

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																								
PLACE NAME _____																								
NAME OF HOUSEHOLD HEAD _____																								
CLUSTER NUMBER	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																							
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DWELLING UNIT NUMBER																								
HOUSEHOLD NUMBER																								
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS? (YES = 1; NO = 2)																								
HOUSEHOLD SELECTED FOR SALT SAMPLE COLLECTION? (YES = 1; NO = 2)																								
INTERVIEWER VISITS																								
	1	2	3	FINAL VISIT																				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
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				TOTAL CHILDREN ELIGIBLE FOR CAREGIVER'S QUEST. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
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INTRODUCTION

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1



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

100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

								IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH			AGE	MARITAL STATUS
1	2	3	4	5	6	6A			7	8
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX RESIDENCE AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-27 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'.</p> <p>IF DON'T KNOW MONTH, RECORD '98'.</p> <p>IF DON'T KNOW YEAR, RECORD '9998.'</p>			<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER</p> <p>2 = DIVORCED/ SEPARATED</p> <p>3 = WIDOWED</p> <p>4 = NEVER- MARRIED AND NEVER LIVED TOGETHER</p>
01		<input type="text"/> <input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IN YEARS <input type="text"/> <input type="text"/>	<input type="text"/>
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<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"/>
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<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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05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<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"/>
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<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"/>
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<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"/>

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
7B) Are there any other people who may not be members of your family, such as domestic workers, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

01 = HEAD
02 = WIFE/HUSBAND/PARTNER
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR
DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED
11 = FOSTER
12 = STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

					IF AGE 0-17 YEARS				IF AGE 0-5		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	ELIGIBILITY				SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				ELIGIBILITY		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
	9	9A	10	11	12	13	14	15	15A	15B	16	17	18	19
	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 OR, IF HOUSE-HOLD SELECTED FOR MALE SURVEY BIO-MARKERS, CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 AND OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 18 AND OLDER	IF HOUSE-HOLD SELECTED FOR MALE SURVEY AND BIO-MARKERS CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OLDER	IF HOUSE-HOLD SELECTED FOR MALE SURVEY AND BIO-MARKERS CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	CHECK 13: IF MOTHER LIVES IN HOUSE-HOLD, SKIP TO 16. IF MOTHER HAS DIED OR DOES NOT LIVE IN THE HOUSE-HOLD, CIRCLE LINE NUMBER OF CHILD.	Who is the primary caregiver of (NAME)? RECORD CARE-GIVER'S LINE NUMBER.	Has (NAME) ever attended an educational institution?	What is the highest level of education that (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend an educational institution at any time during the 2016 academic year?	During [this/that] academic year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.
01	01	01	01	01	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 15A		01	LINE NO. 1 2 8 ↓ GO TO 20	Y N 1 2 ↓ GO TO 20		Y N 1 2 ↓ GO TO 20	
02	02	02	02	02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		02	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	
03	03	03	03	03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		03	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	
04	04	04	04	04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		04	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	
05	05	05	05	05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		05	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	
06	06	06	05	06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		06	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	
07	07	07	07	07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 15A		07	1 2 8 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 ↓ GO TO 20	

CODES FOR Qs. 17 AND 19: EDUCATION

PRE-PRIMARY SCHOOL

00 = LESS THAN 1 YEAR PRE-PRIMARY COMPLETED
(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
01=GRADE R/GRADE 0/RECEPTION

PRIMARY SCHOOL

10=LESS THAN 1 YEAR PRIMARY SCHOOL COMPLETED
(USE '10' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
11=GRADE 1/SUB A/CLASS 1
12=GRADE 2/SUB B/CLASS 2
13=GRADE 3/STANDARD 1/AET 1 (KHA RI GUDE, SANLI)
14=GRADE 4/STANDARD 2
15=GRADE 5/STANDARD 3/AET 2
16=GRADE 6/STANDARD 4
17=GRADE 7/STANDARD 5/AET 3

SECONDARY SCHOOL

20=LESS THAN 1 YEAR SECONDARY SCHOOL COMPLETED
(USE '20' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
21=GRADE 8/STANDARD 6/FORM 1/NTC 1/N1/NC (V) LEVEL 2
22=GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/N2/NC (V) LEVEL 3
23=GRADE 10/STANDARD 8/FORM 3/NTC 3/N3/NC (V) LEVEL 4
24=GRADE 11/STANDARD 9/FORM 4
25=CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/
STANDARD 10 COMPLETED
26=GRADE 12/STANDARD 10/FORM 5/MATRIC
27=N4/NTC4
28=N5/NTC5
29=N6/NTC6

HIGHER EDUCATION

30=FURTHER STUDIES INCOMPLETE OR ONGOING
31=CERTIFICATE OR DIPLOMA WITH GRADE 12/
STANDARD 10 COMPLETED
32=HIGHER DIPLOMA (TECHNIKON/
UNIVERSITY OF TECHNOLOGY)
33=POST HIGHER DIPLOMA (TECHNIKON/
UNIVERSITY OF TECHNOLOGY MASTERS, DOCTORAL)
34=BACHELORS DEGREE/BACHELORS DEGREE
AND POST GRADUATE DIPLOMA
35=HONOURS DEGREE
36=HIGHER DEGREE (MASTERS, DOCTORATE)

98 = DON'T KNOW

DISABILITY

IF AGE 5 YEARS OR OLDER								
LINE NO.	PROBLEM OF VISION	PROBLEM OF HEARING	PROBLEM OF WALKING	PROBLEM OF REMEMBERING	PROBLEM WITH SELF-CARE	PROBLEM OF COMMUNICATING	GOVERNMENT GRANTS	
	20	21	22	23	24	25	26	27
	<p>Does (NAME) have difficulty seeing, even if wearing glasses?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot see at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT SEE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) have difficulty hearing, even if wearing a hearing aid?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot hear at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT HEAR AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) have difficulty walking a kilometre or climbing a flight of steps?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot walk or climb steps at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT WALK OR CLIMB AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) have difficulty remembering or concentrating?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot remember or concentrate at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT REMEMBER OR CONCENTRATE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) have difficulty with self-care such as washing all over or dressing?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot do at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT DO AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) have difficulty communicating in (his/her) usual language? For example, understanding others or others understanding (him/her)?</p> <p>IF NO, CIRCLE "0".</p> <p>IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot communicate at all?</p> <p>IF WITH SOME DIFFICULTY, CIRCLE "1".</p> <p>IF WITH A LOT OF DIFFICULTY, CIRCLE "2".</p> <p>IF CANNOT COMMUNICATE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".</p>	<p>Does (NAME) receive any social grant, old age grant, or social relief assistance from the government?</p>	<p>What type of government grant does (NAME) receive?</p>
01	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	Y N 1 2 ↓ NEXT LINE	<input type="text"/>
02	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
03	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
04	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
05	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
06	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
07	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>

CODES FOR Q. 27 : GOVT GRANTS

01 = OLD AGE (60-74; R1500; 75+; R1520)
02 = DISABILITY (18-59; R1500)
03 = CHILD SUPPORT (0-17; R350)
04 = CARE DEPENDENCY (0-17; R1500)
05 = FOSTER CHILD (<22; R890)
06 = WAR VETERAN (60+; R1520)
07 = IN-AID + OLD AGE (60-74; R1850; 75+; R1870)
08 = IN-AID + DISABILITY (18-59; R1850)
09 = IN-AID + WAR VETERAN (60+; R1870)
10 = SOCIAL RELIEF OF DISTRESS
98 = DON'T KNOW

TABLE FOR SELECTION OF WOMEN FOR THE HOUSEHOLD RELATIONS QUESTIONS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN COLUMN 9A OF THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9A OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9A SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD SCHEDULE COLUMN 9A							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN _____

HOUSEHOLD LINE NUMBER OF SELECTED WOMAN . .

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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING/HOUSE 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC/COMMUNAL TAP 14 BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 WATER-CARRIER/TANKER TRUCK 61 CART WITH SMALL TANK/WATER VENDOR .. 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 106 → 103 → 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/HOUSE 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC/COMMUNAL TAP 14 BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 WATER-CARRIER/TANKER TRUCK 61 CART WITH SMALL TANK/WATER VENDOR .. 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE/OUTSIDE YARD 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	→ 109

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/JIK B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WTH VENTILATION PIPE BUT NO GAUZE MESH/NETTING 22 PIT LATRINE WTHOUT VENTILATION PIPE 23 COMPOSTING TOILET/ ECOLOGICAL SANITATION SYSTEM 31 CHEMICAL TOILET 41 BUCKET TOILET 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE/OUTSIDE YARD 3			
113	What type of energy/fuel does your household mainly use for cooking?	ELECTRICITY FROM MAINS 01 ELECTRICITY FROM GENERATOR 02 ELECTRICITY FROM OTHER SOURCE 03 SOLAR ENERGY 04 GAS 05 PARAFFIN 06 COAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 116		
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 116		
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2			
116	How many rooms in this household are used for sleeping?	ROOMS <table><tr><td></td><td></td></tr></table>			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
116A	What type of energy/fuel does your household mainly use for heating/warming?	ELECTRICITY FROM MAINS 01 ELECTRICITY FROM GENERATOR 02 ELECTRICITY FROM OTHER SOURCE 03 SOLAR ENERGY 04 GAS 05 PARAFFIN 06 COAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO HEATING/WARMING IN HOUSEHOLD 95 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>																															
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 120																														
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Cattle? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Pigs? f) Chickens or other poultry?	a) CATTLE b) HORSES/DONKEYS/MULES c) GOATS d) SHEEP e) PIGS f) CHICKENS/POULTRY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																															
120	CHECK 113 AND 116A: CODE '01' CIRCLED IN EITHER? <div style="display: flex; justify-content: space-around;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </div>		→ 121																														
121A	Does your household have electricity that is connected to the mains?	YES 1 NO 2																															
121	Does your household have any of the following in working condition:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>b) A radio?</td><td></td><td></td></tr> <tr><td>c) A television?</td><td></td><td></td></tr> <tr><td>d) A landline telephone?</td><td></td><td></td></tr> <tr><td>e) A desktop or laptop computer?</td><td></td><td></td></tr> <tr><td>f) A refrigerator?</td><td></td><td></td></tr> <tr><td>g) A vacuum cleaner or floor polisher?</td><td></td><td></td></tr> <tr><td>h) A microwave oven?</td><td></td><td></td></tr> <tr><td>i) An electric or gas stove?</td><td></td><td></td></tr> <tr><td>j) A washing machine?</td><td></td><td></td></tr> </tbody> </table>		YES	NO	b) A radio?			c) A television?			d) A landline telephone?			e) A desktop or laptop computer?			f) A refrigerator?			g) A vacuum cleaner or floor polisher?			h) A microwave oven?			i) An electric or gas stove?			j) A washing machine?			
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122	Does any member of this household own any of the following in working condition:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>a) A watch?</td><td></td><td></td></tr> <tr><td>b) A cell phone?</td><td></td><td></td></tr> <tr><td>c) A bicycle?</td><td></td><td></td></tr> <tr><td>d) A motorcycle or motor scooter?</td><td></td><td></td></tr> <tr><td>e) An animal-drawn cart?</td><td></td><td></td></tr> <tr><td>f) A car, bakkie, van or truck?</td><td></td><td></td></tr> <tr><td>g) A boat with a motor?</td><td></td><td></td></tr> </tbody> </table>		YES	NO	a) A watch?			b) A cell phone?			c) A bicycle?			d) A motorcycle or motor scooter?			e) An animal-drawn cart?			f) A car, bakkie, van or truck?			g) A boat with a motor?									
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124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5																															

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124A	How is the refuse or rubbish in this household mainly collected or removed? PROBE: How often is it removed?	REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY AT LEAST ONCE A WEEK 01 REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY LESS OFTEN THAN ONCE A WEEK 02 REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY THE MUNICIPALITY AT LEAST ONCE A WEEK 03 REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY THE MUNICIPALITY LESS OFTEN THAN ONCE A WEEK 04 REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK 05 REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK 06 COMMUNAL REFUSE DUMP 07 COMMUNAL CONTAINER/CENTRAL COLLECTION POINT 08 OWN REFUSE DUMP 09 OWN REFUSE BURNED 10 NO RUBBISH DISPOSAL/DUMP OR LEAVE ANYWHERE 11 OTHER 96 (SPECIFY)	
124B	Do you know where you can get forms to apply for a government grant such as a child or old-age grant?	YES 1 NO 2	→ 124D
124C	Where can you obtain forms? RECORD ALL MENTIONED.	POST OFFICE A BANK B MAGISTRATE'S COURT C SASSA/DEPARTMENT OF WELFARE/SOCIAL DEVELOPMENT OFFICE D PAY POINT E OTHER X (SPECIFY) DON'T KNOW/UNSURE Z	
124D	In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN 4 ALWAYS 5 NOT APPLICABLE/NO ADULTS IN HOUSEHOLD 6	
124E	In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN 4 ALWAYS 5 NOT APPLICABLE/NO CHILDREN IN HOUSEHOLD 6	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5	→ 141A
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
141A	OBSERVE TYPE OF DWELLING RECORD OBSERVATION.	DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND/ YARD/FARM 01 TRADITIONAL DWELLING/HUT STRUCTURE MADE OF TRADITIONAL MATERIALS 02 FLAT OR APARTMENT IN BLOCK OF FLATS .. 03 CLUSTER HOUSE IN COMPLEX 04 TOWN HOUSE/SEMI-DETACHED HOUSE IN COMPLEX 05 SEMI-DETACHED HOUSE 06 DWELLING/HOUSE/FLAT/ROOM IN BACKYARD 07 INFORMAL DWELLING/SHACK IN BACKYARD .. 08 INFORMAL DWELLING/SHACK NOT IN BACKYARD (E.G., IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM) 09 ROOM/FLATLET ON A PROPERTY OR LARGER DWELLING/SERVANTS' QUARTERS/ GRANNY FLAT 10 CARAVAN OR TENT 11 OTHER 96 (SPECIFY)	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR LAMINATED OR POLISHED WOOD 31 VINYL/ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCHING/GRASS 12 MUD/SOD 13 RUDIMENTARY ROOFING PLASTIC 21 WATTLE AND DAUB 22 MUD WITH CEMENT MIX 23 BRICKS 24 WOOD PLANKS 25 CARDBOARD 26 FINISHED ROOFING CORRUGATED IRON/ZINC 31 WOOD 32 ASBESTOS 33 TILES 34 CEMENT 35 OTHER 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>DIRT/MUD 13</p> <p>RUDIMENTARY WALLS</p> <p>PLASTIC 21</p> <p>WATTLE AND DAUB 22</p> <p>STONE WITH MUD 23</p> <p>MUD WITH CEMENT MIX 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCK/CONCRETE 34</p> <p>WOOD PLANKS 36</p> <p>CORRUGATED IRON/ZINC 37</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
144A	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR SALT COLLECTION?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">↓</p>		→ 146								
145	<p>We would like to check whether the salt used in your household is adequately iodised. May I have a sample of the salt used to cook meals in your household?</p> <p>RECORD BAR CODE NUMBER FROM FIRST BAR CODE LABEL IN BOXES. PLACE THE 1ST BAR CODE LABEL ON THE SALT SAMPLE AND THE 2ND ON THE TRANSMITTAL FORM.</p>	<p align="center">BARCODE NUMBER</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>NO SALT IN HOUSEHOLD 99994</p> <p>REFUSED 99995</p> <p>OTHER 99996</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS? (YES = 1; NO = 2)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; line-height: 20px;">1</div>
FIELDWORKER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
FIELDWORKER'S NAME	_____	_____	_____	MONTH
				YEAR
				<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
NOTES:				<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
				TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-left: 10px;"></div>
				TOTAL ELIGIBLE MEN <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-left: 10px;"></div>
				TOTAL ELIGIBLE CHILDREN <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-left: 10px;"></div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div> </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div> HOME LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 05 seSOTHO 09 tshiVENDA 02 AFRIKAANS 06 seTSWANA 10 xiTSONGA 03 isiXHOSA 07 sePEDI 11 isiNDEBELE 04 isiZULU 08 siSWATI 12 OTHER </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SUPERVISOR <div style="display: flex; align-items: center;"> <div style="flex: 1;">NAME _____</div> <div style="border: 1px solid black; display: flex; align-items: center; justify-content: center; gap: 5px;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> <div style="text-align: center; margin-top: 5px;">NUMBER</div> </div> <div style="width: 60%;"></div> </div>				

