMNS 2, 7 AND 12) IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD, EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER (COLUMNS 1 AND 12)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2)			
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
503	What is (NAME'S) birth date? IF MOTHER INTER- VIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY	DAY	DAY
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 509)	YES 1 NO 2 (GO TO 509)	YES 1 NO 2 (GO TO 509)
505	WEIGHT IN KILOGRAMS	КG	КG	KG
506	HEIGHT IN CENTIMETRES	см	СМ	см
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN	LYING DOWN	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	AGE: CHECK 503 IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS	0-5 MONTHS	0-5 MONTHS
509A	CHECK COVER AND AGE:	HOUSEHOLD SELECTED FOR YOUTH	HOUSEHOLD SELECTED FOR YOUTH	HOUSEHOLD SELECTED FOR YOUTH
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 513)

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that all children age 6 months to 17 years participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and with thrown away after each test. The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test? 502 LINE NUMBER LINE LINE NUMBER	d		
of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and withrown away after each test. The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test? 502 LINE LINE LINE			
Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test? 502 LINE NUMBER LINE LINE LINE			
You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test? 502 LINE LINE			
Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test? 502 LINE NUMBER LINE LINE			
NAME			
AGE (COLUMN 7) AGE IN YEARS AGE IN YEARS AGE IN YEARS AGE IN YEARS	'EARS		
512 RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET. G/DL G/DL <t< td=""><td></td></t<>			
CODE OF HAEMO- NOT PRESENT 2 NOT PRESENT 2 NOT PRESENT GLOBIN MEASURE- REFUSED 3 REFUSED 3 REFUSED	ED		
514 CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH: HOUSEHOLD SELECTED FOR YOUTH HOUSEHOLD SELECTED FOR YOUTH HOUSEHOLD SELECTED FOR YOUTH HOUSEHOLD SELECTED FOR YOUTH 0-1 YEAR OR BORN IN JULY 2004 OR LATER MORE, GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) CHILD OR, IF NO MORE, GO TO 523) CHILD OR, IF NO MORE, GO TO 523) MORE, GO TO 523)			
	RS OR BORN BEFORE		
HOUSEHOLD NOT SELECTED HOUSEHOLD NOT SELECTED HOUSEHOLD NOT SELECTED HOUSEHOLD NOT SELECTED FOR YOUTH 3 FOR YOUTH 508 YOUTH 508 YOUTH (GO TO 503 FOR NEXT CHILD OR, IF NO CHILD OR, IF NO CHILD OR, IF NO	OLD NOT SELECTED OUTH		
516 READ HIV TEST CONSENT GRANTED 1 GRANTED 1 GRANTE	D 1		
	SIGN)		
	D 2		
FOR CHILD. CIRCLE CODE (IF REFUSED, CIRCLE '3' IN 518) (IF REFUSED, CIRCLE '3' IN 518) (IF REFUSED, CIRCLE '3' IN 518) (IF REFU AND SIGN.	SED, CIRCLE '3' IN 518)		
CONSENT STATEMENT FOR HIV TEST			
As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is illness. The HIV test is being done to see how big the AIDS problem is in Swaziland	a very seriou		
For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and com It has never been used before and will be thrown away after each test	pletely safe		
No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either			
If you want to know whether your child have HIV, I can provide you with a list of nearby facilities offering counseling and testing for I will also give you a voucher for free services for your child (REN) that you can use at any of these facilities.	HIV		
Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.			
Will you (allow NAME OF CHILD(REN)) to take the HIV test?			
517 BAR CODE LABEL PUT THE FIRST BAR CODE LABEL PUT THE FIRST BAR CODE LABEL PUT THE FIRST BAR CODE LABEL HERE.	FIRST BAR CODE LABEL		
ON THE RESPONDENT'S ON THE RESPONDENT'S ON THE FILTER PAPER AND THE 3RD FILTER PAPER AND THE 3RD FILTER F	2ND BAR CODE LABEL RESPONDENT'S APER AND THE 3RD TRANSMITTAL FORM.		
HIV TEST NOT PRESENT NOT PRESENT	TAKEN 1 ESENT 2 D 3		

519	A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.					
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER	LINE NUMBER	LINE NUMBER		
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN)	GRANTED 1 (SIGN)	GRANTED 1 (SIGN)		
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.		
522			THIS QUESTIONNAIRE OR IN THE FIRS IONNAIRE(S); IF NO MORE CHILDREN, G	-		
to be The b	CONSENT STATEMENT FOR STORAGE OF SAMPLE We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done The blood sample will not have any name or other data attached that could identify (NAME OF CHILD(REN)). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?					

