

CHILDREN's QUESTIONNAIRE

FORM A

Child number:

Questionnaire processing dates:

Consent form	
Corrections completed	
Data entered	

HOUSEHOLD IDENTIFICATION

Q101 Study site reference:

Q102 Census district: _____

Q103 Ward:

Q104 Village: _____

Q105 Household & line number (R6) - CHILD

R5 hhid	R5 line	<input type="text"/>	<input type="text"/>
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Q106 Household & line number (R6) - CAREGIVER

R5 hhid	R5 line	<input type="text"/>	<input type="text"/>
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Q107 Household & line number (R6) -
NATURAL BORN MOTHER (tick 'deceased' if dead)

R5 hhid	R5 line	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	deceased
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Q108 Child's line number on mother's fertility history (R6)

Q109 Name of head of household (R6): _____

Q110 Child category*:

INTERVIEWER VISIT

Q111 Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q112 Time:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q113 Interviewer:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q114 Result**:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CHECKED BY SUPERVISOR

Q115 Signature: _____

Q116 Date: _____

*CHILD CATEGORY

Follow-up child (from R5)	1
New respondent: newly born since R5	2
New respondent: non-regular visitor	3
New respondent: in-migrant (since R5)	5
New respondent: selected but unavailable in previous round	6
New respondent: selected but refused in previous round	7
New respondent: HH was missed in previous round	9
Other (specify) _____	8

**RESULT CODES

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Out-migrated (specify destination code) <input type="text"/>	100
Other (specify) _____	9

Questions to be answered by CHILD with assistance from PCG ONLY where necessary (e.g. if child is <7 years).

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																													
Q201	Record the current time (24 hour clock).	Hour / Minutes <input type="text"/> hr <input type="text"/> min																																														
Q202	Record gender of the child.	Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>																																														
Q203	In what month and year were you born?	<input type="text"/> mnth <input type="text"/> year																																														
Q204	How old were you at your last birthday? Check consistency with Q203.	Age in completed years <input type="text"/> yrs																																														
Q205	How is your primary caregiver (PCG) related to you? Define primary caregiver. Enter response code in first column.	<table border="1"> <thead> <tr> <th></th> <th>PCG</th> <th>HoH</th> </tr> </thead> <tbody> <tr><td>Father (natural)</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>Mother (natural)</td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>Father's new / co-wife</td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td>Sister</td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td>Brother</td><td>5</td><td><input type="checkbox"/></td></tr> <tr><td>Aunt</td><td>6</td><td><input type="checkbox"/></td></tr> <tr><td>Uncle</td><td>7</td><td><input type="checkbox"/></td></tr> <tr><td>Grandmother</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>Grandfather</td><td>9</td><td><input type="checkbox"/></td></tr> <tr><td>Cousin</td><td>10</td><td><input type="checkbox"/></td></tr> <tr><td>Other relation (specify) _____</td><td>11</td><td><input type="checkbox"/></td></tr> <tr><td>No specific relation to PCG/HoH</td><td>12</td><td><input type="checkbox"/></td></tr> <tr><td>Child has no PCG/HoH</td><td>13</td><td><input type="checkbox"/></td></tr> <tr><td>Child is a PCG/HoH him/herself</td><td>14</td><td><input type="checkbox"/></td></tr> </tbody> </table>		PCG	HoH	Father (natural)	1	<input type="checkbox"/>	Mother (natural)	2	<input type="checkbox"/>	Father's new / co-wife	3	<input type="checkbox"/>	Sister	4	<input type="checkbox"/>	Brother	5	<input type="checkbox"/>	Aunt	6	<input type="checkbox"/>	Uncle	7	<input type="checkbox"/>	Grandmother	8	<input type="checkbox"/>	Grandfather	9	<input type="checkbox"/>	Cousin	10	<input type="checkbox"/>	Other relation (specify) _____	11	<input type="checkbox"/>	No specific relation to PCG/HoH	12	<input type="checkbox"/>	Child has no PCG/HoH	13	<input type="checkbox"/>	Child is a PCG/HoH him/herself	14	<input type="checkbox"/>	
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Q206	Record whether these are paternal or maternal relatives.	Paternal 1 <input type="checkbox"/> Maternal 2 <input type="checkbox"/> NA (no relation or no PCG/HoH) 98 <input type="checkbox"/>																																														
Q207	Repeat Q205 & Q206 for head of household (HoH). Enter responses in second column of Q205 & Q206.		- Q219 if 15-17 yrs																																													
Q208	In which country were you born?	<table border="1"> <tbody> <tr><td>Malawi</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>Mozambique</td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>South Africa</td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td>United Kingdom</td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td>Zambia</td><td>5</td><td><input type="checkbox"/></td></tr> <tr><td>Zimbabwe</td><td>6</td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify) _____</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>Don't know</td><td>98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Malawi	1	<input type="checkbox"/>	Mozambique	2	<input type="checkbox"/>	South Africa	3	<input type="checkbox"/>	United Kingdom	4	<input type="checkbox"/>	Zambia	5	<input type="checkbox"/>	Zimbabwe	6	<input type="checkbox"/>	Other (specify) _____	8	<input type="checkbox"/>	Don't know	98	<input type="checkbox"/>																						
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Q209	What is the name of your NATURAL BIOLOGICAL father?	_____																																														
Q210	Confirm identity of natural biological father on birth certificate or other official document.	Birth certificate 1 <input type="checkbox"/> Other (specify) _____ 2 <input type="checkbox"/> No official document 97 <input type="checkbox"/>																																														
Q211	Is your natural father still alive?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	- Q213 - Q214																																													
Q212	In which year did he die?	Year of death <input type="text"/> year Don't know 98 <input type="checkbox"/>	- Q214 - Q214																																													
Q213	Do you usually stay in the same household with your natural father?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>																																														
Q214	What is the name of your NATURAL BIOLOGICAL mother?	_____																																														
Q215	Confirm identity of natural biological mother on birth certificate or other official document.	Birth certificate 1 <input type="checkbox"/> Other (specify) _____ 2 <input type="checkbox"/> No official document 97 <input type="checkbox"/>																																														