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

101	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER AND NAME OF ELIGIBLE CHILDREN AGE 0-5 IN THE SAME ORDER THEY APPEAR. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK LIST OF CHILDREN ELIGIBLE FOR BIOMARKERS: RECORD LINE NUMBER AND NAME.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
103	What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN BETWEEN 2011-2016?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
104A	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME	NAME	NAME
104B	ASK CONSENT FOR ANTHROPOMETRY FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
104C	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETRES.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
111	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3
113	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE CHILD HEALTH INFORMATIONAL BROCHURE.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK LIST OF CHILDREN ELIGIBLE FOR BIOMARKERS: RECORD LINE NUMBER AND NAME.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN BETWEEN 2011-2016?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
104A	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME _____	NAME _____	NAME _____
104B	ASK CONSENT FOR ANTHROPOMETRY FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
104C	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETRES.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
111	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3
113	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE CHILD HEALTH INFORMATIONAL BROCHURE.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

201	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202. WRITE THE NAME OF EACH WOMAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK LIST OF WOMEN ELIGIBLE FOR BIOMARKERS: RECORD LINE NUMBER, NAME, AND AGE. RECORD MARITAL STATUS.	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2

202A	CHECK 202: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 202C) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 202C) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 202C) ←
202B	CHECK 202: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 202E) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 202E) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 202E) ← OTHER 2

ADULT RESPONDENT CONSENT FOR ANTHROPOMETRY

ADULT RESPONDENT CONSENT	202C	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	202D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←

202E	RECORD NAME OF PARENT/ADULT RESPONSIBLE FOR MINOR.	NAME	NAME	NAME
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANTHROPOMETRY

PARENTAL/RESPONSIBLE ADULT CONSENT	202F	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	202G	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←

MINOR RESPONDENT CONSENT FOR ANTHROPOMETRY

MINOR RESPONDENT CONSENT	202H	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	202I	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
205	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETRES.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206A	WAIST CIRCUMFERENCE IN CENTIMETRES.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 202: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 210) ←
209	CHECK 202: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 213) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 213) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 213) ← OTHER 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

PARENT—RESP ADULT CONSENT	213	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	214	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)

MINOR RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

MINOR RESPONDENT CONSENT	215	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	216	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
217	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN 1 2	EATEN 1 2	EATEN 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2
c)	Smoked any tobacco product?	SMOKED 1 2	SMOKED 1 2	SMOKED 1 2
d)	Used any other type of tobacco such as chewing tobacco or snuff?	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2
218	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>
219	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4
220	RECORD TIME OF FIRST BP READING	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
221	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 245) ←	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 245) ←	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 245) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
222	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
223	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
224	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
225	CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
226	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 243) ←	YES 1 NO 2 (GO TO 243) ←	YES 1 NO 2 (GO TO 243) ←
227	RECORD TIME OF SECOND BP READING.	HOURS MINUTES [][] : [][]	HOURS MINUTES [][] : [][]	HOURS MINUTES [][] : [][]
228	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	SECOND BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] PULSE [][][] TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 243) ←	SECOND BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] PULSE [][][] TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 243) ←	SECOND BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] PULSE [][][] TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 243) ←

		WOMAN 1	WOMAN 2	WOMAN 3																																																																																																																																																			
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____																																																																																																																																																			
229	CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT																																																																																																																																																						
230	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 243) ←	YES 1 NO 2 (GO TO 243) ←	YES 1 NO 2 (GO TO 243) ←																																																																																																																																																			
231	RECORD TIME OF THIRD BP READING	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>																																																																																																																																																			
232	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996																																																																																																																																																			
243	CIRCLE THE SINGLE NUMBER WHERE THE FINAL READING OF THE DIASTOLIC AND SYSTOLIC MEASURES MEET.	FINAL DIASTOLIC <table border="1"> <thead> <tr> <th></th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td>FINAL SYSTOLIC <120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	<85	85-89	90-99	100-109	≥110	FINAL SYSTOLIC <120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	FINAL DIASTOLIC <table border="1"> <thead> <tr> <th></th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td>FINAL SYSTOLIC <120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	<85	85-89	90-99	100-109	≥110	FINAL SYSTOLIC <120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	FINAL DIASTOLIC <table border="1"> <thead> <tr> <th></th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td>FINAL SYSTOLIC <120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	<85	85-89	90-99	100-109	≥110	FINAL SYSTOLIC <120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6
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244	LOCATE THE NUMBER YOU CIRCLED IN 243 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 243</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 DAY/IMMEDIATELY</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 243	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																																														
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245	CHECK 202: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 247) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 247) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 247) ←																																																																																																																																																			
246	CHECK 202: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 255) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 255) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 255) ← OTHER 2																																																																																																																																																			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ANAEMIA TEST

ADULT RESPONDENT CONSENT	247	ASK CONSENT FOR ANAEMIA TEST.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	248	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←
	248A	CHECK 202: AGE	15-49 YEARS 1 50-95 YEARS 2 (SKIP TO 249) ←	15-49 YEARS 1 50-95 YEARS 2 (SKIP TO 249) ←	15-49 YEARS 1 50-95 YEARS 2 (SKIP TO 249) ←
	248B	Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

ADULT RESPONDENT CONSENT FOR HBA1C TESTING

ADULT RESPONDENT CONSENT	249	ASK CONSENT FOR HBA1C TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	250	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

ADULT RESPONDENT CONSENT FOR HIV TESTING

ADULT RESPONDENT CONSENT	251	ASK CONSENT FOR HIV TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	252	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 271)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 271)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 271)

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT	253	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	254	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

P A R E N T — R E S P A D U L T C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANAEMIA TEST				
	255	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	256	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←

M I N O R R E S P C O N S E N T	MINOR RESPONDENT CONSENT FOR ANAEMIA TEST				
	257	ASK CONSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	258	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←
	258A	Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

P A R E N T — R E S P A D U L T C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR HBA1C TESTING				
	259	ASK CONSENT FOR HBA1C TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	260	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

M I N O R R E S P C O N S E N T	MINOR RESPONDENT CONSENT FOR HBA1C TESTING				
	261	ASK CONSENT FOR HBA1C TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	262	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HIV TESTING					
P A R E N T — R E S P A D U L T C O N S E N T	263	ASK CONSENT FOR HIV TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	264	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)

MINOR RESPONDENT CONSENT FOR HIV TESTING					
M I N O R R E S P C O N S E N T	265	ASK CONSENT FOR HIV TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	266	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T — R E S P A D U L T C O N S E N T	267	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	268	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 271)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P C O N S E N T	269	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	270	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
271	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
272	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
273	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ADULT HEALTH INFORMATIONAL BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
274	HBA1C TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
275	HIV TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 2ND BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 2ND BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 2ND BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
275A	OFFER HIV SELF-TEST KIT TO RESPONDENT WHO CONSENTED TO HIV TESTING.	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 4 OTHER 6	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 3 OTHER 6	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 3 OTHER 6
276	CHECK 274 AND 275: AT LEAST ONE BAR CODE LABEL PRESENT?	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
277	Please show me all the prescribed medicines that you take regularly or daily.	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
	RECORD ALL MEDICATION/DRUG NAMES.	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
278		GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		

301	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302. WRITE THE NAME OF EACH MAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK LIST OF MEN ELIGIBLE FOR BIOMARKERS: RECORD LINE NUMBER, NAME, AND AGE. RECORD MARITAL STATUS.	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME AGE <input type="text"/> <input type="text"/> NEVER IN UNION 1 OTHER 2

302A	CHECK 302: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 302C) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 302C) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 302C) ←
302B	CHECK 302: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 302E) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 302E) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 302E) ← OTHER 2

ADULT RESPONDENT CONSENT FOR ANTHROPOMETRY

ADULT RESPONDENT CONSENT	302C	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	302D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←

302E	RECORD NAME OF PARENT/ADULT RESPONSIBLE FOR MINOR.	NAME	NAME	NAME
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANTHROPOMETRY

PARENTAL/RESPONSIBLE ADULT CONSENT	302F	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	302G	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←

MINOR RESPONDENT CONSENT FOR ANTHROPOMETRY

MINOR RESPONDENT CONSENT	302H	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	302I	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 (SIGN) NOT PRESENT/OTHER ... 3

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETRES.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
306A	WAIST CIRCUMFERENCE IN CENTIMETRES.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 302: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 310) ←
309	CHECK 302: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 313) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 313) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 313) ← OTHER 2

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
PARENT-RESP ADULT CONSENT	313	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	314	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355)

MINOR RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
MINOR RESPONDENT CONSENT	315	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	316	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT 3 (SKIP TO 355)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT 3 (SKIP TO 355)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT 3 (SKIP TO 355)

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
317	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN 1 2	EATEN 1 2	EATEN 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2
c)	Smoked any tobacco product?	SMOKED 1 2	SMOKED 1 2	SMOKED 1 2
d)	Used any other type of tobacco such as chewing tobacco or snuff?	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2
318	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>
319	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3 EXTRA LARGE: ≥43 CM 4
320	RECORD TIME OF FIRST BP READING	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
321	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	FIRST BP MEASURE SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 345) ←	FIRST BP MEASURE SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 345) ←	FIRST BP MEASURE SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 345) ←

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
322	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
323	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
324	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
325	CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
326	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 343) ←	YES 1 NO 2 (GO TO 343) ←	YES 1 NO 2 (GO TO 343) ←
327	RECORD TIME OF SECOND BP READING.	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□
328	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	SECOND BP MEASURE SYSTOLIC..... □□□ DIASTOLIC □□□ PULSE □□□ TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ←	SECOND BP MEASURE SYSTOLIC..... □□□ DIASTOLIC □□□ PULSE □□□ TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ←	SECOND BP MEASURE SYSTOLIC..... □□□ DIASTOLIC □□□ PULSE □□□ TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ←

		MAN 1	MAN 2	MAN 3																																																																																																																																																			
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____																																																																																																																																																			
329	CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT																																																																																																																																																						
330	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 343) ←	YES 1 NO 2 (GO TO 343) ←	YES 1 NO 2 (GO TO 343) ←																																																																																																																																																			
331	RECORD TIME OF THIRD BP READING	HOURS MINUTES <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	HOURS MINUTES <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	HOURS MINUTES <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>																																																																																																																																																			
332	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	THIRD BP MEASURE SYSTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> DIASTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> PULSE <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996	THIRD BP MEASURE SYSTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> DIASTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> PULSE <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996	THIRD BP MEASURE SYSTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> DIASTOLIC <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> PULSE <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> TECHNICAL PROBLEMS . 994 REFUSED 995 OTHER 996																																																																																																																																																			
343	CIRCLE THE SINGLE NUMBER WHERE THE FINAL READING OF THE DIASTOLIC AND SYSTOLIC MEASURES MEET.	<div style="text-align: center;">FINAL DIASTOLIC</div> <table border="1"> <thead> <tr> <th>FINAL SYSTOLIC</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>	FINAL SYSTOLIC	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	<div style="text-align: center;">FINAL DIASTOLIC</div> <table border="1"> <thead> <tr> <th>FINAL SYSTOLIC</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>	FINAL SYSTOLIC	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	<div style="text-align: center;">FINAL DIASTOLIC</div> <table border="1"> <thead> <tr> <th>FINAL SYSTOLIC</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td><130</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>	FINAL SYSTOLIC	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6
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344	LOCATE THE NUMBER YOU CIRCLED IN 343 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 343</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr><td>1</td><td>NORMAL (OPTIMAL)</td><td>1 YEAR</td></tr> <tr><td>2</td><td>NORMAL (MILDLY HIGH)</td><td>1 YEAR</td></tr> <tr><td>3</td><td>NORMAL (MODERATELY HIGH)</td><td>2 MONTHS</td></tr> <tr><td>4</td><td>ABNORMAL (MILDLY ELEVATED)</td><td>1 MONTH</td></tr> <tr><td>5</td><td>ABNORMAL (MODERATELY ELEVATED)</td><td>1 DAY/IMMEDIATELY</td></tr> <tr><td>6</td><td>ABNORMAL (SEVERELY ELEVATED)</td><td>IMMEDIATELY</td></tr> </tbody> </table>			NUMBER CIRCLED IN 343	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																																														
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345	CHECK 302: AGE	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 347) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 347) ←	15-17 YEARS 1 18-95 YEARS 2 (SKIP TO 347) ←																																																																																																																																																			
346	CHECK 302: MARITAL STATUS	NEVER IN UNION 1 (SKIP TO 355) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 355) ← OTHER 2	NEVER IN UNION 1 (SKIP TO 355) ← OTHER 2																																																																																																																																																			

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ANAEMIA TEST

A D U L T R E S P O N D E N T C O N S E N T	347	ASK CONSENT FOR ANAEMIA TEST.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	348	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3

ADULT RESPONDENT CONSENT FOR HBA1C TESTING

A D U L T R E S P O N D E N T C O N S E N T	349	ASK CONSENT FOR HBA1C TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	350	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)

ADULT RESPONDENT CONSENT FOR HIV TESTING

A D U L T R E S P O N D E N T C O N S E N T	351	ASK CONSENT FOR HIV TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	352	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, SKIP TO 371)

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

A D U L T R E S P O N D E N T C O N S E N T	353	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	354	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 371)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 371)

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

P A R E N T / R E S P A D U L T / C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANAEMIA TEST				
	355	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	356	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←

M I N O R / R E S P / C O N S E N T	MINOR RESPONDENT CONSENT FOR ANAEMIA TEST				
	357	ASK CONSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	358	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3

P A R E N T / R E S P A D U L T / C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR HBA1C TESTING				
	359	ASK CONSENT FOR HBA1C TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	360	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←

M I N O R / R E S P / C O N S E N T	MINOR RESPONDENT CONSENT FOR HBA1C TESTING				
	361	ASK CONSENT FOR HBA1C TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	362	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HIV TESTING					
P A R E N T - R E S P A D U L T C O N S E N T	363	ASK CONSENT FOR HIV TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	364	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 371)

MINOR RESPONDENT CONSENT FOR HIV TESTING					
M I N O R R E S P C O N S E N T	365	ASK CONSENT FOR HIV TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	366	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T - R E S P A D U L T C O N S E N T	367	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	368	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 371)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P C O N S E N T	369	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	370	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
371	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
372	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
373	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ADULT HEALTH INFORMATIONAL BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
374	HBA1C TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
375	HIV TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 2ND BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 2ND BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 2ND BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
375A	OFFER HIV SELF-TEST KIT TO RESPONDENT WHO CONSENTED TO HIV TESTING.	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 4 OTHER 6	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 3 OTHER 6	TEST KIT ACCEPTED 1 TEST KIT REFUSED 2 TEST KIT NOT OFFERED 3 NOT PRESENT 3 OTHER 6
376	CHECK 374 AND 375: AT LEAST ONE BAR CODE LABEL PRESENT?	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
377	Please show me all the prescribed medicines that you take regularly or daily.	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	MEDICINES SEEN 1 NONE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
	RECORD ALL MEDICATION/DRUG NAMES.	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
		DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DRUG NAME _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
378	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

[illegible]

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF WOMAN _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MALE SURVEY AND FULL BIOMARKERS? (YES = 1; NO = 2)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESPONDENT SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? (YES = 1; NO = 2)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	DAY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> INT. NO. <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	INT. NO. <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TIME	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">1</div> LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> HOME LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH <div style="margin-left: 100px;"> **LANGUAGE CODES: 01 ENGLISH 05 seSOTHO 09 tshiVENDA 02 AFRIKAANS 06 seTSWANA 10 xiTSONGA 03 isiXHOSA 07 sePEDI 11 isiNDEBELE 04 isiZULU 08 siSWATI 12 OTHER </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> _____ NAME </div> <div style="width: 20%; text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="width: 40%; text-align: center;"> NUMBER </div> </div>				

100A	CHECK RESPONDENT'S AGE AND MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE.	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AGE 15-17 AND NEVER IN UNION </div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> AGE 18 AND ABOVE OR AGE 15-17 AND EVER IN UNION </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div>	→ 100C

INTRODUCTION AND CONSENT (PARENT/GUARDIAN)

100B

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to talk to (NAME OF MINOR) about her health and well-being. The questions usually take about 45 to 60 minutes. All of the answers (NAME OF MINOR) gives will be confidential and will not be shared with anyone other than members of our survey team. (NAME OF MINOR) doesn't have to be in the survey, but we hope you will agree to allow (NAME OF MINOR) to answer the questions since (NAME OF MINOR)'s views are important.

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

Do you have any questions?

May I begin the interview with (NAME OF MINOR) now?

SIGNATURE OF INTERVIEWER _____ DATE _____

PARENT/GUARDIAN AGREES
MINOR MAY BE INTERVIEWED ... 1

PARENT/GUARDIAN DOES NOT AGREE
TO ALLOW MINOR TO BE INTERVIEWED ... 2 → END

INTRODUCTION AND CONSENT (RESPONDENT)

100C

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this information sheet.