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2)	NAME	NAME	NAME
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
503	What is (NAME'S) birth date? IF MOTHER INTER- VIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY	DAY	DAY
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 509)	YES 1 NO 2 (GO TO 509)	YES 1 NO 2 (GO TO 509)
505	WEIGHT IN KILOGRAMS	KG	KG	KG
506	HEIGHT IN CENTIMETRES	СМ	СМ	см
507	MEASURED LYING DOWN OR	LYING DOWN 1	LYING DOWN 1	LYING DOWN 1
	STANDING UP?	STANDING UP 2	STANDING UP 2	STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	AGE: CHECK 503 IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS	0-5 MONTHS	0-5 MONTHS
509A	CHECK COVER AND AGE:	HOUSEHOLD SELECTED FOR YOUTH 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS	HOUSEHOLD SELECTED FOR YOUTH	HOUSEHOLD SELECTED FOR YOUTH
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED	GRANTED	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 513)

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2)	NAME	NAME	NAME
		CONSENT ST	ATEMENT FOR ANAEMIA	
result			anaemia test. Anaemia is a serious health p sist the government to develop programs to	
of blo throw	od from a finger. The equip n away after each test.	oment used in taking the blood is clean and	emia testing part of this survey and give a fe completely safe. It has never been used be	efore and will be
	lood will be tested for anae u have any questions?	emia immediately, and the result told to you	right away. The result will be kept confiden	tia
You c	an say yes to the test, or y	ou can say no. It is up to you to decide. ILD(REN) to participate in the anaemia test	?	
512	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL	G/DL	G/DL
513	RECORD RESULT CODE OF HAEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514	CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH:	HOUSEHOLD SELECTED FOR YOUTH 0-1 YEAR OR BORN IN JULY 2004 OR LATER	HOUSEHOLD SELECTED FOR YOUTH 0-1 YEAR OR BORN IN JULY 2004 OR LATER	HOUSEHOLD SELECTED FOR YOUTH 0-1 YEAR OR BORN IN JULY 2004 OR LATER
516	READ HIV TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, CIRCLE '3' IN 518)
		CONSENT STATEME	NT FOR HIV TEST	
	,		an HIV test. HIV is the virus that causes AI	DS. AIDS is a very seriou:
It has	never been used before a	nd will be thrown away after each test	e equipment used in taking the blood is clea	
		•	No one else will be able to know the test re-	
		r child have HIV, I can provide you with a lis free services for your child (REN) that you	st of nearby facilities offering counseling and can use at any of these facilities.	
Do yo	u have any questions?			
		ou can say no. It is up to you to decide. D(REN) to take the HIV test?		
517	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.
		PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
518	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6

		CHILD 4	CHILD 5	CHILD 6	
502	LINE NUMBER (COLUMNS 1 AND 12) NAME	LINE NUMBER	LINE NUMBER	LINE NUMBER	
519	AND FOR THE HIV TES	NAME THE HEIGHT AND WEIGHT MUST BE RE T PROCEDUREIN 518 FOR EACH ELIGIE STED FOR SOME OTHER REASON.			
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3	
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	
522	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 523.				
CONSENT STATEMENT FOR STORAGE OF SAMPLE					
We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done					
		any name or other data attached that could ood sample stored for later testing or researc		not have to agree.	