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Q216	<i>Is your natural mother still alive?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q218 - Q219
Q217	<i>In which year did she die?</i>	Year of death Don't know	<input type="text"/> year - Q219 98 <input type="text"/> - Q219
Q218	<i>Do you usually stay together with your natural mother in the same household?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q219	<i>How long have you been living in this village?</i>	Years Since birth At school here Visitor	<input type="text"/> yrs - Q301 995 <input type="checkbox"/> 996 <input type="checkbox"/> 997 <input type="checkbox"/>
Q220	<i>What type of place was your previous place of residence?</i> <u>Record name of place.</u> _____	Large town or city Small town Growth point Commercial estate/mine Roadside business centre Rural business centre Communal/ resettlement area	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Q221	<i>Why did you move / come to this area?</i>	Parent sick Parent died Parent lost job Parents separated / divorced Other caregiver sick or died Move to new school Other (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/>

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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q301	<i>Do you have a birth certificate?</i> <u>If yes, ask to see certificate.</u>	Yes - seen Yes - not seen No Don't know	1 <input type="checkbox"/> - Q305 2 <input type="checkbox"/> - Q305 3 <input type="checkbox"/> 98 <input type="checkbox"/> - Q305
Q302	<i>Has anyone ever tried to obtain a birth certificate for you?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q304
Q303	<i>Why was the application for a birth certificate not successful?</i>	Parent has no birth / death records Father is not Zimbabwean Child born out of wedlock No hospital birth record (lost/not born in hospital) Birth certificate provided but now lost Other (specify) _____	1 <input type="checkbox"/> - Q305 2 <input type="checkbox"/> - Q305 3 <input type="checkbox"/> - Q305 4 <input type="checkbox"/> - Q305 5 <input type="checkbox"/> - Q305 8 <input type="checkbox"/> - Q305
Q304	<i>Why has no one ever tried to get a birth certificate for you?</i>	Parent has no birth / death records Father is not Zimbabwean Child born out of wedlock Transport costs Not got around to it yet (child "too young") No hospital birth record (lost/not born in hospital) Birth certificate lost Other (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Q305	<i>Do you have your own pair of shoes?</i> <u>Shoes must be in usable condition & not shared.</u>	Yes No	1 <input type="checkbox"/> - Q326 if 2 <input type="checkbox"/> - <6 years