GIVE INFORMATION SHEET.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, where did you live? PROBE: Is that a city, a town, a rural area, a farm, a tribal area, or an informal settlement?	CITY 1 TOWN 2 RURAL AREA 3 FARM 4 TRIBAL AREA 5 INFORMAL SETTLEMENT 6	
104	Before you moved here, which province did you live in?	WESTERN CAPE 01 EASTERN CAPE 02 NORTHERN CAPE 03 FREE STATE 04 KWAZULU-NATAL 05 NORTH WEST 06 GAUTENG 07 MPUMALANGA 08 LIMPOPO 09 SADC COUNTRY 16 OTHER COUNTRY 26	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	On what day, month, and year were you born?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF AGE 95 OR OLDER, RECORD 95.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106A	Which population group do you consider yourself: black, white, coloured, Indian or something else?	BLACK/AFRICAN 1 WHITE 2 COLOURED 3 INDIAN/ASIAN 4 OTHER 6 (SPECIFY)	
107	Have you ever attended an educational institution?	YES 1 NO 2	→ 111
108	What is the highest level you attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3	
109	What is the highest grade or form you completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6/STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOING 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORAL) .. 36	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 113

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a cell phone?	YES 1 NO 2	→ 118
117	Do you use your cell phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 124
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 124
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> NONE 00	→ 126
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	
126	CHECK 106: AGE OF RESPONDENT AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/>		→ 701

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME b) DAUGHTERS AT HOME <div><div></div><div></div><div></div><div></div></div>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE b) DAUGHTERS ELSEWHERE <div><div></div><div></div><div></div><div></div></div>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD b) GIRLS DEAD <div><div></div><div></div><div></div><div></div></div>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <div><div></div><div></div></div>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> <div>PROBE AND CORRECT 201-208 AS NECESSARY.</div>		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	215A IF BIRTH SINCE JANUARY 2011: How many months were you pregnant before the birth of (NAME)? ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. PLACE A 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220A IF DEAD: IF BIRTH SINCE JANUARY 2011:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?		Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?	Where did (NAME) die? At a health facility, at home, or somewhere else?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME. BIRTH HISTORY NUMBER.				C		RECORD AGE IN COMPLETED YEARS.			RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.		
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0	
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE <input type="checkbox"/> ↓ a) Did you want to have a baby later on or did you not want any more children? </div> <div style="text-align: center;"> NONE <input type="checkbox"/> ↓ b) Did you want to have a baby later on or did you not want any children? </div> </div>	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was terminated, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN 2011-2016 <input type="checkbox"/> → 233A LAST PREGNANCY ENDED IN 2010 OR EARLIER <input type="checkbox"/> → 239		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
LINE NO.	233 In what month and year did the preceding such pregnancy end?	233A Did that pregnancy end in a spontaneous miscarriage, an induced abortion, or a stillbirth?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2011, have you had any other pregnancies that did not result in a live birth?
01		MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → 236
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011-2016 OR LATER, ENTER 'C' FOR MISCARRIAGE, 'A' FOR INDUCED ABORTION, OR 'S' FOR STILLBIRTH IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.			
236A	CHECK 233A: HAD INDUCED ABORTION SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/>			→ 237
236B	The most recent time you had an induced abortion, what method was used?	SURGICAL ABORTION 11 MEDICAL ABORTION 21 SURGICAL AND MEDICAL 31 SELF-INDUCED 41 DON'T KNOW 98		→ 236D → 236E
236C	Where was the procedure done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MARIE STOPES CLINIC 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE BACKSTREET ABORTION 31 OTHER 96 _____ (SPECIFY)		→ 236E

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236D	<p>Where did you get the drug?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>COMMUNITY HEALTH WORKER 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>CHEMIST/PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>BACKSTREET ABORTION 31</p> <p>TRADITIONAL HEALER 32</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>									
236E	We have spoken about pregnancy losses that occurred since 2011. Did you have any miscarriages, terminations, or stillbirths that ended before 2011?	<p>YES 1</p> <p>NO 2</p>	<p>→ 238</p> <p>→ 239</p>								
237	Did you have any miscarriages, terminations or stillbirths that ended before 2011?	<p>YES 1</p> <p>NO 2</p>	→ 239								
238	When did the last such pregnancy that terminated before 2011 end?	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>									
239	<p>When did your last menstrual period start?</p> <p>_____ (DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>									
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 242								
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<p>JUST BEFORE HER PERIOD</p> <p>BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? MARK ALL METHODS DECLARED BY THE RESPONDENT.</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	
01	<p>Female Sterilisation/Tubal Ligation/Tubes Cut/Tubes Binded. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2</p>
02	<p>Male Sterilisation/Vasectomy/Tubes Cut/Tubes Binded. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2</p>
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1</p> <p>NO 2</p>
04	<p>Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1</p> <p>NO 2</p>
05	<p>Implants/Norplant/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1</p> <p>NO 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1</p> <p>NO 2</p>
07	<p>Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p>
08	<p>Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p>
09	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1</p> <p>NO 2</p>
10	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1</p> <p>NO 2</p>
11	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1</p> <p>NO 2</p>
12	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD</p> <p>_____ A</p> <p align="center">(SPECIFY)</p> <p>YES, TRADITIONAL METHOD</p> <p>_____ B</p> <p align="center">(SPECIFY)</p> <p>NO Y</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 312													
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312												
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILISATION A MALE STERILISATION B IUD C INJECTABLES - 3 MONTH DEPO D INJECTABLES - 2 MONTH NUR-ISTERATE E IMPLANTS F PILL G MALE CONDOM H FEMALE CONDOM I EMERGENCY CONTRACEPTION J RHYTHM METHOD K WITHDRAWAL L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 309												
307	In what facility did the sterilisation take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CLINIC/COMMUNITY HEALTH CENTRE 12 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR'S ROOM 22 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER 96 _____ (SPECIFY) DON'T KNOW 98													
308	In what month and year was the sterilisation performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). ←														

SECTION 3. CONTRACEPTION

311	CHECK 308 AND 309:	<p>YEAR IS 2011-2016 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE ↓</p>	<p>YEAR IS 2010 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2011.</p> <p>THEN ↓ (SKIP TO 324) ←</p>	
312	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2011. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input style="width: 20px; border: 1px solid black;" type="text"/>	METHOD CODE .. <input style="width: 20px; border: 1px solid black;" type="text"/>	METHOD CODE .. <input style="width: 20px; border: 1px solid black;" type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input style="width: 20px; border: 1px solid black;" type="text"/>	REASON STOPPED <input style="width: 20px; border: 1px solid black;" type="text"/>	REASON STOPPED <input style="width: 20px; border: 1px solid black;" type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILISATION 01 MALE STERILISATION 02 IUD 03 INJECTABLES - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 329 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12 MOBILE CLINIC 13 COMMUNITY HEALTH WORKER 14 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 CHEMIST/PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) OTHER SOURCE WORKPLACE/WORKPLACE CLINIC 31 COMMUNITY CENTER, LIBRARY OR OTHER PUBLIC PLACE 32 SHOP 33 CHURCH 34 FRIEND/RELATIVE 35 OTHER 96 (SPECIFY)	
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
320	Were you ever told by a nurse or health care worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
322	CHECK 318 AND 319: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/> YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/> ↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 324
323	Were you ever told by a nurse or health care worker about other methods of family planning that you could use?	YES 1 NO 2	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILISATION 01 MALE STERILISATION 02 IUD 03 INJECTABLES - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	<div style="display: flex; align-items: center;"> <input type="checkbox"/> → 329 </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> → 329 </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> → 329 </div>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>MOBILE CLINIC 13</p> <p>CHW 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>CHEMIST/PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>WORKPLACE/WORKPLACE CLINIC 31</p> <p>COMMUNITY CENTER, LIBRARY OR OTHER PUBLIC PLACE 32</p> <p>SHOP 33</p> <p>CHURCH 34</p> <p>FRIEND/RELATIVE 35</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 329</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> IN 2011-2016 NO BIRTHS IN <input type="checkbox"/> 2011-2016 → 648 </p>		
402	<p>CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</p>	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	<p>FROM 212 AND 216:</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1</p> <p align="center">(SKIP TO 426) ←</p> <p>NO 2</p>
406	<p>CHECK 208:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 426) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 414) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/GYNAECOLOGIST A</p> <p>NURSE/MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ... C</p> <p>GOVERNMENT CLINIC/</p> <p>COMM. HEALTH CENTRE D</p> <p>MOBILE CLINIC E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR G</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																			
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																			
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																			
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p> <p>d) Were you asked about the use of alcohol?</p> <p>e) Were you asked about smoking tobacco?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) ALCOHOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SMOKING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) ALCOHOL	1	2	e) SMOKING	1	2	
	YES	NO																			
a) BP	1	2																			
b) URINE	1	2																			
c) BLOOD	1	2																			
d) ALCOHOL	1	2																			
e) SMOKING	1	2																			
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth or lockjaw?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>																			
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																			
416	<p>CHECK 415: TETANUS INJECTIONS</p>	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p>																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONLY ONE TIME ↓ <input type="text"/> </div> <div style="text-align: center;"> MORE THAN ONE TIME ↓ <input type="text"/> </div> </div> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM ROAD TO HEALTH BOOKLET OR OTHER HEALTH CARD, IF AVAILABLE.	KG FROM BOOKLET/CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM BOOKLET/CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER X _____ (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER X _____ (SPECIFY) NO ONE ASSISTED Y
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	
431A	Was (NAME) discharged at the same time as you?	YES 1 (SKIP TO 432) ← NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
431B	How long after (NAME) was delivered did (NAME) stay at the facility? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																			
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←																		
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2																		
434	Immediately after the birth, was (NAME) put on your chest?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8																		
434A	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																		
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> CIRCLED OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 449) ←																			
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←																			
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																			
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8							
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="914 521 1053 577"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 577 1053 633"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="914 633 1053 689"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/PAEDIATRICIAN 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)							
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←							
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="914 1276 1053 1332"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="914 1332 1053 1388"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="914 1388 1053 1444"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT CLINIC/</p> <p>COMM. HEALTH CENTRE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR 31</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/PAEDIATRICIAN 11</p> <p>NURSE/MIDWIFE 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT 21</p> <p>COMMUNITY HEALTH</p> <p>WORKER..... 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT CLINIC/</p> <p>COMM. HEALTH CENTRE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR 31</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 457) ←</p>	
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/GYNAECOLOGIST 11</p> <p>NURSE/MIDWIFE 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT 21</p> <p>COMMUNITY HEALTH</p> <p>WORKER 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8</p>							
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WEEKS AFTER BIRTH 3</p> <table border="1" data-bbox="914 1182 1053 1350"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW 998</p>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/PAEDIATRICIAN 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>		
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?</p>	<p align="center">YES NO DK</p> <p>a) CORD 1 2 8 b) TEMP. 1 2 8 c) SIGNS 1 2 8</p> <p>d) COUNSEL BREAST- FEED 1 2 8 e) OBSERVE BREAST- FEED 1 2 8</p>		
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 460) ←</p> <p>NO 2 (SKIP TO 461) ←</p>		
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>			<p>YES 1 NO 2 (SKIP TO 463) ←</p>
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←</p>		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←	
466	How long after birth did you first put (NAME) to the breast for feeding? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 470) ← NO 2	
469A	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
470	Did (NAME) drink anything from a bottle with a teat yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNISATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2013-2016? ONE OR MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO BIRTHS IN 2013-2016 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2013-2016. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a Road to Health booklet/card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507A → 507A
505A	Did you ever have a Road to Health booklet for (NAME)?	YES 1 NO 2	→ 505A2
505A1	What happened to (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET DESTROYED 5 OTHER 6 (SPECIFY) _____	→ 506A
505A2	Why don't you have a Road to Health booklet for (NAME)?	NONE AVAILABLE AT HEALTH FACILITY 1 FOREIGNERS NOT GIVEN ONE 2 REQUIRED TO PAY FOR IT 3 TOO BUSY TO GET ONE 4 OTHER 6 (SPECIFY) _____	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
506A1	May I see the document where (NAME)'s vaccinations are written down?	YES, OTHER DOCUMENT SEEN 1 NO DOCUMENT SEEN 2	→ 508A → 511A
507A	May I see the Road to Health booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 508A → 508A
507A1	Where is (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET AT HEALTH FACILITY 5 OTHER 6 (SPECIFY) _____	
507A2	CHECK 507A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A

SECTION 5A. CHILD IMMUNISATION (LAST BIRTH)

508A	<p>PHOTOGRAPH VACCINATION PAGE OF BOOKLET OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. COPY DATES FROM THE BOOKLET. WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%; text-align: center;">DAY</th> <th style="width:10%; text-align: center;">MONTH</th> <th style="width:40%; text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 1</td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 1</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1</td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 2</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 2</td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 3</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3</td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 4</td><td></td><td></td><td></td></tr> <tr><td>MEASLES 2</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ROTAVIRUS (RV) 1				DTAP-IPV-HIB 1				HEPATITIS B (HEP B) 1				PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1				DTAP-IPV-HIB 2				HEPATITIS B (HEP B) 2				DTAP-IPV-HIB 3				HEPATITIS B (HEP B) 3				PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2				ROTAVIRUS (RV) 2				MEASLES 1				PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3				DTAP-IPV-HIB 4				MEASLES 2				VITAMIN A (MOST RECENT)				
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509A	<p>CHECK 508A: 'BCG' TO 'MEASLES 2' ALL RECORDED?</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p>	→ 525A																																																																												
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in immunisation campaigns?</p> <p style="margin-top: 20px;">RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p style="text-align: right;">(THEN SKIP TO 525A)</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p style="text-align: right;">(THEN SKIP TO 525A)</p>																																																																												

SECTION 5A. CHILD IMMUNISATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>						
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunisation campaigns?	YES 1 NO 2 DON'T KNOW 8	→ 526A → 501B				
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8					
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A				
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2					
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>					
517A	Has (NAME) ever received a DTP-combination vaccination, also known as a pentavalent vaccination? That is, an injection given in the left thigh or left arm to prevent diphtheria, tetanus, and whooping cough?	YES 1 NO 2 DON'T KNOW 8	→ 518A1				
518A	How many times did (NAME) receive the DTP-combination vaccine?	NUMBER OF TIMES <input type="text"/>					
518A1	Has (NAME) ever received a hepatitis B vaccination, that is, an injection given in the right thigh to prevent hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 519A				
518A2	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>					
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A				
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>					
521A	Has (NAME) ever received a rotavirus vaccination, that is, syrup in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 523A				
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>					
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the left thigh or right arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A				
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>					
525A	Did (NAME) ever miss getting a vaccination or get a vaccination late?	YES 1 NO 2 DON'T KNOW 8	→ 501B				
526A	<p>CHECK 508A AND 511A:</p> <table border="0"> <tr> <td> CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/> </td> <td> CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/> </td> </tr> <tr> <td> a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason? </td> <td> b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason? </td> </tr> </table>	CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/>	CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/>	a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason?	b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason?	CLINIC OUT OF STOCK A NOT AWARE OF NEED FOR A VACCINATION B FEAR OF SIDE EFFECTS C DID NOT KNOW WHERE TO GO D TOO BUSY TO TAKE CHILD E NO MONEY FOR TRANSPORT F CHILD WAS ILL G RESPONDENT WAS ILL H OTHER X (SPECIFY) DON'T KNOW Z	
CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/>	CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/>						
a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason?	b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason?						