628 OLECK COVER: HOUSEHOLD SELECTED FOR YOUTH FOLDEROUND TSELECTED FOR YOUTH INCOMPAGE 15:40 INCOMPAGE 15:40 FOR LOUNE NUMBER AGE, AND NAME INCOMPAGE 15:40 INCOMPAGE 15:40 FOR LOUNEN AGE 15:40 INCOMPAGE 15:40 INCOMPAGE 15:40 FOR LOUNE AGE 15:40<		WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 12 AND OLDER				
PEOCODE UNE NUMBER AGE. AND NAME SEE COLLIMAS 9, 71 AD 2; PEOFEMER AGE THAN SX WORKIN. USE ADDITIONAL OUESTIONNER(5). AFPAL. QUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 52, 71 HE ANAEMA TEST PROCEDURE MUST BE RECORD LINE NUMBER AGE. AND NEIGHT MUST BE RECORD LINE NUMBER AGE. AND NEIGHT MUST BE RECORDED IN 52, 71 HE AND NEIGHT MUST BE RECORDED IN 52, 71 HE AND NEIGHT NUMBER AGE AND NEIGHT NUMBER NUME NUME	523	CHECK COVER:				
OF ALL WOMEN AGE 15-49 (GEE COLUMNS 9, 7-ND 2) OF ALL WOMEN AGE 12 AND OLDER (GEE COLUMNS 9, 7-ND 2) IF THERE ARE MORE THAN SIX WOMEN, USE ADDITIONAL OURSTROMANER(S). A FINAL OUTCOME FOR THE HEIGHT AND WEEKT MUST BE RECORDED IN S27. THE AMEMIA TEST PROCEDURE MUST BE RECORDED IN 308, AND THE INVITEST FRADUCED. DOULD NOT BE TESTED FOR SOME OTHER REASON INTER SECOND IN 308, AND THE INVITEST FRADUCED. DOULD NOT BE TESTED FOR SOME OTHER REASON WOMAN 1 WOMAN 2 INTER SECOND INTS, RECORD, DO COULD NOT BE TESTED FOR SOME OTHER REASON INTER SECOND INTERSECTION OF AND INTERSECTION O		HOUSEHOLD NOT SE	LECTED FOR YOUTH	HOUSEHOLD SELECTED FOR YOUTH		
APINAL OUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 327. THE ANAEMA TEST PROCEDURE MUST BE RECORDED IN 527. THE ANAEMA TEST PROCEDURE IN 536 AND THE INTEST PROCEDURE IN 536 AND THE RESPONSE IN THE PROCEDURE IN 536 AND THE PROFENDATION OF THE TESTED FOR SOME OTHER REASON. 274 LINE NUMBER WOMAN 1 WOMAN 2 WOMAN 3 284 LINE NUMBER INNE INNE INNE INNE 384 LINE NUMBER INNE INNE INNE INNE 385 MARE INNE INNE INNE INNE 386 INCOLUMN 7) AGE IN YEARS INNE INNE INNE 386 HEIGHT INNE INNE INNE INNE INNE 387 RELIGHT RG INTERSENT INNE INNE INNE INNE 388 HEIGHT NOT PRESENT INNE		OF ALL WOMEN AGE	15-49 *	OF ALL WOMEN AGE 12 AND OLDER	ME ¥	
RECORDED IN 533, AND THE HIT TEST PROCEDURE IN S33 FOR EACH ELIGIBLE WOMAN EVEN IF WAS NOT THERENT, REFUSED CO COLUMNOTE TESTED FOR SOME OTHER RESON. 524 INE NUMBER INE 524 INE NUMBER INE 626 INE NUMBER INME 627 INE NUMBER INME 628 WEIGHT NAME NAME 629 NEIGHT NAME NAME 620 NEIGHT NAME NAME 621 NEIGHT NAME NAME 622 WEIGHT NAGE IN YEARS CM 623 NEIGHT NAME NAME NAME 624 HEIGHT NEIGHT NAME NAME NAME 625 PEIGHT NAMERD CM Image: Name Neight NAMERD NAME 627 REFUSED NAMERD OTHER OTHER MEASURED 1 NAMESR 628 CHCK 524: 12:14 YEARS 1 = + 530 12:14 YEARS 1 + + 530 13:14 YEARS 3 + + 531 13:14 YE		IF THERE ARE MORE	THAN SIX WOMEN, USE ADDITIONAL Q	UESTIONNAIRE(S).		
524 LINE NUMBER (COLUMNS 3 AND 1) NUMBER LINE NUMBER LINE NUMER LINE NUMER<		RECORDED IN 536, AI	ND THE HIV TEST PROCEDURE IN 538 F	OR EACH ELIGIBLE WOMAN		
Image: Columns 9 AND 11, NUMBER NUMBER NUMBER NAME NAME NAME NAME NAME AGE NAME NAME NAME COLUMN 2) AGE IN YEARS AGE IN YEARS AGE IN YEARS S20 WEIGHT NILOGRAMS KG KG Image: Column 2) S21 MECHT NECHTIMETES CM Image: Column 2) CM Image: Column 2) S22 MESULT OF MEASURED 1 MEASURED Image: Column 2) NOT PRESENT 2 S23 REFUSED 1 MEASURED 1 MEASURED Image: Column 2) NOT PRESENT 2 S24 MEENT TEREN GOTHER Column 2) Image: Column 2)<			WOMAN 1	WOMAN 2	WOMAN 3	
ICOLUMN 2) ACE NAME NAME ACE IN YEARS ACE IN YEARS ACE IN YEARS S25 WEIGHT IN RUGGRAMS KG KG S26 WEIGHT IN CENTIMETERS CM CM S27 RESULT OF IN RESULT OF IN CENTIMETERS CM CM CM S28 MEEGHT IN CENTIMETERS CM CM CM CM S29 MEESULT OF IN CENTIMETERS CM CM CM CM CM S29 MEESULT OF INCERNENT MEASURED 1 MEASURED 1 MEASURED 1 S28 CHECK 24: IS + YEARS 1 > 530 12:44 YEARS 2 13:1 YEARS 2 3 S29 CHECK COLUNN IS MARITAL STATUS CODE 4 (NEVER IN UNON 1 OTHER CODE 4 (NEVER IN UNON 0 CODE 4 (NEVER IN UNON 1 OTHER 2 (GO TO 531) + CODE 4 (NEVER IN UNON 1 COTHER CODE 4 (NEVER IN UNON 1 CODE 4 (NEVER IN UNON 1 CODE 4 (NEVER IN UNON 1 CODE 4 (NEVER IN UNON	524	(COLUMNS 9 AND 11)				
COLUMN 7) AGE IN YEARS AGE IN YEARS AGE IN YEARS AGE IN YEARS 525 WEIHT IN KILOGRAMS KG KG KG KG Image: Column and the set of		(COLUMN 2)	NAME	NAME	NAME	
IN KUCGRAMS KG KG KG KG 626 HEIGHT IN CENTIMETRES CM CM CM CM CM 527 RESULT OF WEIGHT NOT PRESENT CM CM CM CM CM CM 528 CHECK 524: AND HEIGHT MCASUREMENT TO TPRESENT 2 REFUSED TO THER CM CM CM TO TO TPRESENT 2 REFUSED TO THER CM CM TO THER CM TO THER TO THER TO THER CM TO THER TO THER <td< td=""><td></td><td></td><td>AGE IN YEARS</td><td>AGE IN YEARS</td><td>AGE IN YEARS</td></td<>			AGE IN YEARS	AGE IN YEARS	AGE IN YEARS	
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MARITAL STATUS OTHER 2 OTHER 2 OTHER 2 OTHER 2 (GO TO 531) Image: Constant of the constan	528		15-17 YEARS 2	15-17 YEARS 2	15-17 YEARS 2	
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TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER RESPONDENT AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT REFUSED. PARENT/OTHER RESPONSIBLE ADULT REFUSED. PARENT/OTHER RESPONSIBLE (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) PARENT/OTHER ADULT (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADULT REFUSES. CONDUCT THE TEST ONLY I' BOTH THE PARENT (OTHER ADULT) AD THE ADOLESCENT. CO	330	NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00'	PARENT OR OTHER	PARENT OR OTHER	PARENT OR OTHER	
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UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT. REFUSED		STATEMENT. FOR				
ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT. (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536) CONSENT STATEMENT FOR ANAEMIA TEST FROM WOMEN AGE 15 AND OLDER READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		UNION WOMEN AGE 15-17, ASK CONSENT FROM				
ASKING RESPON- DENT'S CONSENT.(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES.FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.Do you have any questions?You can say yes to the test, or you can say no. It is up to you to decide.		ADULT IDENTIFIED	(SIGN)	(SIGN)	(SIGN)	
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		ASKING RESPON-				
CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.			CONSENT STATEMENT FOR ANAE	MIA TEST FROM WOMEN AGE 15 AND O	LDER	
RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.			T TO EACH RESPONDENT. CIRCLE COD	DE '1' IN 531 IF RESPONDENT CONSENTS	TO THE ANAEMIA TEST AND	
from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.	RESF	ONSIBLE FOR THE ADO	DLESCENT (SEE QUESTION 530) BEFOR	E ASKING THE ADOLESCENT FOR HER	CONSENT. CIRCLE CODE '2' IN 531	
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Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking				
You can say yes to the test, or you can say no. It is up to you to decide.	The b	lood will be tested for ana	nemia immediately, and the result told to you	u right away. The result will be kept confide	ntial.	
	Do yo	u have any questions?				