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q306	Are you currently enrolled in school?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q308
Q307	Why are you not in school?	Insufficient funds Found job Inadequate exam passes Needed to help at home Marriage Pregnancy/childbirth - voluntarily Pregnancy - expelled Expelled from school - other Had to look after a sick relative Disability (type) _____ Too young to start school _____ Other (specify) _____	1 <input type="checkbox"/> - Q313 2 <input type="checkbox"/> - Q313 3 <input type="checkbox"/> - Q313 4 <input type="checkbox"/> - Q313 5 <input type="checkbox"/> - Q313 6 <input type="checkbox"/> - Q313 7 <input type="checkbox"/> - Q313 8 <input type="checkbox"/> - Q313 9 <input type="checkbox"/> - Q313 10 <input type="checkbox"/> - Q313 11 <input type="checkbox"/> - Q317 99 <input type="checkbox"/> - Q313
Q308	In the last 20 SCHOOL days, how many did you not attend? <u>If currently on holiday, ask for last days school was open.</u> <u>Exclude Sundays and other non-school days.</u>	Number of days missed	<input type="text"/> days
Q309	Who paid most towards the cost of your school fees in the last 12 months?	Primary caregiver Other household member - related to child Other household member - other Non-resident family member BEAM Other Government programme Faith-based organisation Other NGO or community group Fees not paid Other (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99 <input type="checkbox"/>
Q310	The last time you missed school, what was the reason you didn't attend?	Fees not paid Needed at home - care for sick relative Needed at home - care for young children Needed at home - work in fields Suspended from school - pregnancy Suspended from school - caught having sex Suspended from school (other) Illness (self) Didn't like going (self) Can't afford school uniform Can't afford school books/supplies Working (not in the home) Wedding Funeral Other (specify) _____ Never missed school	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/>
Q311	Do you possess the correct school uniform for the school you are attending?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q312	In the last week, have you gone to school without having anything to eat? <u>If currently on holiday, ask for last week of school.</u>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q313	What is the highest grade of school that you have completed successfully?	None Primary Secondary Higher	Level Grade/Form 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1-7 <input type="checkbox"/> 2 <input type="checkbox"/> 1-6 <input type="checkbox"/> 3 <input type="checkbox"/> - Q315
Q314	How many times have you had to repeat a grade or form?	No. of repeats	<input type="text"/>
Q315	Can you read a letter or newspaper in any language? <u>Show letter & ask if can read it aloud.</u>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																		
Q316	Did you obtain a pass in the Grade 7 exam?	Yes No NA - not yet taken	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>																		
Q317	Have you ever worked to earn money outside of the household?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q319																		
Q318	Which of these forms of work have you done?	Selling vegetables / other petty trading Working for another family in the fields Working on an estate Working in a shop Other formal sector employment (specify) Other (specify)	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2	1	2	1	2				
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Q319	Which of these duties have you performed in the homestead in the past month? <u>Read through the list & record responses to each.</u>	Work in the fields Childcare Caring for sick relatives Cleaning Cooking meals Fetching firewood Fetching water Other domestic chores (specify)	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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Q320	On average, how many hours per week do you spend on the following tasks: <u>Read through the list & record responses to each.</u>	Work in the fields Household chores Caring for sick relatives Caring for children Income generating (e.g. selling goods on roadside) Paid employment (e.g. working in shop or factory)	<table border="1"> <tbody> <tr><td>hrs</td></tr> <tr><td>hrs</td></tr> <tr><td>hrs</td></tr> <tr><td>hrs</td></tr> <tr><td>hrs</td></tr> <tr><td>hrs</td></tr> </tbody> </table>	hrs	hrs	hrs	hrs	hrs	hrs												
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Q321	Have you ever provided care for a sick relative?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q326																		
Q322	The last sick relative you provided care for, did you: <u>Read through the list & record responses to each.</u>	Help with feeding the person Help with bathing the person Help with changing the person's clothes Help with treating wounds or sores Ever have to give them an injection Ever come into contact with their blood	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2	1	2	1	2				
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Q323	Did you always wear gloves when bathing, clothing or treating this person?	Yes No NA - never bathed, clothed or treated	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																		
Q324	Had this relative ever had an HIV test?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q326 - Q326																		
Q325	Was the result positive or negative?	HIV-positive HIV-negative Don't know or can't say	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																		
Q326	Has CHILD been given protein to eat in the last 24 hrs or 7 days? <u>Ask for last 24 hrs & (if not) for last 7 days. Protein includes meat, eggs, beans, pulses, milk and cheese.</u>	Yes No	<table border="1"> <thead> <tr> <th colspan="2">24 hrs</th> <th colspan="2">7 dys</th> </tr> </thead> <tbody> <tr><td>1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	24 hrs		7 dys		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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Q327	Apart from vaccinations, how many medical injections has CHILD received in his/her lifetime?	No. of vaccinations	<input type="text"/>																		
Q328	Did CHILD ever receive a blood transfusion or other blood product?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q401 if female																		
Q329	How far is it from here to the nearest place where male circumcision services are provided?	Kms Don't know MC service	<table border="1"> <thead> <tr> <th>Nearest</th> <th>Done</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>kms</td> <td>kms</td> </tr> <tr> <td>98 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Nearest	Done	<input type="text"/>	<input type="text"/>	kms	kms	98 <input type="checkbox"/>											
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Q330	<p><i>What type of place is this?</i> "Roadside" here means a tarred road.</p> <p>Record the name of the place.</p> <p>_____</p>	<p>Large town or city</p> <p>Small town</p> <p>Growth point</p> <p>Commercial estate/mine</p> <p>Roadside business centre</p> <p>Rural business centre</p> <p>Communal/ resettlement area</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>5</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>6</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>7</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	
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<input type="checkbox"/>	6	<input type="checkbox"/>																							
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Q331	<p><i>How long does it take to travel from your home to this place?</i> Convert hours to mins where necessary.</p>	Minutes	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>min</td> <td>min</td> </tr> </table>	<input type="text"/>	<input type="text"/>	min	min																		
<input type="text"/>	<input type="text"/>																								
min	min																								
Q332	<p><i>What mode of transport do you use to travel to this place?</i></p>	<p>Foot</p> <p>Bicycle</p> <p>Motor vehicle</p> <p>Other (specify) _____</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>										
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<input type="checkbox"/>	4	<input type="checkbox"/>																							
Q333	<p><i>Who performs the circumcision?</i></p>	<p>Doctor / nurse - hospital</p> <p>Doctor / nurse - stand alone centre</p> <p>Doctor / nurse - mobile clinic</p> <p>Traditional healer</p> <p>Tribe elders</p> <p>Other (specify) _____</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>5</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>8</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>				
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<input type="checkbox"/>	5	<input type="checkbox"/>																							
<input type="checkbox"/>	8	<input type="checkbox"/>																							
Q334	<p><i>Has CHILD ever been circumcised?</i> Show respondent pictures to establish whether fully or partially.</p>	<p>Yes - full</p> <p>Yes - partial</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>3</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	- Q401												
<input type="checkbox"/>	1	<input type="checkbox"/>																							
<input type="checkbox"/>	2	<input type="checkbox"/>																							
<input type="checkbox"/>	3	<input type="checkbox"/>																							
Q335	<p><i>How old was CHILD when this was done?</i> "0" if less than 1 year.</p>	Age in years	<table border="1"> <tr><td><input type="text"/></td><td>ys</td></tr> </table>	<input type="text"/>	ys																				
<input type="text"/>	ys																								
Q336	<p><i>What was the cost of this operation?</i> Repeat Q329 to Q333 for place where done.</p>	US\$	<table border="1"> <tr><td><input type="text"/></td><td>US\$</td></tr> </table>	<input type="text"/>	US\$	- Q329																			
<input type="text"/>	US\$																								