SECTION 5B. CHILD IMMUNISATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? <div> MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2013-2016. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div>		→ 527B
504B	Do you have a Road to Health booklet/card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507B → 507B
505B	Did you ever have a Road to Health booklet for (NAME)?	YES 1 NO 2	→ 505B2
505B1	What happened to (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET DESTROYED 5 OTHER 6 (SPECIFY) _____	→ 506B
505B2	Why don't you have a Road to Health booklet for (NAME)?	NONE AVAILABLE AT HEALTH FACILITY 1 FOREIGNERS NOT GIVEN ONE 2 REQUIRED TO PAY FOR IT 3 TOO BUSY TO GET ONE 4 OTHER 6 (SPECIFY) _____	
506B	CHECK 504B: <div> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B
506B1	May I see the document where (NAME)'s vaccinations are written down?	YES, OTHER DOCUMENT SEEN 1 NO DOCUMENT SEEN 2	→ 508B → 511B
507B	May I see the Road to Health booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 508B → 508B
507B1	Where is (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET AT HEALTH FACILITY 5 OTHER 6 (SPECIFY) _____	
507B2	CHECK 507B: <div> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B

SECTION 5B. CHILD IMMUNISATION (NEXT-TO-LAST BIRTH)

508B

PHOTOGRAPH VACCINATION PAGE OF BOOKLET OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN.
COPY DATES FROM THE BOOKLET.
WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	DAY		MONTH		YEAR		
BCG							
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							
ORAL POLIO VACCINE (OPV) 1							
ROTAVIRUS (RV) 1							
DTAP-IPV-HIB 1							
HEPATITIS B (HEP B) 1							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1							
DTAP-IPV-HIB 2							
HEPATITIS B (HEP B) 2							
DTAP-IPV-HIB 3							
HEPATITIS B (HEP B) 3							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2							
ROTAVIRUS (RV) 2							
MEASLES 1							
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3							
DTAP-IPV-HIB 4							
MEASLES 2							
VITAMIN A (MOST RECENT)							

509B

CHECK 508B: 'BCG' TO 'MEASLES 2' ALL RECORDED?

NO ☐

YES ☐

→ 525B

510B

In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in immunisation campaigns?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

YES 1
(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)

(THEN SKIP TO 525B)

NO 2
DON'T KNOW 8
(WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)

(THEN SKIP TO 525B)

SECTION 5B. CHILD IMMUNISATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunisation campaigns?	YES 1 NO 2 DON'T KNOW 8	→ 526B → 527B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a DTP-combination vaccination, also known as a pentavalent vaccination? That is, an injection given in the left thigh or left arm to prevent diphtheria, tetanus, and whooping cough?	YES 1 NO 2 DON'T KNOW 8	→ 518B1
518B	How many times did (NAME) receive the DTP-combination vaccine?	NUMBER OF TIMES <input type="text"/>	
518B1	Has (NAME) ever received a hepatitis B vaccination, that is, an injection given in the right thigh to prevent hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 519B
518B2	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, syrup in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the left thigh or right arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	

SECTION 5B. CHILD IMMUNISATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
525B	Did (NAME) ever miss getting a vaccination or get a vaccination late?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 526B
526B	CHECK 508B AND 511B: CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/> ↓ a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason?	CHILD RECEIVED NO VACCINATIONS <input type="checkbox"/> ↓ b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason?	CLINIC OUT OF STOCK A NOT AWARE OF NEED FOR A VACCINATION B FEAR OF SIDE EFFECTS C DID NOT KNOW WHERE TO GO D TOO BUSY TO TAKE CHILD E NO MONEY FOR TRANSPORT F CHILD WAS ILL G RESPONDENT WAS ILL H OTHER X (SPECIFY) DON'T KNOW Z
527B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? MORE BIRTHS IN 2013-2016 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)	NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/>	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2011-2016 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>
604	FROM 212 AND 216:	NAME <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months? IF RESPONDENT SAYS NO, CHECK ROAD TO HEALTH BOOKLET.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhoea/loose stools in the last 2 weeks?	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8
609	CHECK 469: CURRENTLY BREASTFEEDING? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YES <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhoea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%;"> <p align="center">NO <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> </div>		
		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
610	When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
611	Did you seek advice or treatment for the diarrhoea from any source?	YES 1 NO 2 (SKIP TO 615) ←	YES 1 NO 2 (SKIP TO 615) ←
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER X (SPECIFY)
613	CHECK 612:	TWO OR MORE CODES CIRCLED ↓ (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED ↓ (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) A fluid made from a special packet called Sorol or Rehidrat?</p> <p>b) A clinic-recommended sugar-salt solution?</p> <p>c) Zinc tablets or syrup?</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhoea? b) Was anything given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhoea? b) What was given to treat the diarrhoea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p> <p align="center">(SKIP TO 624) ←</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p> <p align="center">(SKIP TO 624) ←</p>
623	CHECK 618: HAD FEVER?	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER.. D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER.. D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
630	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS COARTEM/ARTEMISININ COMBINATION THERAPY (ACT) A OTHER ANTIMALARIAL _____ B (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP C INJECTION/IV D</p> <p>OTHER DRUGS ASPIRIN E PARACETAMOL/PANADO .. F BRUFEN G PONSTAN H</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS COARTEM/ARTEMISININ COMBINATION THERAPY (ACT) A OTHER ANTIMALARIAL _____ B (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP C INJECTION/IV D</p> <p>OTHER DRUGS ASPIRIN E PARACETAMOL/PANADO .. F BRUFEN G PONSTAN H</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET</p> <input type="checkbox"/> <p>→ 648B</p> </div> </div>		
648	<p>Have you ever heard of a special product called Sorol or Rehidrat that you can get for the treatment of diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p>	
648A	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS IN 2011-2016</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO BIRTHS IN 2011-2016</p> <input type="checkbox"/> <p>→ 648C</p> </div> </div>		
648B	<p>CHECK 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED CLINIC RECOMMENDED SUGAR-SALT SOLUTION</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED CLINIC RECOMMENDED SUGAR-SALT SOLUTION</p> <input type="checkbox"/> <p>→ 649</p> </div> </div>		
648C	<p>Have you ever heard from a health care worker about a sugar-salt solution that can be made at home for the treatment of diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2014-2016 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> <p>→ 701</p> </div> </div> <div style="margin-top: 20px;"> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p>↓</p> </div>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:				
		YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Fruit juice or squashes?	b) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8	
		NUMBER OF TIMES DRANK MILK			<input type="text"/>
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK FORMULA			<input type="text"/>
	eb) Coke, Stoney, Dixi Cola, Jive or other sugary drinks?	eb) 1	2	8	
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt, amasi, maas or custard? IF YES: How many times did (NAME) eat yogurt, amasi, maas or custard? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE YOGURT			<input type="text"/>
	h) Any Purity, Cerelac, Ace or other commercially fortified baby cereal or porridge?	h) 1	2	8	
	i) Porridge, pap, bread, rice, noodles, Morvite or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) White potatoes, white sweet potatoes, white yams, or any other foods made from roots?	k) 1	2	8	
	l) Any dark green, leafy vegetables?	l) 1	2	8	
	m) Ripe mangoes, ripe papayas, or orange melon?	m) 1	2	8	
	n) Any other fruits or vegetables such as oranges, apples, bananas, guava, green melon, pineapples, avocados, or mushrooms?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh, dried or tinned fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	u) Any oils, fats, butter, or foods made with any of these? ----- v) Any sugary foods such as chocolates, sweets, candies, pastries, cakes or biscuits? ----- va) Any salty snacks such as Nik Naks, Simba, Flings, or Spookies? ----- w) Any other solid, semi-solid, or soft food?	u) 1 2 8 ----- v) 1 2 8 ----- va) 1 2 8 ----- w) 1 2 8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'w'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 653		
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) → (THEN CONTINUE TO 653) ← NO 2 → 653A	
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
653A	CHECK 215: CHILD AGE 6 MONTHS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> → 654		
653B	Has (NAME FROM 649) ever eaten liver?	YES 1 NO 2 → 654	
653C	In the last four weeks, how many times has (NAME FROM 649) eaten liver?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN, DITCH, RIVER OR STREAM 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO 3	<input type="checkbox"/> → 701B
701A	Do you have a regular boyfriend/partner or fiancé?	YES 1 NO 2	→ 702
701B	Is this person a man or a woman?	MAN 1 WOMAN 2 INTERSEX OR TRANSGENDERED 3	
701C	CHECK 701: RESPONDENT'S CURRENT MARITAL STATUS <div style="display: flex; justify-content: space-around; align-items: center;"> <div>701 = 3 <input type="checkbox"/> ↓</div> <div>701 = 1 OR 2 <input type="checkbox"/> → 703A</div> </div>		
702	Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	→ 703A
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
703A	CHECK 106: AGE OF RESPONDENT <div style="display: flex; justify-content: space-around; align-items: center;"> <div>AGE 15-49 <input type="checkbox"/> ↓</div> <div>AGE 50 AND ABOVE <input type="checkbox"/> → 901</div> </div>		
703B	CHECK 701 AND 702: EVER MARRIED OR LIVED WITH A PARTNER? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>701 = 1 OR 2 <input type="checkbox"/> ↓</div> <div>702 = 1 OR 2 <input type="checkbox"/> → 709</div> <div>701 = 3 AND 702 = 3 <input type="checkbox"/> → 713</div> </div>		
704	Is your (spouse/partner) living with you now or is he/she staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE SPOUSE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE/SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
705A	CHECK 701B: SEX OF SPOUSE/PARTNER <div style="display: flex; justify-content: space-around; align-items: center;"> <div>SPOUSE/PARTNER IS MALE (701B = 1) <input type="checkbox"/> ↓</div> <div>SPOUSE/PARTNER IS FEMALE OR INTERSEX (701B = 2 OR 3) <input type="checkbox"/> → 709</div> </div>		
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	Have you been married or lived with someone only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A PARTNER ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (spouse/partner)?</p> </div> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A PARTNER MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (spouse/partner). In what month and year did you start living with your first (spouse/partner)?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 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 </div> <div> <input type="checkbox"/> → 712 </div> </div>	
711	How old were you when you first started living together?	AGE <input type="text"/> <input type="text"/>	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	<input type="checkbox"/> → 731
714	I would like to ask you about your recent sexual activity. When was the last 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.	<div style="display: flex; justify-content: space-between;"> <div> DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<input type="checkbox"/> → 716 <input type="checkbox"/> → 727

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																								
715	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>							DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>																		
716	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←																								
717	Was a condom used 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																								
718	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)																								
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>								
720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>																				
721	How old is this person?	AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																				
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←																									
723	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																								

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>AGE 15-24 <input type="checkbox"/></div> <div>AGE 25-49 <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 10px;">↓</div>	→ 727	
725	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT CURRENTLY MARRIED/ LIVING WITH A SPOUSE <input type="checkbox"/></div> <div>CURRENTLY MARRIED/ LIVING WITH A SPOUSE <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 10px;">↓</div>	→ 727	
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 98	
731	PRESENCE OF OTHERS DURING THIS SECTION.	<div style="display: flex; justify-content: space-between;"> <div></div> <div>YES</div> <div>NO</div> </div> CHILDREN <10 1 2 MALE ADULTS 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER <input type="checkbox"/> STERILISED ↓	HE OR SHE <input type="checkbox"/> STERILISED →	813
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p> LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p> NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER</p> <p>PARTNER IS A WOMAN V</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) 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?</p> </div> <div style="width: 45%;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<div style="display: flex; justify-content: space-around;"> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <div style="display: flex; align-items: center;"> NUMBER .. <div style="border: 1px solid black; width: 100px; height: 20px; display: flex;"> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> OTHER _____ 96 (SPECIFY) </div>	
815	In the last six months have you:	<div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"> <div>YES</div> <div>NO</div> </div> <div style="display: flex;"> <div style="flex: 1;">a) Heard about family planning on the radio?</div> <div style="flex: 1;">a) RADIO 1 2</div> </div> <div style="display: flex;"> <div style="flex: 1;">b) Seen anything about family planning on the television?</div> <div style="flex: 1;">b) TELEVISION 1 2</div> </div> <div style="display: flex;"> <div style="flex: 1;">c) Read about family planning in a newspaper or magazine?</div> <div style="flex: 1;">c) NEWSPAPER OR MAGAZINE 1 2</div> </div> <div style="display: flex;"> <div style="flex: 1;">d) Heard about family planning from a community health worker?</div> <div style="flex: 1;">d) COMMUNITY HEALTH WORKER 1 2</div> </div>	
815A	CHECK Q18 IN HOUSEHOLD QUESTIONNAIRE: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, CURRENTLY ATTENDING SCHOOL <input type="checkbox"/></div> <div>NO, NOT CURRENTLY ATTENDING SCHOOL <input type="checkbox"/></div> </div>		→ 817
815	e) Heard about family planning at school?	e) SCHOOL 1 2	
817	CHECK 701, 701A AND 701B: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, CURRENTLY MARRIED TO A MAN <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>YES, HAS REGULAR MALE PARTNER/BOYFRIEND <input type="checkbox"/></div> <div>NO, NOT IN A UNION OR, IN UNION, BUT NOT WITH A MAN <input type="checkbox"/></div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY USING <input type="checkbox"/></div> <div>NOT CURRENTLY USING <input type="checkbox"/></div> <div>NOT ASKED <input type="checkbox"/></div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE STERILISED <input type="checkbox"/></div> <div>HE OR SHE ARE STERILISED <input type="checkbox"/></div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701 AND 701A: CURRENTLY MARRIED/ LIVING WITH SOMEONE OR HAS A REGULAR PARTNER/BOYFRIEND <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/> OR NO REGULAR PARTNER/BOYFRIEND	→ 909
902	How old was your (spouse/partner) on his/her last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (spouse/partner) ever attend an educational institution?	YES 1 NO 2	→ 906
904	What was the highest level he/she attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3 DON'T KNOW 8	→ 906
905	What was the highest grade or form he/she completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6 /STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOING 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA .. 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORATE) 36 DON'T KNOW 98	
906	Has your (spouse/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (spouse/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (spouse's/partner's) occupation? That is, what kind of work does he/she mainly do?	_____ _____ _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 913A
913	What is your occupation? That is, what kind of work do you mainly do?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px dashed black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	
913A	CHECK 106: AGE OF RESPONDENT <div style="display: flex; justify-content: space-between; align-items: center;"> <div>AGE 15-49 <input type="checkbox"/></div> <div>AGE 50 AND ABOVE <input type="checkbox"/></div> </div>		
913B	CHECK 909, 910, 911, AND 912: ANY YES? <div style="display: flex; justify-content: space-between; align-items: center;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div>		
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701, 701A AND 701B: <div style="display: flex; justify-content: space-between; align-items: center;"> <div>CURRENTLY MARRIED/ LIVING WITH A MAN, OR HAS REGULAR MALE PARTNER/BOYFRIEND <input type="checkbox"/></div> <div>NOT IN UNION OR NOT IN UNION WITH A MAN <input type="checkbox"/></div> </div>		
918	CHECK 916: <div style="display: flex; justify-content: space-between; align-items: center;"> <div>CODE '1' OR '2' CIRCLED <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931																								
926	Do you have a title deed or documents for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																								
927	Is your name on the title deed or documents?	YES 1 NO 2 DON'T KNOW 8																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th><th>PRES./ LISTEN.</th><th>PRES./ NOT LISTEN.</th><th>NOT PRES.</th></tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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933	CHECK 217 AND 218: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> ONE OR MORE CHILDREN LESS THAN AGE 18 LIVING WITH HER <input type="checkbox"/> </div> <div style="text-align: center;"> NO CHILDREN OR NO CHILDREN LESS THAN AGE 18 LIVING WITH HER <input type="checkbox"/> </div> </div>		→ 1001																								
934	Now I would like to ask you questions about how you discipline or punish your (child/children). In the past 12 months, have you ever: a) Hit or slapped your (child/children) with your hand to punish or discipline the child? b) Hit or beat your (child/children) using a belt, spoon, stick, shoe or any other implement to punish or discipline the child?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) HIT WITH HAND</td><td>1</td><td>2</td></tr> <tr> <td>b) HIT WITH IMPLEMENT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HIT WITH HAND	1	2	b) HIT WITH IMPLEMENT	1	2																
	YES	NO																									
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b) HIT WITH IMPLEMENT	1	2																									