		CONSENT STATEMENT FOR A	NAEMIA TEST FROM GIRLS AGE 12-14	
		u to take a blood test. The test is for a probl o the government to plan programs to preve		rson does not eat well
		est. You will have to give a few drops of blo en used before and we will throw it away aft		
	•	away and tell you the results. No one will be	e told the results.	
	ou have any questions?	you can say no. It is up to you to decide.		
	ou want to be tested for th			
		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMN 9) NAME	LINE NUMBER	LINE NUMBER	LINE NUMBER
	(COLUMN 2)	NAME	NAME	NAME
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
532	CHECK 524: AGE	12-14 YEARS 1 → 534 15 + YEARS 2	12-14 YEARS 1 → 534 15-17 YEARS 2	12-14 YEARS 1 → 534 15-17 YEARS 2
533	PREGNANCY STATUS: CHECK	YES 1	YES 1	YES 1
	226 IN WOMAN'S QUESTIONNAIRE	NO 2	NO 2	NO 2
	OR ASK: Are you pregnant?	DK 8	DK 8	DK 8 2
534	READ THE HIV TEST CONSENT	GRANTED 1–	GRANTED 1–	GRANTED 1–
	STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	PARENT/OTHER RESPONSIBLE ADULT REFUSED
	UNION WOMEN AGE 15-17, ASK	RESPONDENT REFUSED	RESPONDENT REFUSED	RESPONDENT REFUSED
	CONSENT FROM PARENT/OTHER	▲ ·		↓
	ADULT IDENTIFIED IN 530 BEFORE	(SIGN)	(SIGN)	(SIGN)
	ASKING RESPON- DENT'S CONSENT.	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL	G/DL	G/DL
536	RECORD RESULT CODE OF HAEMO-	MEASURED	MEASURED	MEASURED
	GLOBIN MEASURE- MENT.	REFUSED	REFUSED	REFUSED
			TEST FROM WOMEN AGE 15 AND OLD	
	D CONSENT STATEMEN REFUSES.	IT TO EACH RESPONDENT. CIRCLE COD	E '1' IN 534 IF RESPONDENT CONSENTS	S TO THE HIV TEST AND CODE '3' IF
RESF	PONSIBLE FOR THE AD	NEVER-IN-UNION WOMEN AGE 15-17, AS DLESCENT (SEE QUESTION 530) BEFOR JLT) REFUSES. CONDUCT THE TEST ON	E ASKING THE ADOLESCENT FOR HER	CONSENT. CIRCLE CODE '2' IN 534
As pa	art of the survey we also a	re asking people all over the country to take one to see how big the AIDS problem is in S	an HIV test. HIV is the virus that causes A	
		w more drops of blood from a finger. Again t and will be thrown away after each test	he equipment used in taking the blood is cle	ean and completely safe
		he blood sample which will keep the results s, and so we will not be able to tell you the to		e will not be able to know (your/NAMI
		ou (your child) have HIV, I can provide you w nat you can use at any of these facilities.	with a list of nearby facilities offering counse	ling and testing for HIV
	ou have any questions?	•		
		you can say no. It is up to you to decide. ILESCENT to) take the HIV test?		
		CONSENT STATEMENT FOR HI	V TEST FROM GIRLS AGE 12-14	
		the country to take an HIV test. HIV is the vi est to see how big the AIDS problem is in S		lé
		est. You will have to give a few drops of blo d we will throw it away after we use it with y		n and completely safe
		the blood sample. No one will know that it i		u the test results
		HIV, I can provide you the names of places ee testing that you can use at any of these p		
-	ou have any questions?	·····		
	can say yes to the test, or ou want to be tested for H	you can say no. It is up to you to decide. IV?		