Questions to be asked to Children aged 7-14 years WITHOUT the Primary Caregiver being present.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO							
	<i>In the past week ...</i>									
Q401	<i>Were you having headaches?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q402	<i>Was your appetite poor?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q403	<i>Were you having problems sleeping?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q404	<i>Did you have nightmares or bad dreams?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q405	<i>Were you easily frightened?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q406	<i>Did your hands shake?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								
Q407	<i>Did you feel tense, nervous or worried?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
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<input type="checkbox"/>	2	<input type="checkbox"/>								
Q408	<i>Were you having digestion (tummy) problems?</i>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	
<input type="checkbox"/>	1	<input type="checkbox"/>								
<input type="checkbox"/>	2	<input type="checkbox"/>								

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q409	<i>Did you have trouble thinking clearly?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q410	<i>Did you sometimes think deeply or think about many things?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q411	<i>Did you cry more than usual?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q412	<i>Did you sometimes see or hear things which others could not see or hear?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q413	<i>Did you feel more unhappy than usual?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q414	<i>Did you have trouble enjoying your daily activities?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q415	<i>Did you find it difficult to make decisions?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q416	<i>Was your daily work suffering?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q417	<i>Did you find yourself sometimes failing to concentrate?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q418	<i>Did you lose your temper or get annoyed over trivial matters?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q419	<i>Were you able to play a useful part in life?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q420	<i>Did you lose interest in things?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q421	<i>Did you feel a worthless person?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q422	<i>Has the thought of ending your life been on your mind?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q423	<i>Did you have uncomfortable feelings in your stomach?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q424	<i>Were you feeling tired all the time?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