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042																
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: <div> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div> OTHER <input type="checkbox"/> → </div>		→ 1011																
1010	Are there any special drugs 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																	
1011	CHECK 208 AND 215: <div> LAST BIRTH IN <input type="checkbox"/> 2014-2016 ↓ </div> <div> NO BIRTHS <input type="checkbox"/> → </div> <div> LAST BIRTH IN <input type="checkbox"/> 2013 OR EARLIER → </div>		→ 1027 → 1027																
1012	CHECK 408 FOR LAST BIRTH: <div> HAD <input type="checkbox"/> ANTENATAL CARE ↓ </div> <div> NO <input type="checkbox"/> ANTENATAL CARE → </div>		→ 1020																
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) HIV FROM MOTHER ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) TESTED FOR HIV</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
	YES	NO	DK																
a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																
1015	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2																	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 1020																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>MOBILE/TEMPORARY HCT SERVICES 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>NEW START TESTING SITE 22</p> <p>CHEMIST/PHARMACY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>WORKPLACE 32</p> <p>CORRECTIONAL FACILITY 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1018	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1020
1019	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1020	<p>CHECK 430 FOR LAST BIRTH:</p> <p align="center">ANY CODE <input type="checkbox"/> '21-36' CIRCLED ↓</p> <p align="center">OTHER <input type="checkbox"/> _____</p>		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	<p>YES 1</p> <p>NO 2</p>	
1022	I don't want to know the results, but were you tested for HIV at that time?	<p>YES 1</p> <p>NO 2</p>	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1025
1024	<p>CHECK 1016:</p> <p align="center">YES <input type="checkbox"/> ↓</p> <p align="center">NO OR <input type="checkbox"/> NOT ASKED _____</p>		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 1028
1026	How many months ago was your most recent HIV test?	<p>MONTHS AGO <input type="text"/> <input type="text"/></p> <p>TWO OR MORE YEARS 95</p>	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
1030	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12 MOBILE/TEMPORARY HCT SERVICES 13 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 NEW START TESTING SITE 22 CHEMIST/PHARMACY 23 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 CORRECTIONAL FACILITY 33 OTHER 96 _____ (SPECIFY)	→ 1033
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1033
1032	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR H _____ (SPECIFY) OTHER X _____ (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1042
1034	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1042	CHECK 1001: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
1043	CHECK 713: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</div> <div style="text-align: center;">NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE</div> </div>		→ 1101
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">YES <input type="checkbox"/> ↓</div> <div style="text-align: center;">NO <input type="checkbox"/> → 1046</div> </div>		
1045	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	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1048	CHECK 1045, 1046, AND 1047: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') ↓</div> <div style="text-align: center;">HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW</div> </div>		→ 1053
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1053

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B</p> <p>MOBILE/TEMPORARY HCT SERVICES C</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ D</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E</p> <p>NEW START TESTING SITE F</p> <p>CHEMIST/PHARMACY G</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP I</p> <p>TRADITIONAL HERBALIST J</p> <p>TRADITIONAL HEALER K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1053	<p>CHECK 701, 701A AND 701B:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> OR HAS REGULAR PARTNER/BOYFRIEND</p> <p>NOT IN UNION OR NO REGULAR PARTNER/BOYFRIEND <input type="checkbox"/> OR NOT IN UNION/PARTNERED WITH A MAN</p>	<p>_____ → 1101</p>	
1054	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1055	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 11. MATERNAL MORTALITY

NO.			CODING CATEGORIES					SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your biological 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 BIOLOGICAL MOTHER <input type="text"/> <input type="text"/>					
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							1201
1103	How many births did your mother have before you were born?		NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>					
1104	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1105	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	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	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)	
1108	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"/>	
1109	How old was (NAME) when he/she died? IF DON'T KNOW, PROBE TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	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	
1113	How many live born children did (NAME) give birth to during her lifetime?	<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"/>	
1114	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 NEXT SECTION.								

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK COVER SHEET: IS HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS OR IS RESPONDENT AGE 50 OR OLDER AND SELECTED FOR HOUSEHOLD RELATIONS MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1501
1202	Would you say your health is poor, average, good, or excellent?	POOR 1 AVERAGE 2 GOOD 3 EXCELLENT 4	
1203	Do you personally think you are underweight, normal weight, overweight, or obese?	UNDERWEIGHT 1 NORMAL WEIGHT 2 OVERWEIGHT 3 OBESE 4 DON'T KNOW 8	
1204	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1207 → 1206
1205	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 1208
1206	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1209
1207	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars or cigarillos? e) Number of hookah, hubbly-bubbly or water pipe sessions? f) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 1209

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars or cigarillos?</p> <p>e) Number of hookah, hubbly-bubbly or water pipe sessions?</p> <p>f) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
1209	Do you currently use snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 1211</p> <p>→ 1212</p>
1210	In the past, have you used snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 1213</p>
1211	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 1213</p>
1212	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1213	CHECK 106: AGE OF RESPONDENT <div style="display: flex; justify-content: space-around; align-items: center;"> <div>AGE 15-49 <input type="checkbox"/></div> <div>AGE 50 AND ABOVE <input type="checkbox"/></div> </div>		→ 1220
1214	CHECK 224: LIVE BIRTH SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1220
1215	CHECK 212 AND 215: <div style="border-bottom: 1px solid black; width: 100%; text-align: center; margin-bottom: 5px;">(NAME OF YOUNGEST CHILD)</div>		
1216	CHECK 1204 AND 1206: CURRENTLY SMOKES TOBACCO OR SMOKED IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1218
1217	During your pregnancy with (NAME) how often did you smoke tobacco: every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1218	CHECK 1209 AND 1210: CURRENTLY USES SMOKELESS TOBACCO OR USED IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1220
1219	During your pregnancy with (NAME) how often did you use smokeless tobacco: every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1220	Do you currently work in a job where other people smoke tobacco around you?	YES 1 NO 2 NOT CURRENTLY WORKING 3	
1221	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES 1 NO 2	→ 1223
1222	How many years did you work at a job where you were regularly exposed to smoke, dust, fumes or strong smells? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/>	
1223	Do you currently use e-cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1224	Have you ever consumed a drink that contains alcohol such as beer, wine, ciders, spirits, or sorghum beer? PROBE: Even one drink?	YES 1 NO 2	→ 1301
1225	Was this within the last 12 months?	YES 1 NO 2	→ 1233
1226	In the last 12 months, how frequently have you had at least one drink? PROBE: Five or more days a week, 1-4 days a week, 1-3 days a month, or less often than once a month?	5 OR MORE DAYS A WEEK 1 1-4 DAYS PER WEEK 2 1-3 DAYS A MONTH 3 LESS OFTEN THAN ONCE A MONTH 4	

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1227	<p>During each of the last 7 days, how many standard drinks did you have?</p> <p>USE SHOWCARD. RECORD TOTAL NUMBER OF DRINKS CONSUMED EACH DAY STARTING WITH THE DAY BEFORE THE DAY OF THE INTERVIEW AND PROCEEDING BACKWARDS.</p> <p>IF NONE, RECORD '00'.</p>	<p>MONDAY <input type="text"/> <input type="text"/></p> <p>TUESDAY <input type="text"/> <input type="text"/></p> <p>WEDNESDAY <input type="text"/> <input type="text"/></p> <p>THURSDAY <input type="text"/> <input type="text"/></p> <p>FRIDAY <input type="text"/> <input type="text"/></p> <p>SATURDAY <input type="text"/> <input type="text"/></p> <p>SUNDAY <input type="text"/> <input type="text"/></p>	
1227H	<p>During the last 7 days, how many standard home-made beers or other homemade alcohol did you have?</p> <p>USE SHOWCARD.</p>	<p>NUMBER OF HOME-MADE BEERS ... <input type="text"/> <input type="text"/></p>	
1227I	<p>CHECK 1226 AND 1227: CODE 3 OR 4 RECORDED IN 1226 AND CONSUMED 0-1 DRINKS IN THE LAST 7 DAYS IN 1227?</p> <p align="center">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">↓</p>		→ 1233
1228	Have you ever felt that you should cut down on your drinking?	<p>YES 1</p> <p>NO 2</p>	
1229	Have people annoyed you by criticizing your drinking?	<p>YES 1</p> <p>NO 2</p>	
1230	Have you ever felt bad or guilty about your drinking?	<p>YES 1</p> <p>NO 2</p>	
1231	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	<p>YES 1</p> <p>NO 2</p>	
1231A	<p>CHECK 1227: FIVE OR MORE DRINKS IN ONE DAY DURING LAST 7 DAYS?</p> <p align="center">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">↓</p>		→ 1233
1232	In the past 30 days, have you consumed five or more standard drinks on at least one occasion?	<p>YES 1</p> <p>NO 2</p>	
1233	<p>CHECK 106: AGE OF RESPONDENT</p> <p align="center">AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/></p> <p align="center">↓</p>		→ 1301
1234	<p>CHECK 224:</p> <p>LIVE BIRTH SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">↓</p>		→ 1301
1235	<p>CHECK 212 AND 215:</p> <p>_____</p> <p align="center">(NAME OF YOUNGEST CHILD)</p> <p align="center">↓</p>		
1236	During your pregnancy with (NAME) how often did you drink alcohol: every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	

SECTION 13. FAT, SALT, SUGAR, FRUIT AND VEGETABLE CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Now I would like to ask you some questions about the foods that you eat. There are no right or wrong answers. USE SHOWCARD.		
1304	How often do you usually eat fried foods such as hot chips, fried fish, fried chicken, fried meat, vetkoek or doughnuts?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1305	How often do you eat fast-foods or take-away foods from places like Chicken Licken, KFC, Captain DoRego's, Steers, Nando's, McDonalds, pizza delivery, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1306	How often do you eat chips such as a packet of crispy chips or similar salty snacks such as Doritos, cheese curls, salted nuts, salty biscuits, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1307	How often do you eat processed meat such as polony, viennas, meat pies, or sausage rolls?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1308	Which of the following statements best describes your approach towards salt consumption: 1) I am not interested in lowering salt in my food. 2) I am interested in lowering salt in my food within the next six months. 3) I am interested in lowering salt in my food within the next month. 4) I have started lowering salt within the last six months. 5) I have already lowered my salt intake for longer than six months.	NO INTENTION TO LOWER SALT 1 INTERESTED WITHIN NEXT SIX MONTHS 2 INTERESTED WITHIN NEXT MONTH 3 STARTED IN LAST SIX MONTHS 4 ALREADY LOWERED LONGER THAN SIX MONTHS 5 DON'T KNOW 8	
1309	Yesterday, how many types of fruit did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF FRUIT <input type="text"/> <input type="text"/>	
1310	Yesterday, how many types of vegetables, excluding potatoes, did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF VEGETABLES <input type="text"/> <input type="text"/>	
1311	Yesterday, did you drink any sugar-sweetened drinks? Sugar-sweetened drinks include fizzy drinks like Coke or drinks like Squash where water is added, but not diet or unsweetened cold drinks.	YES 1 NO 2	→ 1312
1311A	How many and what size sugar-sweetened drinks did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML GLASS A <input type="text"/> <input type="text"/> 330 ML CAN OR BOTTLE B <input type="text"/> <input type="text"/> 500 ML BOTTLE C <input type="text"/> <input type="text"/> 1 L BOTTLE D <input type="text"/> <input type="text"/> 2 L BOTTLE E <input type="text"/> <input type="text"/>	
1312	Yesterday, did you drink any fruit juice? YES 1 NO 2		→ 1401
1312A	How many and what size fruit juices did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML JUICE CARTON A <input type="text"/> <input type="text"/> 200 ML GLASS B <input type="text"/> <input type="text"/>	

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:	<div> <div></div> <div> <div>BIG</div> <div>NOT A BIG</div> <div>PROBLEM</div> <div>PROBLEM</div> </div> </div> <div> a) Getting permission to go to the doctor? a) PERMISSION TO GO 1 2 </div> <div> b) Getting money needed for advice or treatment? b) GETTING MONEY 1 2 </div> <div> c) The distance to the health facility? c) DISTANCE 1 2 </div> <div> d) Not wanting to go alone? d) GO ALONE 1 2 </div>	
1402	Are you covered by Medical Aid, Medical Benefit Scheme, Provident Scheme, or Hospital Plan that helps you pay for health care or drug services?	YES 1 NO 2	
1404	During the last month, have you received health, medical, or dental care without staying overnight?	YES 1 NO 2	→ 1406
1405	Where have you received health, medical, or dental care? PROBE: Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B OTHER PUBLIC SECTOR C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D CHEMIST/PHARMACY E DENTIST/ORAL HYGIENIST/ DENTAL THERAPIST F OTHER PRIVATE MEDICAL SECTOR G (SPECIFY) OTHER SOURCE WORKPLACE HEALTH SERVICE H TRADITIONAL HEALER I TRADITIONAL HERBALIST J FAITH HEALER K OTHER X (SPECIFY)	
1406	During the last month, have you had any visits by a home-based care giver or a community-based care giver?	YES 1 NO 2 DON'T KNOW 8	
1407	Have you ever had a Pap smear? PROBE: When visiting a doctor or nurse, have you ever been asked to lie on your back with your legs apart so they could use a stick to take a sample from your vagina? The sample would have been sent to a laboratory for testing.	YES 1 NO 2 DON'T KNOW 8	→ 1410

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1408	How many years ago was your last Pap smear?	WITHIN THE LAST 3 YEARS 1 4-5 YEARS AGO 2 6-10 YEARS AGO 3 MORE THAN 10 YEARS AGO 4 DON'T KNOW/DON'T REMEMBER 8																																					
1409	The last time you had a Pap smear, did you get the result of the test?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1410	Has a doctor, nurse or health worker ever told you that you have TB?	YES 1 NO 2 DON'T KNOW 8	→ 1413																																				
1411	When was the last time you were told you had TB?	IN THE LAST 12 MONTHS 1 MORE THAN 12 MONTHS AGO 2																																					
1412	Did you get medical treatment the last time you had TB?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1413	Has a doctor, nurse or health worker told you that you have or have had any of the following conditions:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) High blood pressure?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Heart attack or angina/chest pains?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Cancer?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Stroke?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) High blood cholesterol or fats in the blood?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Diabetes or blood sugar?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Chronic bronchitis, emphysema, or COPD?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) Asthma?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) High blood pressure?	1	2	8	b) Heart attack or angina/chest pains?	1	2	8	c) Cancer?	1	2	8	d) Stroke?	1	2	8	e) High blood cholesterol or fats in the blood?	1	2	8	f) Diabetes or blood sugar?	1	2	8	g) Chronic bronchitis, emphysema, or COPD?	1	2	8	h) Asthma?	1	2	8	
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1414	CHECK 1413: ANY QUESTION a-h = YES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 1432																																				
1415	CHECK 1413a: RESPONDENT HAS HAD HIGH BLOOD PRESSURE.	1413a = YES <input type="checkbox"/> 1413a = NO OR DK <input type="checkbox"/>	→ 1417																																				
1416	Did you receive medical treatment for high blood pressure at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1417	CHECK 1413b: RESPONDENT HAS HAD HEART ATTACK OR ANGINA.	1413b = YES <input type="checkbox"/> 1413b = NO OR DK <input type="checkbox"/>	→ 1419																																				
1418	Did you receive medical treatment for the heart attack, angina/chest pains at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1419	CHECK 1413c: RESPONDENT HAS HAD CANCER.	1413c = YES <input type="checkbox"/> 1413c = NO OR DK <input type="checkbox"/>	→ 1421																																				
1420	Did you receive medical treatment for the cancer at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1421	CHECK 1413d: RESPONDENT HAS HAD STROKE.	1413d = YES <input type="checkbox"/> 1413d = NO OR DK <input type="checkbox"/>	→ 1423																																				
1422	Did you receive medical treatment for the stroke at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1423	CHECK 1413e: RESPONDENT HAS HAD HIGH BLOOD CHOLESTEROL.	1413e = YES <input type="checkbox"/> 1413e = NO OR DK <input type="checkbox"/>	→ 1425
1424	Did you receive medical treatment for high blood cholesterol or fats in the blood at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1425	CHECK 1413f: RESPONDENT HAS HAD DIABETES.	1413f = YES <input type="checkbox"/> 1413f = NO OR DK <input type="checkbox"/>	→ 1427
1426	Did you receive medical treatment for the diabetes or blood sugar at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1427	CHECK 1413g: RESPONDENT HAS HAD CHRONIC BRONCHITIS.	1413g = YES <input type="checkbox"/> 1413g = NO OR DK <input type="checkbox"/>	→ 1429
1428	Did you receive medical treatment for chronic bronchitis, emphysema, or COPD at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1429	CHECK 1413h: RESPONDENT HAS HAD ASTHMA.	1413h = YES <input type="checkbox"/> 1413h = NO OR DK <input type="checkbox"/>	→ 1432
1430	Did you receive medical treatment for asthma at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1432	Compared with other people your age, do you feel you have less breath when exerting yourself? PROBE: By exercising or moving a lot?	YES 1 NO 2 DON'T KNOW 8	
1433	During the last 12 months, have you had wheezing when you breathe?	YES 1 NO 2 DON'T KNOW 8	→ 1436
1434	Were you also short of breath when the wheezing noise was present?	YES 1 NO 2 DON'T KNOW 8	
1435	Have you had the wheezing when you did not have a cold?	YES 1 NO 2 DON'T KNOW 8	
1436	Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1437	Have you been woken by an attack of shortness of breath at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1438	Have you been woken by an attack of coughing at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1439	Do you usually cough on most days?	YES 1 NO 2 DON'T KNOW 8	→ 1443

