

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

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

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

Signature of interviewer: _____ Date: _____

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

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

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

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

SECTION 2. REPRODUCTION

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

SECTION 3. CONTRACEPTION

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

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

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

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	 → 416 → 416
415	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 440
416	CHECK 107: 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> YEARS OLD YEARS OLD		→ 421
417	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
418	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	→ 421
419	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 421
420	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3	
421	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/>	 → 423 → 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
422	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
423	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←
423A	What was the main reason you used a condom on that occasion?	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)
424	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
425	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)
426	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
427	CHECK 107:	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←
428	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98
429	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←
432	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
433	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 425: NO PARTNERS ARE COMMERCIAL <input type="checkbox"/> SEX WORKERS ↓	AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/>	→ 438
436	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 439
437	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 439
438	Was a condom used during every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
439	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
440	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→ 444
441	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED <input type="checkbox"/> ↓ PRIVACY NOT POSSIBLE <input type="checkbox"/>		→ 444
Now I would like to ask about another important issue. The questions are very personal. However, your answers are very crucial for helping to understand the condition of men in Zimbabwe. I assure you that your answers are completely confidential and will not be told to anyone.			
442	In the last 12 months, has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO RESPONSE 3	→ 444
443	Were you physically forced?	YES 1 NO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
444	CHECK 423, MOST RECENT PARTNER (FIRST COLUMN): YES, CONDOM USED <input type="checkbox"/> NO CONDOM USED/ Q.423 NOT ASKED <input type="checkbox"/>		→ 454
445	The last time you had intercourse you told me you used a condom. Did you or your partner obtain the condom?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	
446	What brand of condoms did you use that time?	MALE CONDOMS CHOICE ASSORTED 1 DUREX 2 ECSTASY 3 PROTECTA 4 PUBLIC SECTOR DIST. (BLUE CONDOM OR KAREX) 5 ROUGH RIDER 6 OTHER 7 (SPECIFY) MALE CONDOM, DON'T KNOW 8 FEMALE CONDOMS CARE 9 OTHER 10 (SPECIFY) FEMALE CONDOM, DON'T KNOW ... 12	

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
460	If you wanted to, could you yourself get a female condom?	YES	1			
		NO	2			
461	<p>Now I would like to ask you a few questions regarding relationships between men and women.</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p>			BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
	a) making large household purchases?	HUS- BAND	WIFE			
		a)	1	2	3	8
	b) making small daily household purchases?	b)	1	2	3	8
	c) deciding when to visit family, friends or relatives?	c)	1	2	3	8
	d) deciding what to do with the money she earns for her work?	d)	1	2	3	8
	e) deciding how many children to have and when to have them?	e)	1	2	3	8
462	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) If she goes out without telling him?	a)	1	2		8
	b) If she neglects the children?	b)	1	2		8
	c) If she argues with him?	c)	1	2		8
	d) If she refuses to have sex with him?	d)	1	2		8
	e) If she burns the food?	e)	1	2		8
463	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?	YES	1			
		NO	2			
		DON'T KNOW	8			
464	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) She is tired and not in the mood?	a)	1	2		8
	b) She has recently given birth?	b)	1	2		8
	c) She knows her husband has sex with other women?	c)	1	2		8
	d) She knows her husband has a sexually transmitted disease?	d)	1	2		8
465	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) Get angry and reprimand her?	a)	1	2		8
	b) Refuse to give her money or other means of financial support?	b)	1	2		8
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2		8
	d) Go and have sex with another woman?	d)	1	2		8

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 405: HAS ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓	QUESTION <input type="checkbox"/> SKIPPED → 601	
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ <input type="checkbox"/> PREGNANT ↓ Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR UNSURE ↓ Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 WIFE/WIVES INFECUND/ STERILIZED 3 UNDECIDED/DON'T KNOW 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW993 AFTER MARRIAGE995 OTHER _____996 (SPECIFY) DON'T KNOW998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 → 601 NUMBER <input type="text"/> <input type="text"/> OTHER _____96 → 601 (SPECIFY)	
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUM- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BER OTHER _____ (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		701
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2 DON'T KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DON'T KNOW998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'	NAME OF CHILD'S MOTHER _____ LINE NUMBER IN HHQ. QUEST <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 2000 OR LATER <input type="checkbox"/> (LAST) CHILD BORN IN 1999 OR EARLIER <input type="checkbox"/>		701
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/> OTHER LINE NUMBER <input type="checkbox"/>		610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER ... 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER ... 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE 08 OTHER96 _____ (SPECIFY)	

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

SECTION 7. HIV/AIDS

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
711	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
712	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY . .	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY . .	1	2	8																
BREASTFEEDING ...	1	2	8																
713	CHECK 712: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	715																
714	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
715	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
716	Have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 723																
717	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
718	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED ... 2 REQUIRED 3																	
719	Did you get the results of the test?	YES 1 NO 2																	
720	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL . . . 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE _____ 33 (SPECIFY) OTHER PRIVATE DOCTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																	
721	CHECK 719: GOT THE RESULTS OF HIV TEST YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> →	726																
722	Did you tell your wife/partner the result of your test?	YES 1 NO 2 HAD NO WIFE/PARTNER 3	→ 726																

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

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

SECTION 8. OTHER HEALTH ISSUES

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

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

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

SECTION 9. ADULT MORTALITY

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

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

SECTION 10. ANAEMIA AND HIV TESTING



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17			
<p>ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.</p>			
1001	<p>CHECK 105: AGE</p> <p>AGE 15-17 <input type="checkbox"/></p> <p style="text-align: right;">AGE 18-49 <input type="checkbox"/></p>		<p style="text-align: right;">→ 1007</p>
1002	<p>CHECK 401 AND 402: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A WOMAN</p> <p>CODE 3 IN BOTH QUESTIONS 401 AND 402 <input type="checkbox"/></p> <p style="text-align: right;">CODE 1 OR CODE 2 IN QUESTION 401 OR IN QUESTION 402 <input type="checkbox"/></p>		<p style="text-align: right;">→ 1007</p>
1003	<p>CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED.</p> <p>IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"</p>	<p>LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/></p>	
1004	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p style="text-align: center;">CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST</p> <p>CONSENTED _____ . . . 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . . . 8</p>	

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED 2</p>	
1014	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1015	<p>CHECK 1004, 1005, 1009 AND 1012 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1017 AND 1019.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1016	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div data-bbox="862 877 1289 1052" style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1017	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1018	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1019	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1022</p>
1020	<p>CHECK 1018: THE CUTOFF POINT IS 9 G/DL.</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT </p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1021.</p> </div> <div style="width: 45%;"> <p>HEMOGLOBIN LEVEL AT OR ABOVE CUTOFF </p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND PROCEED TO 1022.</p> </div> </div>		
1021	<p>We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anaemia, which is a serious health problem. We would like to inform the clinic at _____ about your condition. This will assist you in obt</p> <p>AGREES TO REFERRAL? YES 1 NO 2</p>		
1022	<p>THANK THE RESPONDENT.</p>		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____