Questions to be asked to Children aged 7-14 years WITHOUT the Primary Caregiver being present.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																		
	<i>Now I would like to ask you some questions about HIV and AIDS.</i>																				
Q501	<p><i>Please tell me all the ways that an adult can get an HIV infection and AIDS?</i> Tick "Spont" for each way mentioned spontaneously. <i>Are there any other ways?</i> Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in "Probed" column as follows: 1 / 11 Yes, HIV can be transmitted this way (spont / yes when probed) 2 / 12 No, HIV cannot be transmitted this way (spont / yes when probed) 98 Don't know</p>	<p>Sex with a person with HIV/AIDS Touching a person with AIDS Mosquito bites Blood transfusion Injection with a dirty needle Sharing utensils with person with HIV/AIDS Ritual scarification Other (specify) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Spont</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Probed</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Spont</u>	<u>Probed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Q502	<p><i>Do you know of any factors which are likely to INCREASE the chances that a person will get HIV and AIDS?</i></p> <p>Ask in same way as Q501.</p>	<p>Sex with a prostitute Many sex partners Not being circumcised (for men) Other STDs present Using condoms Witchcraft or spiritual curse Other (specify) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Spont</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Probed</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Spont</u>	<u>Probed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Q503	<p><i>What are the ways in which an infant or child could have become infected with HIV?</i></p> <p>Ask in same way as Q501.</p>	<p>At birth - if mother infected Witchcraft or spiritual curse Mosquito bites Injection with a dirty needle Breastfed by infected woman Blood transfusion Other (specify) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Spont</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Probed</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Spont</u>	<u>Probed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Q504	<p><i>Are ALL babies born to women who have HIV born with the infection?</i></p>	<p>Yes No Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>												
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98	<input type="checkbox"/>																				
Q505	<p><i>Can all people infected with HIV be identified by looking at them?</i></p>	<p>Yes No Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>												
1	<input type="checkbox"/>																				
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Q506	<p><i>Would you be willing to take care of a family member with AIDS?</i></p>	<p>Yes No Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>												
1	<input type="checkbox"/>																				
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98	<input type="checkbox"/>																				
Q507	<p><i>Why would you not be willing to take care of a family member with AIDS?</i> Ask for main reason.</p>	<p>Not enough time Too few resources Not enough space Too young Not experienced enough Unwell myself Frightened of being exposed to HIV Reluctant to be associated with people living with HIV Other (specify) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	12	<input type="checkbox"/>
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12	<input type="checkbox"/>																				
Q508	<p><i>How long does it usually take for a person infected with HIV to develop symptoms?</i></p>	<p>Number of years or months Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; text-align: center;"> </td> <td style="border: 1px solid black; width: 40px; text-align: center;"> </td> </tr> <tr> <td style="text-align: right; font-size: 8px;">yrs</td> <td style="text-align: left; font-size: 8px;">mths</td> </tr> <tr> <td style="text-align: center;">998</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			yrs	mths	998	<input type="checkbox"/>												
yrs	mths																				
998	<input type="checkbox"/>																				
Q509	<p><i>How many people do you know who either died from AIDS or have the disease now?</i></p>	<p>Number (> 0) Doesn't know of any</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">998</td> </tr> </table>		998																
998																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																						
Q510	<p><i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else?</i></p> <p>Enter numbers of people in each category.</p>	<p>Household</p> <p>Village/town</p> <p>Somewhere else</p> <p>Check that these sum to same as in Q509.</p>	<table border="1"> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
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Q511	<p><i>What was your relationship to each of these people?</i></p> <p>Enter numbers of people in each category.</p>	<p>Father or mother</p> <p>Grandfather or grandmother</p> <p>Brother or sister</p> <p>Uncle or aunt</p> <p>Cousin</p> <p>Other relative</p> <p>Friend or neighbour</p> <p>Someone else</p>	<table border="1"> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> </table>	<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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Q512	<p><i>Did you help to take care of any of these people on a daily basis?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																		
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Q513	<p><i>Is there discrimination in the community against people with AIDS?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																		
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Q514	<p><i>Should people living with HIV/AIDS be treated the same as everyone else?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																		
1	<input type="text"/>																								
2	<input type="text"/>																								
Q515	<p><i>Which of the following statements do you agree with?</i></p> <p>(1) It is appropriate for men to be friendly with other women other than their wives</p> <p>(2) A man will lose respect if he admits to have HIV</p> <p>(3) Men who take sick children to the hospital, or cook at home, should be proud of what they do</p> <p>(4) Men are strong and therefore less likely to need a doctor</p> <p>(5) It is appropriate for women to be friendly with other men other than their husbands</p> <p>(6) A man should not go with his partner for antenatal check-ups at the local clinic</p> <p>(7) If a man is sick, he should not let others see he is in pain</p> <p>(8) It is appropriate for a woman to be the primary breadwinner of a household</p> <p>(9) A real man enjoys a bit of risk taking now and then</p> <p>Read out each in turn.</p>		<table border="1"> <thead> <tr> <th>Agree</th> <th>Disagree</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Agree	Disagree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q516	<p><i>Which of the following statements would you say was true?</i></p> <p>(1) Minor illnesses can be fought off if you don't give in to it</p> <p>(2) Men feel comfortable going to the hospital and have no problems seeking help</p> <p>(3) There is no need to go and see a doctor unless you are very ill</p> <p>(4) A man should make sure that he knows about HIV</p> <p>(5) It is important for a man living with HIV to be on anti-retroviral therapy</p> <p>(6) A man who goes to the hospital is considered weak</p> <p>(7) It is important for men to get tested for HIV</p> <p>(8) Men get embarrassed if a brother is found to be HIV positive</p> <p>Read out each in turn.</p>		<table border="1"> <thead> <tr> <th>Agree</th> <th>Disagree</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Agree	Disagree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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Questions to be asked to children aged 7-17 years WITHOUT the PCG being present.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO												
Q601	<i>Sometimes children and young people are persuaded or forced into sexual activities by adults or young people older than themselves...</i>														
Q602	<i>Do you know anyone aged 2-17 years who has experienced this?</i>	Yes No Don't remember	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q604 - Q604												
Q603	<i>How old was this person when it happened?</i>	Age in years Don't know	<input type="text"/> yrs 98 <input type="checkbox"/>												
Q604	<i>Has anybody ever touched your body's private parts in a way that you did not like?</i>	Yes No Don't remember	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>												
Q605	<i>Has anybody ever forced you to have oral, vaginal or anal sexual intercourse? <u>Explain what is meant by these terms.</u> <u>Ask if any other forms & tick more than one box if appropriate.</u></i>	Oral Vaginal Anal None of these Don't remember	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> - Q617 - Q617	Y	N	1	2	1	2	1	2	1	2	1	2
Y	N														
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1	2														
Q606	<i>How many different people have done this to you?</i>	Number of people	<input type="text"/>												
Q607	<i>How many times has it happened in total?</i>	Number of times	<input type="text"/>												
Q608	<i>When was the last time this happened to you?</i>	Don't remember	<input type="text"/> mnth <input type="text"/> yr 98 <input type="checkbox"/>												
Q609	<i>How many times has it happened with this person? <u>i.e. with the person it happened with most recently.</u></i>	Number of times	<input type="text"/>												
Q610	<i>When was the first time it happened with this person?</i>	Don't remember	<input type="text"/> mnth <input type="text"/> yr 98 <input type="checkbox"/>												
Q611	<i>Was this person male or female?</i>	Male Female	1 <input type="checkbox"/> 2 <input type="checkbox"/>												
Q612	<i>How old was this person when this happened the first time?</i>		<input type="text"/> yrs												
Q613	<i>How is this person related to you?</i>	Natural mother Step mother Natural father Step father Grandmother Grandfather Brother (same father & mother) Sister (same father & mother) Aunt Uncle Cousin Neighbour Boyfriend / girlfriend Friend Teacher Someone else at school Church leader Other (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 99 <input type="checkbox"/>												