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1440	When you cough, do you usually bring up phlegm from your chest?	YES 1 NO 2 DON'T KNOW 8	→ 1443
1441	Have you brought up phlegm every day for at least three months during the last year?	YES 1 NO 2 DON'T KNOW 8	→ 1443
1442	For how many years have you brought up phlegm in this way? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
1443	Are you currently troubled by pain or discomfort, either all the time or on and off?	YES 1 NO 2	→ 1446
1444	Have you had this pain or discomfort for more than 3 months?	YES 1 NO 2	→ 1446
1445	Where do you feel this pain or discomfort? RECORD ALL MENTIONED.	BACK PAIN A NECK OR SHOULDER PAIN B HEADACHE, FACIAL OR DENTAL PAIN C STOMACH ACHE OR ABDOMINAL PAIN D PAIN IN ARMS, HANDS, HIPS, LEGS OR FEET E CHEST PAIN F OTHER X (SPECIFY)	
1446	In the last 12 months, did your teeth or your mouth cause you any pain or discomfort?	YES 1 NO 2	→ 1450
1447	Did you get treatment the last time that you had the problem?	YES 1 NO 2	→ 1449
1448	Who did you see for treatment? RECORD ALL MENTIONED.	PUBLIC SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST A MEDICAL DOCTOR/NURSE B PRIVATE MEDICAL SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST C MEDICAL DOCTOR/NURSE D OTHER SOURCE TRADITIONAL HEALER E OTHER X	→ 1450
1449	What was the main reason that you did not get treatment?	NO ORAL HEALTH SERVICE AVAILABLE 1 ORAL HEALTH SERVICES TOO FAR 2 ORAL HEALTH SERVICES TOO EXPENSIVE/ COULD NOT AFFORD 3 PROBLEM WENT AWAY 4 OTHER 6	
1450	Now I would like to ask you about any medication you take. Do you use any medication daily or regularly that has been prescribed by a doctor or nurse?	YES 1 NO 2	→ 1455
1451	How many different prescribed medications do you use daily or regularly?	NUMBER OF MEDICINES <input type="text"/> <input type="text"/>	

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1452	Who pays for most of these medications?	RESPONDENT 1 FAMILY/FRIEND: 2 MEDICAL AID 3 EMPLOYER 4 PROVIDED BY PUBLIC CLINIC OR HOSPITAL .. 5 OTHER 6	→ 1455 → 1455
1453	In the last 12 months, have you ever been sent away from the clinic without a medication because they did not have stock?	YES 1 NO 2	→ 1455
1454	How many times has this happened to you in the last 12 months? PROBE FOR ESTIMATE OF NUMBER OF TIMES.	NUMBER OF TIMES <input type="text"/>	
1455	In the last 12 months, have you used any medications containing codeine to treat a medical condition? USE THE SHOWCARD.	YES 1 NO 2 DON'T KNOW 8	→ 1500
1457	In the last 12 months, have you used any of these medications for the experience or feeling it gave you rather than for their medicinal effect?	YES 1 NO 2	→ 1500
1458	In the last 12 months, which codeine-containing medications have you used for the experience or feeling rather than for their medical effect? RECORD ALL MENTIONED.	BRONCLEER/LENAZINE FORTE A ACTIFED DRY COUGH B BENLYN SYRUP WITH CODEINE C LENADOL/ADCO-DOL PAIN TABLETS D NUROFEN PLUS E MYPRODOL F STILPANE G SYNDOL H OTHER X (SPECIFY)	
1459	In the last 12 months, have you received treatment for your problems related to the use of codeine-containing medications for non-medical purposes?	YES 1 NO 2	

SECTION 15: HOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1500	CHECK COVER PAGE AND 106: WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION AND AT LEAST 18 YEARS OLD ↓	WOMAN NOT SELECTED <input type="checkbox"/> OR SELECTED <input type="checkbox"/> BUT AGE 15-17	1533																								
1501	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2	1532																								
1501A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in South Africa. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																										
1502	CHECK 701, 701A, 701B AND 702: NEVER IN UNION <input type="checkbox"/> WITH A MAN ↓	CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> OR HAS REGULAR MALE PARTNER/BOYFRIEND FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/> (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER')	1503 1503																								
1502A	Do you have a boyfriend or have you had one in the past?	YES, CURRENTLY HAS BOYFRIEND 1 YES, HAD BOYFRIEND IN PAST ... 2 NO 3	1516																								
1503	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner/boyfriend)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	
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1504	Now I need to ask some more questions about your relationship with your most recent partner. A Did your (last) partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself? d) refuse to give you enough money for household expenses or contribute towards household expenses when he has the money to do so?	<table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO OR 2 N/A ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO OR 2 N/A ↓	→ 1	2	3	B How often did this happen during the last 12 months: often, only sometimes, or not at all?				
EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																								
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
1505	<p>A Did your (last) partner ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) slap you, push you, shake you, or throw something at you?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) slap you, push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→ 1	2	3	e) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→ 1	2	3	f) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→ 1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→ 1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																							
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1506	<p>CHECK 1505A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1511																																									
1508	<p>Did the following ever happen as a result of what your (last) partner did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																									
1511	Does (did) your (last) partner drink alcohol?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 1512A																																								
1512	How often does (did) he get drunk: often, only sometimes, or never?	<p>OFTEN 1 SOMETIMES 2 NEVER 3</p>																																									
1512A	Does (did) your (last) partner take drugs?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 1512C																																								
1512B	How often does (did) he take drugs: often, only sometimes, or never?	<p>OFTEN 1 SOMETIMES 2 NEVER 3</p>																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1512C	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) partner at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1513																								
1512D	In the last 12 months, how often have you done this to your (last) partner: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																									
1513	Are (Were) you afraid of your (last) partner: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																									
1514	CHECK 709: OTHER <input type="checkbox"/> OR NOT ASKED MARRIED OR LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>		→ 1515																								
1514A	So far we have been talking about the behaviour of your (current/last) partner. Now I want to ask you about the behaviour of any previous partner. Have you had a previous partner?	YES 1 NO 2	→ 1515Aa → 1516A																								
1515	A So far we have been talking about the behaviour of your (current/last) partner. Now I want to ask you about the behaviour of any previous partner.	B How long ago did this last happen?																									
		<table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous partner ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous partner physically force you to have sexual intercourse against your will? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) Did any previous partner physically force you to perform any other sexual acts against your will? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) Did any previous partner humiliate, threaten, belittle, insult or try to exert excessive control over you in any way? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) Did any previous partner refuse to give you enough money for household expenses or contribute towards household expenses? YES 1 NO OR 2 N/A ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous partner ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous partner physically force you to have sexual intercourse against your will? YES 1 NO 2 ↓	→ 1	2	3	c) Did any previous partner physically force you to perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3	d) Did any previous partner humiliate, threaten, belittle, insult or try to exert excessive control over you in any way? YES 1 NO 2 ↓	→ 1	2	3	e) Did any previous partner refuse to give you enough money for household expenses or contribute towards household expenses? YES 1 NO OR 2 N/A ↓	→ 1	2	3	
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1516A	CHECK 1505A (h-j) and 1515A(b, c) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1516																								
1516B	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by (your/any) partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98																									
1516	CHECK 701, 701A, 701B, 702 AND 1502A: EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> a) From the time you were 15 years old has anyone other than (your/any) partner hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1518A																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1517	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>MOTHER-IN-LAW F</p> <p>FATHER-IN-LAW G</p> <p>OTHER IN-LAW H</p> <p>TEACHER I</p> <p>EMPLOYER/SOMEONE AT WORK . J</p> <p>POLICE/SOLDIER K</p> <p>NEIGHBOUR L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1518	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1518A	<p>CHECK 106: AGE OF RESPONDENT</p> <p>AGE 18-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/></p> <p>→ 1522</p>		
1519	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p> <p>→ 1522</p>		
1519A	<p>CHECK 701, 701A, 701B, 702 AND 1502A:</p> <p>EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>→ 1520A</p>		
1520	Has a partner ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<p>YES 1</p> <p>NO 2</p>	
1520A	Has any one else ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<p>YES 1</p> <p>NO 2</p>	
1521A	<p>CHECK 1520 AND 1520A:</p> <p>EITHER 1520 OR 1520A = YES <input type="checkbox"/></p> <p>NEITHER 1520 NOR 1520A = YES <input type="checkbox"/></p> <p>→ 1522</p>		
1521	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER ... A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER ... G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK . N</p> <p>POLICE/SOLDIER O</p> <p>NEIGHBOUR P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1522	<p>CHECK 701, 701A, 701B, 702 AND 1502A:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>a) Now I want to ask you about things that may have been done to you by someone other than (your/any) partner.</p> <p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse when you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>b) At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse when you did not want to?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1522C</p>
1522A	How old were you the first time this happened?	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1522B	Who was the person who was forcing you the very first time this happened?	<p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>NEIGHBOUR 15</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	
1522C	At any time in your life, as a child or as an adult, has anyone (other than any partner) ever forced you in any way to perform any other sexual acts when you did not want to?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1526</p>
1522D	How old were you the first time this happened?	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1523	Who was the person who was forcing you the very first time this happened?	<p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>NEIGHBOUR 15</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	
1523A	<p>CHECK 1522: EVER FORCED TO HAVE SEXUAL INTERCOURSE?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>→ 1526</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1524	CHECK 701, 701A, 701B, 702 AND 1502A: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> ↓ a) In the last 12 months, has anyone other than (your/any) partner physically forced you to have sexual intercourse when you did not want to? </div> <div style="width: 45%;"> NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? </div> </div>	YES 1 NO 2																	
1526	CHECK 1505A (a-j), 1515A (a, b, c), 1516, 1520, 1520A, 1522, 1522C AND 1524: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="width: 45%;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ 1530																
1527	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1529																
1528	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOUR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANISATION K COLLEAGUE L HELPLINE M OTHER X (SPECIFY)	→ 1530																
1529	Have you ever told any one about this?	YES 1 NO 2																	
1530	As far as you know, did your father or any other husband or boyfriend your mother had ever hit or beat her?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE HOUSEHOLD RELATIONS MODULE ONLY.																			
1531	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND/PARTNER</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND/PARTNER	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND/PARTNER	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																
1532	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE HOUSEHOLD RELATIONS MODULE <hr/> <hr/> <hr/>																		
1533	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

C MISCARRIAGES

A INDUCED ABORTIONS

S STILLBIRTHS

0 NO METHOD

1 FEMALE STERILISATION

2 MALE STERILISATION

3 IUD

4 INJECTABLES - 3 MONTH DEPO

5 INJECTABLES - 2 MONTH NUR-ISTERATE

6 IMPLANTS

7 PILL

8 MALE CONDOM

9 FEMALE CONDOM

E EMERGENCY CONTRACEPTION

L RHYTHM METHOD

M WITHDRAWAL

X OTHER MODERN METHOD

Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND/PARTNER DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 SIDE EFFECTS/HEALTH CONCERNS

6 LACK OF ACCESS/TOO FAR

7 COSTS TOO MUCH

8 INCONVENIENT TO USE

F UP TO GOD/FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D MARITAL DISSOLUTION/SEPARATION

X OTHER

(SPECIFY)

Z DON'T KNOW

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

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF MAN _____				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	DAY <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>
RESULT*	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	YEAR <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>		INT. NO. <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>
TIME	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>		RESULT* <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>
TOTAL NUMBER OF VISITS				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; text-align: center;">1</div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> HOME LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH <div style="float: right; text-align: right;"> **LANGUAGE CODES: 01 ENGLISH 05 seSOTHO 09 tshiVENDA 02 AFRIKAANS 06 seTSWANA 10 xiTSONGA 03 isiXHOSA 07 sePEDI 11 isiNDEBELE 04 isiZULU 08 siSWATI 12 OTHER </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> _____ NAME </div> <div style="width: 20%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> <div style="width: 40%; text-align: center;"> _____ NUMBER </div> </div>				

100A	CHECK RESPONDENT'S AGE AND MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> AGE 15-17 AND NEVER IN UNION </div> <div style="text-align: center;"> AGE 18 AND ABOVE OR AGE 15-17 AND EVER IN UNION </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div>	100C
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INTRODUCTION AND CONSENT (PARENT/GUARDIAN)

100B

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to talk to (NAME OF MINOR) about his health and well-being. The questions usually take about 30 to 40 minutes. All of the answers (NAME OF MINOR) gives will be confidential and will not be shared with anyone other than members of our survey team. (NAME OF MINOR) doesn't have to be in the survey, but we hope you will agree to allow (NAME OF MINOR) to answer the questions since (NAME OF MINOR)'s views are important.

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

Do you have any questions?

May I begin the interview with (NAME OF MINOR) now?

SIGNATURE OF INTERVIEWER _____ DATE _____

PARENT/GUARDIAN AGREES
MINOR MAY BE INTERVIEWED .. 1
 PARENT/GUARDIAN DOES NOT AGREE
TO ALLOW MINOR TO BE INTERVIEWED .. 2 → END

INTRODUCTION AND CONSENT (RESPONDENT)

100C

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this information sheet.

GIVE INFORMATION SHEET.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, where did you live? PROBE: Is that a city, a town, a rural area, a farm, a tribal area, or an informal settlement?	CITY 1 TOWN 2 RURAL AREA 3 FARM 4 TRIBAL AREA 5 INFORMAL SETTLEMENT 6	
104	Before you moved here, which province did you live in?	WESTERN CAPE 01 EASTERN CAPE 02 NORTHERN CAPE 03 FREE STATE 04 KWAZULU-NATAL 05 NORTH WEST 06 GAUTENG 07 MPUMALANGA 08 LIMPOPO 09 SADC COUNTRY 16 OTHER COUNTRY 26	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	On what day, month, and year were you born?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF AGE 95 OR OLDER, RECORD 95.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106A	Which population group do you consider yourself: black, white, coloured, Indian or something else?	BLACK/AFRICAN 1 WHITE 2 COLOURED 3 INDIAN/ASIAN 4 OTHER 6 (SPECIFY)	
107	Have you ever attended an educational institution?	YES 1 NO 2	→ 111
108	What is the highest level you attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3	
109	What is the highest grade or form you completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6 /STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOIN 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORATE .. 36	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 113

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a cell phone?	YES 1 NO 2	→ 118
117	Do you use your cell phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 124
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 124
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 126
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	
126	CHECK 106: AGE OF RESPONDENT AGE 15-59 <input type="checkbox"/> AGE 60 AND ABOVE <input type="checkbox"/>		→ 401

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) 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> b) 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 that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) 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> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) 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> b) 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> <div style="width: 45%; text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>			→ 211 → 301							
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div>			→ 301							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ a) How old is your youngest child? </div> <div style="text-align: center;"> ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ b) How old is your child? </div> </div>	AGE IN YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
214	CHECK 213: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓ </div> <div style="text-align: center;"> (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER → 220 </div> </div>		
215	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ a) What is the name of your youngest child? </div> <div style="text-align: center;"> ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ b) What is the name of your child? </div> </div>	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
219	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	
220	CHECK 203: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST ONE <input type="checkbox"/> CHILD LIVING WITH HIM ↓ </div> <div style="text-align: center;"> NO CHILDREN <input type="checkbox"/> LIVING WITH HIM → 301 </div> </div>		
221	Do you have at least one child who is biologically yours and is less than age 18 who lives with you?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? MARK ALL METHODS DECLARED BY THE RESPONDENT.</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	
01	<p>Female Sterilisation/Tubal Ligation/Tubes Cut/Tubes Binded. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>Male Sterilisation/Vasectomy/Tubes Cut/Tubes Binded. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>
04	<p>Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>Implants/Norplant/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
07	<p>Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>
08	<p>Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>
09	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
10	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1 NO 2</p>
11	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>
12	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD</p> <p>_____ A (SPECIFY)</p> <p>YES, TRADITIONAL METHOD</p> <p>_____ B (SPECIFY)</p> <p>NO Y</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last six months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Heard about family planning from a community health worker?	YES NO			
		a) RADIO	1	2	
		b) TELEVISION	1	2	
		c) NEWSPAPER OR MAGAZINE	1	2	
		d) COMMUNITY HEALTH WORKER ..	1	2	
302A	CHECK Q18 IN HOUSEHOLD QUESTIONNAIRE: YES, CURRENTLY <input type="checkbox"/> ATTENDING SCHOOL NO, NOT CURRENTLY <input type="checkbox"/> ATTENDING SCHOOL	→ 303			
302	e) Heard about family planning at school?	YES NO			
		e) SCHOOL	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER _____	6		
		(SPECIFY)			
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	AGREE DIS-AGREE DK			
		a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
		b) WOMEN MAY BECOME PROMISCUOUS	1	2	8

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
401	Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO 3	→ 401B												
401A	Do you have a regular girlfriend/partner or fiancée?	YES 1 NO 2	→ 402												
401B	Is this person a woman or a man?	WOMAN 1 MAN 2 INTERSEX OR TRANSGENDERED 3													
401C	CHECK 401: RESPONDENT'S CURRENT MARITAL STATUS <div style="display: flex; justify-content: space-around; align-items: center;"> <div>401 = 3 <input type="checkbox"/> ↓</div> <div>401 = 1 OR 2 <input type="checkbox"/> →</div> </div>		→ 403A												
402	Have you ever been married or lived together with a someone as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	→ 403A												
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3													
403A	CHECK 106: AGE OF RESPONDENT <div style="display: flex; justify-content: space-around; align-items: center;"> <div>AGE 15-59 <input type="checkbox"/> ↓</div> <div>AGE 60 AND ABOVE <input type="checkbox"/> →</div> </div>		→ 601												
403B	CHECK 401 AND 402: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>401 = 1 OR 2 <input type="checkbox"/> ↓</div> <div>402 = 1 OR 2 <input type="checkbox"/> →</div> <div>401 = 3 AND 402 = 3 <input type="checkbox"/> →</div> </div>		→ 410 → 413												
404	Is your (spouse/partner) living with you now or is she/he staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2													
404A	CHECK 401B: SEX OF SPOUSE/PARTNER <div style="display: flex; justify-content: space-around; align-items: center;"> <div>SPOUSE/PARTNER IS MALE <input type="checkbox"/> ↓ OR INTERSEX (401b = 2 OR 3)</div> <div>SPOUSE/PARTNER IS FEMALE (401B = 1) <input type="checkbox"/> →</div> </div>		→ 405												
404B	RECORD THE SPOUSE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	→ 410												
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407												
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>													
407	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>ONE WIFE/ PARTNER <input type="checkbox"/> ↓</div> <div>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> ↓</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> </div> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 20%;">LINE NUMBER</th> <th style="width: 40%;">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> </tbody> </table> </div> </div>		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"/>	408 How old was (NAME) on her last birthday? <input type="text"/> <input type="text"/>
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"/>													
408	ASK 408 FOR EACH PERSON.														