		WOMAN 1	WOMAN 2	WOMAN 3	
524	LINE NUMBER (COLUMN 9)	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	NAME (COLUMN 2)	NAME	NAME	NAME	
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS	
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	
		PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
539		OR THE ANAEMIA TEST PROCEDURE MU FOR EACH ELIGIBLE WOMAN EVEN IF SH DTHER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	
541	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER- IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2– RESPONDENT REFUSED 3– (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	
CODE FOR RESF IF TH We as to be The b	CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research':				
We as		I STATEMENT FOR STORAGE OF SAMP al Statistical Office to store part of the blood			
to be	used for testing or resear	ch in the future. We are not certain about w	hat tests might be done		
	The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				

WEIGHT.	HEIGHT.	. HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 12 AND OLDE	R

	<u></u>	· ·	ENT AND HIV TESTING FOR WOMEN AGE		
<u> </u>	ļ	WOMAN 4	WOMAN 5	WOMAN 6	
524	LINE NUMBER (COLUMNS 9 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	NAME (COLUMN 2)	NAME	NAME	NAME	
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS	
525	WEIGHT IN KILOGRAMS	КG	KG	KG	
526	HEIGHT IN CENTIMETRES	СМ	СМ	см	
527	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
528	CHECK 524: AGE	12-14 YEARS 1 → 530 15-17 YEARS 2 18 + YEARS 3 → 531	12-14 YEARS 1 → 530 15-17 YEARS 2 18 + YEARS 3 → 531	12-14 YEARS 1 → 530 15-17 YEARS 2 18 + YEARS 3 → 531	
529	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) 1 OTHER	CODE 4 (NEVER IN UNION) 1 OTHER	CODE 4 (NEVER IN UNION) 1 OTHER	
530	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	
531	READ ANAEMIA TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	
		CONSENT STATEMENT FOR ANAE	MIA TEST FROM WOMEN AGE 15 AND OL	DER	
	CONSENT STATEMENT E '3' IF SHE REFUSES.	TO EACH RESPONDENT. CIRCLE CODE	1' IN 531 IF RESPONDENT CONSENTS TO	THE ANAEMIA TEST AND	
RESF	FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.				
		in the anaemia testing part of this survey and ly safe. It has never been used before and wi	give a few drops of blood from a finger. The II be thrown away after each test.	equipment used in taking	
The b	lood will be tested for anae	emia immediately, and the result told to you ri	ght away. The result will be kept confidential		
Do yo	Do you have any questions?				

You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anaemia test?