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO										
Q614	Where did these incidents with this person happen?	Home School Church Workplace The person's house Another person/family's house The bush Outside (specify) Other (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 99 <input type="checkbox"/>										
Q615	Which of the following things did this person do to you?	Oral Vaginal Anal Other (specify) _____	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2
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Q616	Which of the things that this person did to you do you consider to have been sexual abuse?	Oral Vaginal Anal Other (specify) _____	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2
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Q617	Do you know what is meant by the term "sexual abuse"? <u>If yes, please summarise.</u>	Yes No or Don't know _____ _____ _____	1 <input type="checkbox"/> 2 <input type="checkbox"/>										

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO									
Questions to be asked to children aged 12-14 years WITHOUT the PCG being present.												
Q701	Have you ever smoked cigarettes or tobacco?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
Q702	Have you ever had an alcoholic drink?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
Q703	Have you ever taken drugs for pleasure?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
Q704	Have you ever been pregnant?	Yes No NA - respondent is male	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>									
Q705	How many injections did you have connected to pregnancies?	No. of injections	<input type="text"/>									
Q706	How many times have you had sexual intercourse in the last month? <u>Define sexual intercourse (including also anal sex).</u>	No. of times (>0) None	<input type="text"/> 99 <input type="checkbox"/>									
Q707	<u>Check follow-up checklists for method used in R5.*</u> <u>Use randomisation procedure to determine method.</u> <u>For secret voting:</u> (i) explain the procedure and the confidentiality safeguards carefully. (ii) enter fieldwork code on voting slips.	Secret voting Interview* <u>* Follow-up interviews MUST be conducted using the same method as in Round 5.</u>	<table border="1"> <thead> <tr> <th></th> <th>R5</th> <th>R6</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		R5	R6	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
	R5	R6										
1	<input type="checkbox"/>	<input type="checkbox"/>										
2	<input type="checkbox"/>	<input type="checkbox"/>										

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																								
Q708	<i>How old were you when you first had sex?</i> For ICVI, ask respondent to write '99' in this box if never had sex & to do the same after each subsequent question is asked in this section.	Age (years) Never had sex	<input type="text"/> yrs 99 <input type="text"/> - Q715 (interview only)																								
Q709	<i>On the first occasion you had sex, how old was the person you had sex with?</i>	Age (years)	<input type="text"/> yrs 2																								
Q710	<i>The first time you had sex, was it voluntary or were you forced?</i>	Voluntary Forced No response / don't know	1 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/> 3																								
Q711	<i>How many different sexual partners have you had in your lifetime?</i>	No. of partners	<input type="text"/> 4																								
Q712	<i>Have you ever received or given money in exchange for sex?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/> 5																								
Q713	<i>Have you ever been forced to have sex against your will?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/> 6																								
Q714	<i>Have you ever had anal sexual intercourse?</i> Explain what is meant by this term.	Yes No	1 <input type="text"/> 2 <input type="text"/> 7																								
Q715	<i>Have you had lessons about HIV/AIDS at school?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q718																								
Q716	<i>Did the HIV/AIDS lessons in school cover:</i> (1) How HIV is contracted? (2) How to use a condom? (3) Other ways to avoid HIV/AIDS? (4) How to care for someone with HIV/AIDS? (5) Anti-retroviral drugs for AIDS?		<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(2)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(3)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(4)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(5)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Y	N	(1)	<input type="text"/>	<input type="text"/>	(2)	<input type="text"/>	<input type="text"/>	(3)	<input type="text"/>	<input type="text"/>	(4)	<input type="text"/>	<input type="text"/>	(5)	<input type="text"/>	<input type="text"/>						
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Q717	<i>Did the students take these lessons about HIV/AIDS seriously?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>																								
Q718	<i>Have you ever heard about the following HIV prevention activities in your area?</i> For those known, ask whether attended.	Community meetings Youth-friendly HIV/AIDS corners Voluntary testing & counseling for HIV	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Heard</th> <th colspan="2">Attended</th> </tr> <tr> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Community meetings</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Youth-friendly HIV/AIDS corners</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Voluntary testing & counseling for HIV</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Heard		Attended		Y	N	Y	N	Community meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Youth-friendly HIV/AIDS corners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Voluntary testing & counseling for HIV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Heard		Attended																								
	Y	N	Y	N																							
Community meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Youth-friendly HIV/AIDS corners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Voluntary testing & counseling for HIV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Q719	<i>Do you know of any place where male and female condoms are available locally?</i> If yes, ask whether obtained.	Male condoms Female condoms	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Available</th> <th colspan="2">Obtained</th> </tr> <tr> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Male condoms</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Female condoms</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Available		Obtained		Y	N	Y	N	Male condoms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female condoms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
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Male condoms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Female condoms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
<p><u>Explain that you would now like to collect some samples so that tests for HIV and other infectious diseases can be carried out.</u> <u>Explain that these tests are being done for research purposes only.</u> <u>However, free VCT for HIV is available at the local health centre.</u> <u>Stress that strict confidentiality will be maintained.</u></p>			
Q801	<u>Children aged 2-14 years. For 15-17 year-olds, confirm that this was not yet done in IVQ.</u>	Child 2-14 years old Child 15-17 but was NOT yet tested Child 15-17 and was tested in IVQ	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q901
Q802	<u>Ask PCG to sign parental consent form.</u>	Signed Refused to sign	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q803	<u>Confirm child assent obtained.</u>	Assent obtained Refused assent	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q804	<u>Blood spot sample obtained.</u>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q901
Q805	<u>Note reason why no blood spot was obtained.</u>		

Questions for children of ALL ages - to be addressed to CHILD's PCG and CHILD together (if aged 7+ years).