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	CHECK 405: ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 2) ↓	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 1)	→ 411b
410	Have you been married or lived with someone only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: 405 ≠ 1 <input type="checkbox"/> and 410 = 2 ↓ a) In what month and year did you start living with your (spouse/partner)? b) Now I would like to ask about your first (spouse/partner). In what month and year did you start living with your first (spouse/partner)?	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	→ 413
412	How old were you when you first started living together?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 501
415	I would like to ask you about your recent sexual activity. When was the last 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 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 417 → 427

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
416	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
417	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←
418	Was a condom used 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
419	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND/BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
420	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
421	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
422	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	
424	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS	→ 427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER	OTHER <input type="checkbox"/>	→ 430 → 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 431
430	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
433	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM <input type="checkbox"/> USED	NOT ASKED <input type="checkbox"/> NO CONDOM <input type="checkbox"/> USED	→ 438 → 438
437	The last time you had sex did you or your partner use any method other than a condom to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 439 → 440
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 440
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILISATION A MALE STERILISATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I RHYTHM METHOD J WITHDRAWAL K OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 501
440	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401, 401A AND 401B: CURRENTLY MARRIED OR <input type="checkbox"/> NOT IN UNION WITH A WOMAN <input type="checkbox"/> LIVING WITH A WOMAN OR HAS REGULAR FEMALE PARTNER/GIRLFRIEND ↓	→ 514									
502	CHECK 439: MAN NOT <input type="checkbox"/> STERILISED ↓ MAN <input type="checkbox"/> STERILISED	→ 514									
503	CHECK 407: ONE WIFE/ <input type="checkbox"/> PARTNER ↓ MORE THAN <input type="checkbox"/> ONE WIFE/ PARTNER	→ 509									
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED <input type="checkbox"/> CHILDREN ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div><div>HAS NOT FATHERED <input type="checkbox"/> CHILDREN ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED <input type="checkbox"/> CHILDREN ↓ a) How long would you like to wait from now before the birth of another child?</div><div>HAS NOT FATHERED <input type="checkbox"/> CHILDREN ↓ b) How long would you like to wait from now before the birth of a child?</div></div>	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> a) 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"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER OTHER 96 (SPECIFY)	→ 601 → 601
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	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	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 604A
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	
604A	CHECK 106: AGE OF RESPONDENT AGE 15-59 <input type="checkbox"/> AGE 60 AND ABOVE <input type="checkbox"/>		→ 901
604B	CHECK 601, 602, 603: ANY YES? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 607
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
607	CHECK 401, 401A AND 401B: CURRENTLY MARRIED OR LIVING WITH A WOMAN OR HAS REGULAR FEMALE PARTNER/GIRLFRIEND <input type="checkbox"/> NOT IN UNION OR IN UNION, BUT NOT WITH A WOMAN <input type="checkbox"/>		→ 612
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618																								
613	Do you have a title deed or documents for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																								
614	Is your name on the title deed or documents?	YES 1 NO 2 DON'T KNOW 8																									
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	1	2	8																								
619	CHECK 203 AND 221: <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE CHILDREN LESS THAN AGE 18 LIVING WITH HIM </div> <div> NO CHILDREN OR NO CHILDREN LESS THAN AGE 18 LIVING WITH HIM </div> </div>		→ 701																								
620	Now I would like to ask you questions about how you discipline or punish your (child/children). In the past 12 months, have you ever: a) Hit or slapped your (child/children) with your hand to punish or discipline the child? b) Hit or beat your (child/children) using a belt, spoon, stick, shoe or any other implement to punish or discipline the child?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) HIT WITH HAND</td><td>1</td><td>2</td></tr> <tr> <td>b) HIT WITH IMPLEMENT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HIT WITH HAND	1	2	b) HIT WITH IMPLEMENT	1	2																
	YES	NO																									
a) HIT WITH HAND	1	2																									
b) HIT WITH IMPLEMENT	1	2																									

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 HIV or AIDS?	YES 1 NO 2	→ 727																
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: <div style="display: flex; justify-content: space-around;"> <div>AT LEAST <input type="checkbox"/> ONE 'YES' ↓</div> <div>OTHER <input type="checkbox"/> →</div> </div>		→ 711																
710	Are there any special drugs 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																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12 MOBILE/TEMPORARY HCT SERVICES 13 OTHER PUBLIC SECTOR 16 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 NEW START TESTING SITE 22 CHEMIST/PHARMACY 23 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) _____ OTHER SOURCE HOME 31 WORKPLACE 32 CORRECTIONAL FACILITY 33 OTHER 96 (SPECIFY) _____	→ 718																

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR H (SPECIFY) OTHER X (SPECIFY)	
718	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 727
719	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
727	CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
728	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE		→ 738
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 731
730	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	
731	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	
732	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	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 738
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 738
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR H _____ (SPECIFY) OTHER SOURCE SHOP I TRADITIONAL HERBALIST J TRADITIONAL HEALER K OTHER X _____ (SPECIFY)	
738	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 901
739	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
740	Who did the circumcision?	TRADITIONAL PRACTITIONER/FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 6 DON'T KNOW 8	

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Would you say your health is poor, average, good, or excellent?	POOR 1 AVERAGE 2 GOOD 3 EXCELLENT 4	
902	Do you personally think you are underweight, normal weight, overweight, or obese?	UNDERWEIGHT 1 NORMAL WEIGHT 2 OVERWEIGHT 3 OBESE 4 DON'T KNOW 8	
903	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 906 → 905
904	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 907
905	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 908
906	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars or cigarillos?</p> <p>e) Number of hookah, hubbly-bubbly or water pipe sessions?</p> <p>f) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER DAILY</p> <p>a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 908
907	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars or cigarillos?</p> <p>e) Number of hookah, hubbly-bubbly or water pipe sessions?</p> <p>f) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908	Do you currently use snuff, chewing tobacco, or other smokeless tobacco product every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 910 → 911
909	In the past, have you used snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 912
910	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 912
911	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
912	Do you currently work in a job where other people smoke around you?	YES 1 NO 2 NOT CURRENTLY WORKING 3	
913	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES 1 NO 2	→ 915
914	<p>How many years did you work at a job where you were regularly exposed to smoke, dust, fumes or strong smells?</p> <p>IF LESS THAN 1 YEAR, RECORD '00'.</p>	YEARS <input type="text"/> <input type="text"/>	
915	Do you currently use e-cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
916	<p>Have you ever consumed a drink that contains alcohol such as beer, wine, ciders, spirits, or sorghum beer?</p> <p>PROBE: Even one drink?</p>	YES 1 NO 2	→ 1001

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Was this within the last 12 months?	YES 1 NO 2	→ 1001
918	In the last 12 months, how frequently have you had at least one drink? PROBE: Five or more days a week, 1-4 days a week, 1-3 days a month, or less often than once a month?	5 OR MORE DAYS A WEEK 1 1-4 DAYS PER WEEK 2 1-3 DAYS A MONTH 3 LESS OFTEN THAN ONCE A MONTH 4	
919	During each of the last 7 days, how many standard drinks did you have? USE SHOWCARD. RECORD TOTAL NUMBER OF DRINKS CONSUMED EACH DAY STARTING WITH THE DAY BEFORE THE DAY OF THE INTERVIEW AND PROCEEDING BACKWARDS. IF NONE, RECORD '00'.	MONDAY <input type="text"/> <input type="text"/> TUESDAY <input type="text"/> <input type="text"/> WEDNESDAY <input type="text"/> <input type="text"/> THURSDAY <input type="text"/> <input type="text"/> FRIDAY <input type="text"/> <input type="text"/> SATURDAY <input type="text"/> <input type="text"/> SUNDAY <input type="text"/> <input type="text"/>	
919H	During the last 7 days, how many standard home-made beers or other homemade alcohol did you have? USE SHOWCARD.	NUMBER OF HOME-MADE BEERS ... <input type="text"/> <input type="text"/>	
919I	CHECK 918 AND 919: CODE 3 OR 4 RECORDED IN 918 AND CONSUMED 0-1 DRINKS IN THE LAST 7 DAYS IN 919? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1001
920	Have you ever felt that you should cut down on your drinking?	YES 1 NO 2	
921	Have people annoyed you by criticizing your drinking?	YES 1 NO 2	
922	Have you ever felt bad or guilty about your drinking?	YES 1 NO 2	
923	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES 1 NO 2	
923A	CHECK 919: FIVE OR MORE DRINKS IN ONE DAY DURING LAST 7 DAYS? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1001
924	In the past 30 days, have you consumed five or more standard drinks on at least one occasion?	YES 1 NO 2	

SECTION 10. FAT, SALT, SUGAR, FRUIT AND VEGETABLE CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some questions about the foods that you eat. There are no right or wrong answers. USE SHOWCARD.		
1004	How often do you usually eat fried foods such as hot chips, fried fish, fried chicken, fried meat, vetkoek or doughnuts?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1005	How often do you eat fast-foods or take-away foods from places like Chicken Licken, KFC, Captain DoRego's, Steers, Nando's, McDonalds, pizza delivery, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1006	How often do you eat chips such as a packet of crispy chips or similar salty snacks such as Doritos, cheese curls, salted nuts, salty biscuits, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1007	How often do you eat processed meat such as polony, viennas, meat pies, or sausage rolls?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1008	Which of the following statements best describes your approach towards salt consumption: 1) I am not interested in lowering salt in my food. 2) I am interested in lowering salt in my food within the next six months. 3) I am interested in lowering salt in my food within the next month. 4) I have started lowering salt within the last six months. 5) I have already lowered my salt intake for longer than six months.	NO INTENTION TO LOWER SALT 1 INTERESTED WITHIN NEXT SIX MONTHS 2 INTERESTED WITHIN NEXT MONTH 3 STARTED IN LAST SIX MONTHS 4 ALREADY LOWERED LONGER THAN SIX MONTHS 5 DON'T KNOW 8	
1009	Yesterday, how many types of fruit did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF FRUIT <input type="text"/> <input type="text"/>	
1010	Yesterday, how many types of vegetables, excluding potatoes, did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF VEGETABLES <input type="text"/> <input type="text"/>	
1011	Yesterday, did you drink any sugar-sweetened drinks? Sugar-sweetened drinks include fizzy drinks like Coke or drinks like Squash where water is added, but not diet or unsweetened cold drinks.	YES 1 NO 2	→ 1012
1011A	How many and what size sugar-sweetened drinks did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML GLASS A <input type="text"/> <input type="text"/> 330 ML CAN OR BOTTLE B <input type="text"/> <input type="text"/> 500 ML BOTTLE C <input type="text"/> <input type="text"/> 1 L BOTTLE D <input type="text"/> <input type="text"/> 2 L BOTTLE E <input type="text"/> <input type="text"/>	
1012	Yesterday, did you drink any fruit juice?	YES 1 NO 2	→ 1101
1012A	How many and what size fruit juices did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML JUICE CARTON A <input type="text"/> <input type="text"/> 200 ML GLASS B <input type="text"/> <input type="text"/>	

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1101	Are you covered by Medical Aid, Medical Benefit Scheme, Provident Scheme, or Hospital Plan that helps you pay for health care or drug services?	YES 1 NO 2																																					
1102	During the last month, have you received health, medical, or dental care without staying overnight?	YES 1 NO 2	→ 1104																																				
1103	Where have you received health, medical, or dental care? PROBE: Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B OTHER PUBLIC SECTOR C _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR D CHEMIST/PHARMACY E DENTIST/ORAL HYGIENIST/DENTAL THERAPIST F OTHER PRIVATE MEDICAL SECTOR G _____ (SPECIFY) OTHER SOURCE WORKPLACE HEALTH SERVICE H TRADITIONAL HEALER I TRADITIONAL HERBALIST J FAITH HEALER K OTHER X _____ (SPECIFY)																																					
1104	During the last month, have you had any visits by a home-based care giver or a community-based care giver?	YES 1 NO 2 DON'T KNOW 8																																					
1105	Has a doctor, nurse or other health worker ever told you that you have TB?	YES 1 NO 2 DON'T KNOW 8	→ 1108																																				
1106	When was the last time you were told you had TB?	IN THE LAST 12 MONTHS 1 MORE THAN 12 MONTHS AGO 2																																					
1107	Did you get medical treatment the last time you had TB?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1108	Has a doctor, nurse or other health worker told you that you have or have had any of the following conditions:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) High blood pressure?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Heart attack or angina/chest pains?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Cancer?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Stroke?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) High blood cholesterol or fats in the blood?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Diabetes or blood sugar?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Chronic bronchitis, emphysema, or COPD?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) Asthma?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) High blood pressure?	1	2	8	b) Heart attack or angina/chest pains?	1	2	8	c) Cancer?	1	2	8	d) Stroke?	1	2	8	e) High blood cholesterol or fats in the blood?	1	2	8	f) Diabetes or blood sugar?	1	2	8	g) Chronic bronchitis, emphysema, or COPD?	1	2	8	h) Asthma?	1	2	8	
	YES	NO	DK																																				
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f) Diabetes or blood sugar?	1	2	8																																				
g) Chronic bronchitis, emphysema, or COPD?	1	2	8																																				
h) Asthma?	1	2	8																																				
1109	CHECK 1108: ANY QUESTION a-h = YES?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	→ 1127																																				

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	CHECK 1108a: RESPONDENT HAS HAD HIGH BLOOD PRESSURE.	1108a = YES <input type="checkbox"/> 1108a = <input type="checkbox"/> NO OR DK	→ 1112
1111	Did you receive medical treatment for high blood pressure at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1112	CHECK 1108b: RESPONDENT HAS HAD HEART ATTACK OR ANGINA.	1108b = YES <input type="checkbox"/> 1108b = <input type="checkbox"/> NO OR DK	→ 1114
1113	Did you receive medical treatment for the heart attack, angina/chest pains at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1114	CHECK 1108c: RESPONDENT HAS HAD CANCER.	1108c = YES <input type="checkbox"/> 1108c = <input type="checkbox"/> NO OR DK	→ 1116
1115	Did you receive medical treatment for the cancer at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1116	CHECK 1108d: RESPONDENT HAS HAD STROKE.	1108d = YES <input type="checkbox"/> 1108d = <input type="checkbox"/> NO OR DK	→ 1118
1117	Did you receive medical treatment for the stroke at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1118	CHECK 1108e: RESPONDENT HAS HAD HIGH BLOOD CHOLESTEROL.	1108e = YES <input type="checkbox"/> 1108e = <input type="checkbox"/> NO OR DK	→ 1120
1119	Did you receive medical treatment for high blood cholesterol or fats in the blood at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1120	CHECK 1108f: RESPONDENT HAS HAD DIABETES.	1108f = YES <input type="checkbox"/> 1108f = <input type="checkbox"/> NO OR DK	→ 1122
1121	Did you receive medical treatment for the diabetes or blood sugar at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1122	CHECK 1108g: RESPONDENT HAS HAD CHRONIC BRONCHITIS.	1108g = YES <input type="checkbox"/> 1108g = <input type="checkbox"/> NO OR DK	→ 1124
1123	Did you receive medical treatment for chronic bronchitis, emphysema, or COPD at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1124	CHECK 1108h: RESPONDENT HAS HAD ASTHMA.	1108h = YES <input type="checkbox"/> 1108h = <input type="checkbox"/> NO OR DK	→ 1127
1125	Did you receive medical treatment for asthma at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1127	Compared with other people your age, do you feel you have less breath when exerting yourself? PROBE: By exercising or moving a lot?	YES 1 NO 2 DON'T KNOW 8	
1128	During the last 12 months, have you had wheezing when you breathe?	YES 1 NO 2 DON'T KNOW 8	→ 1131