		CONSENT STATEMENT FOR A	NAEMIA TEST FROM GIRLS AGE 12-14	
		to take a blood test. The test is for a problem the government to plan programs to prevent	n in the blood that can happen when a person	does not eat well
We w	ould like you to take the te	st. You will have to give a few drops of blood n used before and we will throw it away after	from a finger. The needle we use	
		way and tell you the results. No one will be to	-	
Do yo	u have any questions?			
	an say yes to the test, or y u want to be tested for this	ou can say no. It is up to you to decide. s blood problem?		
		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMN 9)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2) AGE	NAME	NAME	NAME
	(COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
532	CHECK 524: AGE	12-14 YEARS 1 → 534 15 + YEARS 2	12-14 YEARS 1 → 534 15-17 YEARS 2	12-14 YEARS 1 → 534 15-17 YEARS 2
533	PREGNANCY STATUS: CHECK	YES 1	YES 1	YES 1
	226 IN WOMAN'S QUESTIONNAIRE OR ASK:	NO 2 DK 8	NO 2 DK 8	NO 2 DK 8
	Are you pregnant?	DK 0	UK 0	2
534	READ THE HIV TEST CONSENT STATEMENT, FOR	GRANTED 1– PARENT/OTHER RESPONSIBLE	GRANTED 1- PARENT/OTHER RESPONSIBLE	GRANTED 1 PARENT/OTHER RESPONSIBLE
	GIRLS AGE 12-14 AND NEVER-IN	ADULT REFUSED 2-	ADULT REFUSED 2-	ADULT REFUSED 2-
	UNION WOMEN AGE 15-17, ASK CONSENT FROM	RESPONDENT REFUSED	RESPONDENT REFUSED	RESPONDENT REFUSED 3-
	PARENT/OTHER ADULT IDENTIFIED	(SIGN)	(SIGN)	(SIGN)
	IN 530 BEFORE ASKING RESPON- DENT'S CONSENT.	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL	G/DL	G/DL
536	RECORD RESULT CODE OF HAEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
			TEST FROM WOMEN AGE 15 AND OLDE	
SHE F	REFUSES.		'1' IN 534 IF RESPONDENT CONSENTS TO CONSENT FROM THE PARENT OR OTHEF	
RESP	ONSIBLE FOR THE ADO	LESCENT (SEE QUESTION 530) BEFORE	ASKING THE ADOLESCENT FOR HER CON TH THE PARENT (OTHER ADULT) AND THE	SENT. CIRCLE CODE '2' IN 534
illness	s. The HIV test is being do	ne to see how big the AIDS problem is in Swa		
It has	never been used before a	nd will be thrown away after each test.	equipment used in taking the blood is clean a	
OF AI	DOLESCENT) test results,	and so we will not be able to tell you the test		-
l will a	also give you a voucher that	 (your child) have HIV, I can provide you with at you can use at any of these facilities. 	a list of nearby facilities offering counseling	and testing for HIV.
You c		ou can say no. It is up to you to decide.		
Will yo	ou (allow NAME OF ADOL	ESCENT to) take the HIV test?		
		CONSENT STATEMENT FOR HIN the country to take an HIV test. HIV is the virus st to see how big the AIDS problem is in Swa	that causes AIDS. AIDS is a very serious	
We w	ould like you to take the te		from a finger. The needle we use is clean an	d completely safe.
We wi	ill not write your name on t	he blood sample. No one will know that it is y	our blood. We will not be able to give you the	test results.
l will a	also give you a note for free	HIV, I can provide you the names of places the testing that you can use at any of these places are placed as a set of the		
You c		rou can say no. It is up to you to decide.		
Do yo	u want to be tested for HI\	/?		

		WOMAN 4	WOMAN 5	WOMAN 6	
524	LINE NUMBER (COLUMN 9)	LINE UMBER	LINE NUMBER	LINE NUMBER	
	NAME (COLUMN 2)	NAME	NAME	NAME	
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS	
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	
		PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
539		R THE ANAEMIA TEST PROCEDURE MUS OR EACH ELIGIBLE WOMAN EVEN IF SHE THER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT WOMAN	
541	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER- IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENTS CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	
CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.					
	The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				
		STATEMENT FOR STORAGE OF SAMPLE			
		Statistical Office to store part of the blood sa h in the future. We are not certain about what			
		any name or other data attached that could id od sample stored for later testing or research			

_	WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 12 AND OLDER			
543	CHECK COVER:			
	HOUSEHOLD NOT SELECTED FOR YOUTH HOUSEHOLD SELECTED FOR YOUTH			итн
	RECORD LINE NUMBER, AGE, AND NAME ↓ RECORD LINE NUMBER, AGE, AND NAME ↓ OF ALL MEN AGE 15-49 OF ALL MEN AGE 12 AND OLDER ↓ (SEE COLUMNS 2, 7 AND 10) (SEE COLUMNS 2, 7, 10, 11, AND 13)		OLDER	
		HAN SIX MEN, USE ADDITIONAL QUEST	· · ·	
	MUST BE RECORDED IN		ECORDED IN 547, FOR THE ANAEMIA TE URE IN 556 FOR EACH ELIGIBLE MAN EV DME OTHER REASON.	
		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2)		NAME	
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
545	WEIGHT IN KILOGRAMS	KG	KG	KG
546	HEIGHT IN CENTIMETRES	СМ	СМ	СМ
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
548	CHECK 544: AGE	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551) -
550	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT
551	READ ANAEMIA	GRANTED 1–	GRANTED 1-	GRANTED 1–
	TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-
	UNION MEN AGE 15-17, ASK CONSENT FROM	RESPONDENT REFUSED	RESPONDENT REFUSED	RESPONDENT REFUSED
	PARENT/OTHER ADULT IDENTIFIED	(SIGN)	(SIGN)	(SIGN)
	IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)
		CONSENT STATEMENT FOR ANAL	EMIA TEST FROM MEN AGE 15 AND OLD	ER
	CONSENT STATEMENT	TO EACH RESPONDENT. CIRCLE CODE	'1' IN 551 IF RESPONDENT CONSENTS	O THE ANAEMIA TEST AND
FOR	FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.			
			naemia test. Anaemia is a serious health proment to develop programs to prevent and	
		need a few drops of blood from a finger. The nd will be thrown away after each test.	e equipment used in taking the blood is clea	n and completely safe.
		mia immediately, and the result told to you	right away. The result will be kept confident	ial.
-	u have any questions?	an ann ann an 161a an 45 anns 46 de sta		
	You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anaemia test?			