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q901	<i>Did the CHILD's mother have an HIV test for PMTCT at a health clinic when she was pregnant with the child?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q902	<i>Was the CHILD's mother given drugs to prevent mother-to-child transmission of HIV at the time of the child's birth? If 'yes', ask for type of regimen.</i>	Yes - multiple dose (MER) Yes - single-dose (NVP) Yes - don't know type No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 98 <input type="checkbox"/> - Q904 - Q904
Q903	<i>Did CHILD's mother and CHILD take all the drugs they were given to prevent mother-to-child transmission of HIV?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q904	<i>Was the delivery a natural birth or was it done by cesaerian section?</i>	Natural birth Cesaerian Other (specify) _____ Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 98 <input type="checkbox"/>
Q905	<i>Was CHILD born as a single birth or as part of a multiple birth?</i>	Single birth Twins or multiple births Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q906	<i>For how many months was CHILD breastfed after he/she was born?</i>	Months Don't know	<input type="text"/> mnths 98 <input type="checkbox"/>
Q907	<i>For how many months was CHILD breastfed exclusively? i.e. before other forms of food/drink were introduced.</i>	Months Don't know	<input type="text"/> mnths 98 <input type="checkbox"/>
Q908	<i>Did anyone other than CHILD's natural mother ever feed the child at the breast?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																												
Q909	Do you have a card where CHILD's vaccinations are written down?	Yes - seen Yes - not seen No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q911 - Q911																																																												
Q910	Copy vaccination date for each vaccination from the card. Write "44" in "Day" column if card shows vaccination done but no date.	BCG Polio 1 Polio 2 Polio 3 Diphtheria 1 Diphtheria 2 Diphtheria 3 Measles	Day Month Year <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																																																												
Q911	Please tell me if CHILD ever received a BCG vaccination against tuberculosis (TB) - that is, an injection in the right arm or shoulder?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																												
Q912	Please tell me if CHILD ever received a polio vaccination - that is, drops in the mouth?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																												
Q913	Please tell me if CHILD ever received a diphtheria (DPT) vaccination - that is, an injection given in the thigh, sometimes at the same time as polio drops?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																												
Q914	Please tell me if CHILD ever received an injection to prevent measles?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																												
Q915	Has CHILD been ill with a fever in the last 2 weeks?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q923 - Q923																																																												
Q916	Does CHILD still have a fever today? (or cough or diarrhoea, as appropriate).	Yes No Don't know	1 <table border="1"><tr><td>Fe</td><td>Co</td><td>Di</td></tr><tr><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 98 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Fe	Co	Di																																																									
Fe	Co	Di																																																													
Q917	Did you seek advice or treatment for the illness outside the home?	Yes No	1 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q919																																																												
Q918	Why did you not seek advice or treatment?	Illness not serious enough Could not afford advice/treatment costs Could not afford transport costs Transport not available Religious reasons Cultural/traditional beliefs/reasons Clinic/health centre closed Distance to clinic/health centre No responsible/fit person available to accompany child to clinic Other relation (specify) _____	1 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 2 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 4 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 5 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 6 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 7 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 8 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 9 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7 10 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> - Q923/7																																																												
Q919	Where did you seek advice or treatment? Tick main / most used place.	Hospital Clinic VCW Pharmacy N'anga Faith healer Private doctor Other (specify) _____	1 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 4 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 5 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 6 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 7 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 8 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																																																												
Q920	Was CHILD admitted to hospital?	Yes No	1 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																																																												