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1129	Were you also short of breath when the wheezing noise was present?	YES 1 NO 2 DON'T KNOW 8			
1130	Have you had the wheezing when you did not have a cold?	YES 1 NO 2 DON'T KNOW 8			
1131	Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1132	Have you been woken by an attack of shortness of breath at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1133	Have you been woken by an attack of coughing at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1134	Do you usually cough on most days?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1135	When you cough, do you usually bring up phlegm from your chest?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1136	Have you brought up phlegm every day for at least three months during the last year?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1137	For how many years have you brought up phlegm in this way? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
1138	Are you currently troubled by pain or discomfort, either all the time or on and off?	YES 1 NO 2	→ 1141		
1139	Have you had this pain or discomfort for more than 3 months?	YES 1 NO 2	→ 1141		
1140	Where do you feel this pain or discomfort? RECORD ALL MENTIONED.	BACK PAIN A NECK OR SHOULDER PAIN B HEADACHE, FACIAL OR DENTAL PAIN C STOMACH ACHE OR ABDOMINAL PAIN D PAIN IN ARMS, HANDS, HIPS, LEGS OR FEET E CHEST PAIN F OTHER X (SPECIFY) _____			
1141	In the last 12 months, did your teeth or your mouth cause you any pain or discomfort?	YES 1 NO 2	→ 1145		
1142	Did you get treatment the last time that you had the problem?	YES 1 NO 2	→ 1144		
1143	Who did you see for treatment? RECORD ALL MENTIONED.	PUBLIC SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST A MEDICAL DOCTOR/NURSE B PRIVATE MEDICAL SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST C MEDICAL DOCTOR/NURSE D OTHER SOURCE TRADITIONAL HEALER E OTHER X	→ 1145		

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
1144	What was the main reason that you did not get treatment?	NO ORAL HEALTH SERVICE AVAILABLE 1 ORAL HEALTH SERVICES TOO FAR 2 ORAL HEALTH SERVICES TOO EXPENSIVE/ COULD NOT AFFORD 3 PROBLEM WENT AWAY 4 OTHER 6					
1145	Now I would like to ask you about any medication you take. Do you use any medicine daily or regularly that has been prescribed by a doctor or nurse?	YES 1 NO 2	→ 1150				
1146	How many different prescribed medications do you use daily or regularly?	NUMBER OF MEDICINES <table border="1"><tr><td></td><td></td></tr></table>					
1147	Who pays for most of these medications?	RESPONDENT 1 FAMILY/FRIEND!..... 2 MEDICAL AID 3 EMPLOYER 4 PROVIDED BY PUBLIC CLINIC OR HOSPITAL .. 5 OTHER 6	<div style="display: flex; align-items: center;"> } <div style="margin-left: 5px;"> → 1150 → 1150 </div> </div>				
1148	In the last 12 months, have you ever been sent away from the clinic without a medication because they did not have stock?	YES 1 NO 2	→ 1150				
1149	How many times has this happened to you in the last 12 months? PROBE FOR ESTIMATE OF NUMBER OF TIMES.	NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>					
1150	In the last 12 months, have you used any medications containing codeine to treat a medical condition? USE THE SHOWCARD.	YES 1 NO 2 DON'T KNOW 8	→ 1155				
1152	In the last 12 months, have you used any of these medications for the experience or feeling it gave you rather than for their medicinal effect?	YES 1 NO 2	→ 1155				
1153	In the last 12 months, which codeine-containing medications have you used for the experience or feeling rather than for their medical effect? RECORD ALL MENTIONED.	BRONCLEER/LENAZINE FORTE A ACTIFED DRY COUGH B BENYLIN SYRUP WITH CODEINE C LENADOL/ADCO-DOL PAIN TABLETS D NUROFEN PLUS E MYPRODOL F STILPANE G SYNDOL H OTHER _____ X (SPECIFY)					
1154	In the last 12 months, have you received treatment for your problems related to the use of codeine-containing medications for non-medical purposes?	YES 1 NO 2					
1155	RECORD THE TIME.	HOURS <table border="1"><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 CAREGIVER'S QUESTIONNAIRE FOR CHILD WHOSE BIOLOGICAL MOTHER DOES NOT LIVE IN THE HOUSEHOLD

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF CHILD _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF GUARDIAN/FOSTER PARENT/OTHER _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>
RESULT*	_____	_____	_____	YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px; text-align: center;">1</div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>
TIME	_____	_____		RESULT* <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED SPECIFY 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px; text-align: center;">1</div>				
LANGUAGE OF INTERVIEW** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>				
HOME LANGUAGE OF RESPONDENT** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>				
TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH				
**LANGUAGE CODES: 01 ENGLISH 05 seSOTHO 09 tshiVENDA 02 AFRIKAANS 06 seTSWANA 10 xiTSONGA 03 isiXHOSA 07 sePEDI 11 isiNDEBELE 04 isiZULU 08 siSWATI 12 OTHER				
SUPERVISOR _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NAME</div> <div style="text-align: center;">NUMBER</div> </div>				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to talk to you about (CHILD'S NAME FROM COVERSHEET)'s health and well-being. The questions usually take about 10-15 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

SECTION 1.CHILD'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
102	RECORD NAME AND LINE NUMBER OF CHILD.	NAME LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	Is (NAME) a boy or a girl?	BOY 1 GIRL 2	
104	On what day, month, and year was (NAME FROM 102) born? PROBE: What is (NAME)'s birthday?	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW DAY 98 MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
106	Which population group does (NAME) belong to: black, white, coloured, Indian or something else?	BLACK/AFRICAN 1 WHITE 2 COLOURED 3 INDIAN/ASIAN 4 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	

SECTION 1.CHILD'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What is your relationship to (NAME)?	BIOLOGICAL FATHER 11 ADOPTIVE PARENT 12 FOSTER PARENT 13 STEP PARENT 14 GRANDPARENT 15 BROTHER/SISTER 16 OTHER RELATIVE 17 UNRELATED GUARDIAN/CAREGIVER 18 OTHER 96 (SPECIFY)	
108	Why is (NAME)'s biological mother not living with (NAME)?	MOTHER DIED 1 MOTHER WORKS ELSEWHERE/ SEEKS EMPLOYMENT ELSEWHERE 2 MOTHER SENT CHILD HERE FOR CARE 3 MOTHER IN HOSPITAL 4 OTHER 6 (SPECIFY)	

SECTION 2. CHILD IMMUNISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 104: BORN IN 2013-2016? <div>YES <input type="checkbox"/> NO <input type="checkbox"/></div>		→ 602
504A	Do you have a Road to Health booklet/card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507A → 507A
505A	Did you ever have a Road to Health booklet for (NAME)?	YES 1 NO 2	→ 505A2
505A1	What happened to (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE/CHILD'S MOTHER 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET DESTROYED 5 OTHER 6 (SPECIFY)	→ 506A
505A2	Why don't you have a Road to Health booklet for (NAME)?	NONE AVAILABLE AT HEALTH FACILITY 1 FOREIGNERS NOT GIVEN ONE 2 REQUIRED TO PAY FOR IT 3 TOO BUSY TO GET ONE 4 BOOKLET WITH RELATIVE/CHILD'S MOTHER 5 OTHER 6 (SPECIFY)	
506A	CHECK 504A: <div>CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/></div>		→ 511A
506A1	May I see the document where (NAME)'s vaccinations are written down?	YES, OTHER DOCUMENT SEEN 1 NO DOCUMENT SEEN 2	→ 508A → 511A
507A	May I see the Road to Health booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 508A → 508A
507A1	Where is (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE/CHILD'S MOTHER 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET AT HEALTH FACILITY 5 OTHER 6 (SPECIFY)	
507A2	CHECK 507A: <div>CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/></div>		→ 511A

SECTION 2. CHILD IMMUNISATION

508A	<p>PHOTOGRAPH VACCINATION PAGE OF BOOKLET OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. COPY DATES FROM THE BOOKLET. WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p>																																																																																																																																																									
	<div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> DAY MONTH YEAR </div> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">DAY</th><th style="width: 10%;">MONTH</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	DAY	MONTH	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	BCG								ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)								ORAL POLIO VACCINE (OPV) 1								ROTAVIRUS (RV) 1								DTAP-IPV-HIB 1								HEPATITIS B (HEP B) 1								PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1								DTAP-IPV-HIB 2								HEPATITIS B (HEP B) 2								DTAP-IPV-HIB 3								HEPATITIS B (HEP B) 3								PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2								ROTAVIRUS (RV) 2								MEASLES 1								PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3								DTAP-IPV-HIB 4								MEASLES 2								VITAMIN A (MOST RECENT)								
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509A	<p>CHECK 508A: 'BCG' TO 'MEASLES 2' ALL RECORDED?</p> <div style="display: flex; justify-content: space-between;"> NO <input type="checkbox"/> YES <input type="checkbox"/> → 525A </div>																																																																																																																																																									
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in immunisation campaigns?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p>(THEN SKIP TO 525A) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)</p> <p>(THEN SKIP TO 525A) ←</p>																																																																																																																																																								

SECTION 2. CHILD IMMUNISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunisation campaigns?	YES 1 NO 2 DON'T KNOW 8	→ 526A → 602
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a DTP-combination vaccination, also known as a pentavalent vaccination? That is, an injection given in the left thigh or left arm to prevent diphtheria, tetanus, and whooping cough?	YES 1 NO 2 DON'T KNOW 8	→ 518A1
518A	How many times did (NAME) receive the DTP-combination vaccine?	NUMBER OF TIMES <input type="text"/>	
518A1	Has (NAME) ever received a hepatitis B vaccination, that is, an injection given in the right thigh to prevent hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A2	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, syrup in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the left thigh or right arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	Did (NAME) ever miss getting a vaccination or get a vaccination late?	YES 1 NO 2 DON'T KNOW 8	→ 602
526A	CHECK 508A AND 511A: CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/> ↓ a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason?	CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/> ↓ b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason?	CLINIC OUT OF STOCK A NOT AWARE OF NEED FOR A VACCINATION B FEAR OF SIDE EFFECTS C DID NOT KNOW WHERE TO GO D TOO BUSY TO TAKE CHILD E NO MONEY FOR TRANSPORT F CHILD WAS ILL G RESPONDENT WAS ILL H OTHER X (SPECIFY) DON'T KNOW Z

SECTION 3. CHILD HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
602	Now I would like to ask some questions about (NAME)'s health.		
605	<p>In the last six months, was (NAME) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
607	<p>Was (NAME) given any drug for intestinal worms in the last six months?</p> <p>IF RESPONDENT SAYS NO, CHECK ROAD TO HEALTH BOOKLET.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
608	Has (NAME) had diarrhoea/loose stools in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
609	<p>Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	
611	Did you seek advice or treatment for the diarrhoea from any source?	<p>YES 1</p> <p>NO 2</p>	→ 615

SECTION 3. CHILD HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT CLINIC/COMM. HEALTH CENTRE B</p> <p>MOBILE CLINIC C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>CHEMIST/PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ I</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SUPERMARKET/SHOP J</p> <p>TRADITIONAL HEALER K</p> <p>MARKET L</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																	
613	<p>CHECK 612: TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 615</p>																	
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																	
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) A fluid made from a special packet called Sorol or Rehidrat?</p> <p>b) A clinic-recommended sugar-salt solution?</p> <p>c) Zinc tablets or syrup?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) CLINIC RECOMMENDED FLUID</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ZINC</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) CLINIC RECOMMENDED FLUID	1	2	8	c) ZINC	1	2	8	
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a) FLUID FROM ORS PACKET ..	1	2	8																
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616	<p>CHECK 615</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhoea? b) Was anything given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618																
617	<p>CHECK 615</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhoea? b) What was given to treat the diarrhoea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																	
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	

SECTION 3. CHILD HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 623
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 SPECIFY DON'T KNOW 8	<input type="checkbox"/> → 624
623	CHECK 618: HAD FEVER YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		→ 631
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 631
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMM. HEALTH CENTRE B MOBILE CLINIC C COMMUNITY HEALTH WORKER D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER X (SPECIFY)	
626	CHECK 625: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 628
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="text"/>	
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	

SECTION 3. CHILD HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 631								
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM/ARTEMISININ COMBINATION THERAPY (ACT) A OTHER ANTIMALARIAL _____ B (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP C INJECTION/IV D OTHER DRUGS ASPIRIN E PARACETAMOL/PANADO F BRUFEN G PONSTAN H OTHER _____ X (SPECIFY) DON'T KNOW Z									
631	CHECK 104: CHILD BORN IN 2014-2016? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 655								
654	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN, DITCH RIVER OR STREAM 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)									
655	I do not want to know if (NAME) has HIV, I just want to know if you know (NAME)'s HIV status. Do you know (NAME)'s HIV status?	YES 1 NO 2 DON'T KNOW 8									
656	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
FIELDWORKER QUESTIONNAIRE

STATS SA
SA MRC

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INSTRUCTIONS

We are collecting information on the SADHS field staff. Please fill in the information below. The information will be part of the survey data files. Your name will not be in the data files; your information will remain anonymous. If there is any question you do not want to answer you may skip it and go to the next question.

AGREE 1
↓

DO NOT AGREE 2 → END

102	In what province do you live?	WESTERN CAPE 01 EASTERN CAPE 02 NORTHERN CAPE 03 FREE STATE 04 KWAZULU-NATAL 05 NORTH WEST 06 GAUTENG 07 MPUMALANGA 08 LIMPOPO 09	
103	Do you live in a city, town, or rural area, a farm, a tribal area, or an informal settlement?	CITY 1 TOWN 2 RURAL AREA 3 FARM 4 TRIBAL AREA 5 INFORMAL SETTLEMENT 6	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	What is your mother tongue/native language (language spoken at home growing up)?	ENGLISH 01 AFRIKAANS 02 ISIXHOSA 03 ISIZULU 04 SESOTHO 05 SETSWANA 06 SEPEDI 07 SISWATI 08 TSHIVENDA 09 XITSONGA 10 ISINDEBELE 11 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>	
115	Have you ever worked on a SADHS survey prior to this one?	YES 1 NO 2	
116	Have you ever worked on any other survey prior to this one (not a SADHS)?	YES 1 NO 2	
117	Were you already working for STATS SA or SA MRC at the time you were employed to work on this SADHS?	YES, STATS SA 1 YES, SA MRC 2 NO 3	→ 119
118	Are you a permanent or temporary employee of STATS SA or SA MRC?	PERMANENT 1 TEMPORARY 2	
119	If you have comments, please write them here.		

ADDITIONAL DHS PROGRAM RESOURCES

The DHS Program Website – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.	DHSprogram.com		
STATcompiler – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.	Statcompiler.com		
DHS Program Mobile App – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).	Search DHS Program in your iTunes or Google Play store		
DHS Program User Forum – Post questions about DHS data, and search our archive of FAQs.	userforum.DHSprogram.com		
Tutorial Videos – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and how to read DHS tables.	www.youtube.com/DHSProgram		
Datasets – Download DHS datasets for analysis.	DHSprogram.com/Data		
Spatial Data Repository – Download geographically-linked health and demographic data for mapping in a geographic information system (GIS).	spatialdata.DHSprogram.com		
Social Media – Follow The DHS Program and join the conversation. Stay up to date through:			
 Facebook www.facebook.com/DHSprogram		 Twitter www.twitter.com/DHSprogram	
 Pinterest www.pinterest.com/DHSprogram		 LinkedIn www.linkedin.com/company/dhs-program	
 YouTube www.youtube.com/DHSprogram		 Blog Blog.DHSprogram.com	