		CONSENT STATEMENT FOR A	NAEMIA TEST FROM BOYS AGE 12-14	
or has	s been sick. This will help the	ne government to plan programs to prevent		on does not eat well
		t. You will have to give a few drops of blood used before and we will throw it away after		
	-	ay and tell you the results. No one will be to	old the results.	
	ou have any questions?	ou can say no. It is up to you to decide.		
	ou want to be tested for this			
		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME (COLUMN 2)	NAME	NAME	NAME
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
552	READ THE HIV TEST CONSENT	GRANTED 1-	GRANTED 1 -	GRANTED 1
	STATEMENT. FOR BOYS AGE 12-14	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2
	AND NEVER-IN UNION MEN	RESPONDENT	RESPONDENT	RESPONDENT
	AGE 15-17, ASK CONSENT FROM	REFUSED 3-	REFUSED 3-	REFUSED 3-
	PARENT/OTHER ADULT IDENTIFIED	(SIGN)	(SIGN)	(SIGN)
	IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)
553	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL	G/DL	G/DL
554	RECORD RESULT CODE OF HAEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.
		PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
		CONSENT STATEMENT FOR H	IV TEST FROM MEN AGE 15 AND OLDER	2
	CONSENT STATEMENT EFUSES.		'1' IN 552 IF RESPONDENT CONSENTS T	
FOR	THE ADOLESCENT (SEE	QUESTION 550) BEFORE ASKING THE A	NSENT FROM THE PARENT OR OTHER A DOLESCENT FOR HIS CONSENT. CIRCL VARENT (OTHER ADULT) AND THE ADOL	E CODE '2' IN 552 IF THE PARENT
As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.				
For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.				
		blood sample which will keep the results co and so we will not be able to tell you the tes	ompletely anonymous. For this reason, we very tresults either.	will not be able to know (your/NAME
-		(your child) have HIV, I can provide you with free services that you can use at any of the	h a list of nearby facilities offering counselin se facilities.	g and testing for HIV.
Do yo	u have any questions?			
	You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?			

		MAN 1	MAN 2	MAN 3	
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	NAME (COLUMN 2)	NAME	NAME	NAME	
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS	
		CONSENT STATEMENT FOR H	V TEST FROM BOYS AGE 12-14		
We a	We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness We are doing the HIV test to see how big the AIDS problem is in Swaziland				
It has	not been used before and	st. You will have to give a few drops of blood we will throw it away after we use it with you	1		
		he blood sample. No one will know that it is		the test results	
		HIV, I can provide you the names of places t e testing that you can use at any of these pla			
Do yo	ou have any questions?				
	can say yes to the test, or yo ou want to be tested for HIV	ou can say no. It is up to you to decide. ?			
557	CHECK 556:	BLOOD BLOOD NOT	BLOOD BLOOD NOT	BLOOD BLOOD NOT	
	OUTCOME OF HIV TEST	TAKEN TAKEN	TAKEN TAKEN	TAKEN TAKEN	
		GO TO NEXT MAN	GO TO NEXT MAN	GO TO NEXT MAN	
558		R THE ANAEMIA TEST PROCEDURE MUS IBLE MAN EVEN IF HE WAS NOT PRESEI			
559	READ THE CONSENT STATE-	GRANTED 1–	GRANTED 1–	GRANTED 1	
	MENT FOR ADDITIONAL TESTS WITH LEFT OVER	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	
	BLOOD. FOR	RESPONDENT	RESPONDENT	RESPONDENT	
	BOYS AGE 12-14 AND NEVER-IN	REFUSED 3-	REFUSED 3-	REFUSED 3	
	UNION MEN				
	AGE 15-17, ASK CONSENT FROM				
	PARENT/OTHER				
	ADULT IDENTIFIED IN 550 BEFORE	(SIGN)	(SIGN)	(SIGN)	
	ASKING RESPON- DENT'S CONSENT.				
560	ADDITIONAL TESTS	CHECK 559:	CHECK 559:	CHECK 559:	
		IF CONSENT HAS NOT BEEN	IF CONSENT HAS NOT BEEN	IF CONSENT HAS NOT BEEN	
		GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	
		TEOT ON THE HETERY AFER.	TEOT ON THE HETERY AFER.	TEOT ON THE HETERY AFER.	
		CONSENT STATEMENT FOR STORAG	E OF SAMPLE FROM MEN AGE 15 AND	OLDER	
	CONSENT STATEMENT E '3' IF HE REFUSES.	TO EACH RESPONDENT. CIRCLE CODE	'1' IN 559 IF RESPONDENT CONSENTS	TO THE ADDITIONAL TESTS AND	
		VER-IN-UNION MEN AGE 15-17, ASK CO			
(OTH	ER ADULT) REFUSES. CII	QUESTION 550) BEFORE ASKING THE A RCLE CODE '1' IN 559 ONLY IF BOTH THE	E PARENT (OTHER ADULT) AND THE AD		
	,	Statistical Office to store part of the blood san in the future. We are not certain about what			
	The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				
	CONSENT	STATEMENT FOR STORAGE OF SAMPLE	E FROM BOYS AGE 12-14		
		Statistical Office to store part of the blood san in the future. We are not certain about what			
		any name or other data attached that could i od sample stored for later testing or researc			

		MAN 4	MAN 5	MAN 6		
544	LINE NUMBER (COLUMNS 10 AND 11) NAME	LINE NUMBER	LINE NUMBER	LINE NUMBER		
	(COLUMN 2)	NAME	NAME	NAME		
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS		
545	WEIGHT IN KILOGRAMS	KG	KG	KG		
546	HEIGHT IN CENTIMETRES	СМ	СМ	СМ		
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		
548	CHECK 544: AGE	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551	12-14 YEARS 1 → 550 15-17 YEARS 2 18 + YEARS 3 → 551		
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551)	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 551) ←		
550	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD 100' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT		
551	READ ANAEMIA TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2– RESPONDENT REFUSED 3– (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)		
		,	,	,		
	CONSENT STATEMENT FOR ANAEMIA TEST FROM MEN AGE 15 AND OLDER READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 551 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF HE REFUSES.					
FOR	FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.					
	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.					
		eed a few drops of blood from a finger. The e	quipment used in taking the blood is clean an	d completely safe.		
	It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.					

WEIGHT. HEIGHT. HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 12 AND OLDER

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anaemia test?

	CONSENT STATEMENT FOR ANAEMIA TEST FROM BOYS AGE 12-14					
		take a blood test. The test is for a problem i e government to plan programs to prevent ar	n the blood that can happen when a person d nd treat this problem in children.	loes not eat well		
We w	ould like you to take the test	. You will have to give a few drops of blood fr used before and we will throw it away after w	om a finger. The needle we use			
		ay and tell you the results. No one will be told				
	ou have any questions?					
	can say yes to the test, or you ou want to be tested for this b	u can say no. It is up to you to decide. blood problem?				
		MAN 1	MAN 2	MAN 3		
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER		
	NAME (COLUMN 2)	NAME	NAME	NAME		
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS		
552	READ THE HIV TEST CONSENT	GRANTED 17	GRANTED 1-	GRANTED 17		
	STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN	PARENT/OTHER RESPONSIBLE ADULT REFUSED	PARENT/OTHER RESPONSIBLE ADULT REFUSED	PARENT/OTHER RESPONSIBLE ADULT REFUSED		
	UNION MEN AGE 15-17, ASK CONSENT FROM	RESPONDENT REFUSED	RESPONDENT REFUSED	RESPONDENT REFUSED		
	PARENT/OTHER ADULT IDENTIFIED	(SIGN)	(SIGN)	(SIGN)		
	IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)		
553	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL	G/DL	G/DL		
554	RECORD RESULT CODE OF HAEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.		
		PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.		
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6		
		CONSENT STATEMENT FOR H	IV TEST FROM MEN AGE 15 AND OLDER			
	CONSENT STATEMENT 1 EFUSES.	O EACH RESPONDENT. CIRCLE CODE '1'	IN 552 IF RESPONDENT CONSENTS TO T	'HE HIV TEST AND CODE '3' IF		
FOR	FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 552 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.					
	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.					
For th	ne HIV test, we need a few m		quipment used in taking the blood is clean an	d completely safe.		
		blood sample which will keep the results com nd so we will not be able to tell you the test re	pletely anonymous. For this reason, we will r esults either.	not be able to know (your/NAME		
l will a		your child) have HIV, I can provide you with a ree services that you can use at any of these	a list of nearby facilities offering counseling ar facilities.	d testing for HIV.		

You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?

		MAN 1	MAN 2	MAN 3			
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER	LINE NUMBER	LINE NUMBER			
	NAME (COLUMN 2)	NAME	NAME	NAME			
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS			
CONSENT STATEMENT FOR HIV TEST FROM BOYS AGE 12-14							
We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. We are doing the HIV test to see how big the AIDS problem is in Swaziland.							
We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe. It has not been used before and we will throw it away after we use it with you.							
We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results.							
If you want to know if you have HIV, I can provide you the names of places that can help you. I will also give you a note for free testing that you can use at any of these places.							
Do you have any questions?							
You can say yes to the test, or you can say no. It is up to you to decide. Do you want to be tested for HIV?							
Lo you want to be tested for HIV ?							

		MAN 1	MAN 2	MAN 3			
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2)	LINE NUMBER	LINE NUMBER	LINE NUMBER			
	AGE (COLUMN 7)	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS			
557	CHECK 556: OUTCOME OF HIV TEST	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT MAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT MAN	BLOOD BLOOD NOT TAKEN TAKEN GO TO NEXT MAN			
558	558 A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 552 AND FOR THE HIV TEST PROCEDURE IN 554 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.						
559	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ADULT REFUSED 2 RESPONDENT 3			
	ASKING RESPON- DENT'S CONSENT.						
560	ADDITIONAL TESTS	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.			
	•	CONSENT STATEMENT FOR STORAG	GE OF SAMPLE FROM MEN AGE 15 AND C	DLDER			
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 559 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES. FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADDLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADDLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 559 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 559 ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADDLESCENT CONSENT.							
We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.							
The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?							
	CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM BOYS AGE 12-14						
	We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.						
	The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?						