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q921	Was any drug or other treatment prescribed?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q923/7
Q922	Was the full course of treatment acquired and given to the child?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q923	Has CHILD been ill with a cough in the last 2 weeks?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q927
Q924	When CHILD had this illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q925	When CHILD had this illness with a cough, did he/she have a problem in the chest or a runny nose?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q926	<u>Repeat questions Q916 to Q922 and enter responses in the second column.</u>				
Q927	Has CHILD been ill with diarrhoea in the last 2 weeks?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q929
Q928	<u>Repeat questions Q916 to Q922 and enter responses in the third column.</u>				- Q1001 if 15+ yrs
Q929	Has CHILD ever had an HIV test? <u>Stress that do not have to answer these questions but information given is confidential.</u>	Yes No Prefers not to say	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q931 - Q931
Q930	Was the result of this test positive? <u>Stress that do not have to answer these questions but information given is confidential.</u>	Yes No Prefers not to say	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q931	Has CHILD ever taken any drugs that stop HIV from causing AIDS? i.e. ARVs.	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q933
Q932	What is the main reason CHILD has not started taking these drugs?	Too expensive Not available locally Not permitted by church Side effects Not needed: in good health Not needed: HIV negative Other (specify) _____ Don't know	1 2 3 4 5 6 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q939 - Q939 - Q939 - Q939 - Q939 - Q941 - Q939 - Q939
Q933	How long is it since CHILD first took these drugs?			<input type="text"/> wks <input type="text"/> yrs	
Q934	Has CHILD stopped taking these drugs?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q936
Q935	Why has CHILD stopped taking the drugs?	<u>Enter code from Q932.</u>			- Q938
Q936	Are there particular times when CHILD takes the drugs?	All the time When feeling unwell When can afford or paid for Other (specify) _____	1 2 3 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q937	Does CHILD sometimes forget to take the drugs?	Never Occasionally Quite often	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q938	Since CHILD started taking the drugs, has his/her health improved?	Fully recovered Some improvement / still unwell No improvement / worse Health when started treatment	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																									
Q939	<p><i>Has CHILD received any of the following as part of his/her treatment for HIV/AIDS?</i> <u>Tick 'NA' if never needed.</u></p> <p><u>Note organisation providing pain relief.</u></p>	<p>Change in ARVs due to complications</p> <p>TB treatment</p> <p>Treatment for opportunistic infections</p> <p>Cotrimoxazole</p> <p>Home-based care kit</p> <p>Visit(s) from VCW or other health worker</p> <p>Hospital admission</p> <p>Hospice care</p> <p>Treatment to relieve severe pain</p>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>NA</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>99</td></tr> </tbody> </table>		Y	N	NA	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	1	1	2	99	- Q941 if No/NA
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Q940	<p><i>Was this treatment for pain relief effective?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																																					
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Q941	<p><i>Has CHILD attended a growth monitoring clinic in the last 6 months?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																																					
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Q942	<p><i>Has CHILD received a Vitamin A supplement in the last 6 months?</i></p>	<p>Yes</p> <p>No</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																																					
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Q943	<p><u>Measure and record Child's weight in kilograms.</u></p>	<p>Kgs</p> <p>Refused</p>	<table border="1"> <tr><td><input type="text"/></td><td>kgs</td></tr> <tr><td>999</td><td><input type="text"/></td></tr> </table>	<input type="text"/>	kgs	999	<input type="text"/>																																					
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Q944	<p><u>Measure and record Child's height in centimetres.</u></p>	<p>Cms</p> <p>Refused</p>	<table border="1"> <tr><td><input type="text"/></td><td>cms</td></tr> <tr><td>999</td><td><input type="text"/></td></tr> </table>	<input type="text"/>	cms	999	<input type="text"/>																																					
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Q945	<p><u>Measure and record Child's skinfold thickness three times and record average thickness in centimetres.</u></p>	<p>Cms</p> <p>Refused</p>	<table border="1"> <tr><td><input type="text"/></td><td>cms</td></tr> <tr><td>99</td><td><input type="text"/></td></tr> </table>	<input type="text"/>	cms	99	<input type="text"/>																																					
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Q946	<p><u>Take and record Child's temperature in degrees Celcius.</u></p>	<p>Degrees celcius</p> <p>Refused</p>	<table border="1"> <tr><td><input type="text"/></td><td>°C</td></tr> <tr><td>99</td><td><input type="text"/></td></tr> </table>	<input type="text"/>	°C	99	<input type="text"/>																																					
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<u>Questions to addressed to CHILD's PCG.</u>																																
REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																													
Q1001	<p><u>Record gender of caregiver.</u></p>	<p>Male</p> <p>Female</p> <p>NA - child has no PCG</p>	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>98</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	98	<input type="text"/>	- Q1004																						
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98	<input type="text"/>																															
Q1002	<p><i>In what month and year were you born?</i></p>		<table border="1"> <tr><td><input type="text"/></td><td>mnth</td><td><input type="text"/></td><td>yr</td></tr> </table>	<input type="text"/>	mnth	<input type="text"/>	yr																									
<input type="text"/>	mnth	<input type="text"/>	yr																													
Q1003	<p><i>How old were you at your last birthday?</i> <u>Check consistency with Q1002.</u></p>	<p>Age in COMPLETED years</p>	<table border="1"> <tr><td><input type="text"/></td><td>yrs</td></tr> </table>	<input type="text"/>	yrs																											
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Q1004	<p><i>In the past 12 months, has your household received any medical support for the children such as medical care or supplies (including vaccinations) for which you did not have to pay?</i> <u>Repeat question for last 3 months.</u></p>	<p>Yes</p> <p>No</p>	<table border="1"> <thead> <tr> <th></th> <th>12m</th> <th>3m</th> </tr> </thead> <tbody> <tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		12m	3m	1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	- Q1006																			
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Q1005	<p><i>What was the name of the organisation that provided you with that support?</i> <u>Ask for any others.</u></p> <p><u>After completing, go to question Q1006/7 on the next form of support.</u></p>	<p>BEAM</p> <p>Other Government</p> <p>NGO (specify) _____</p> <p>Faith-based organisation _____</p> <p>Local community members</p> <p>Other (specify) _____</p>	<table border="1"> <thead> <tr> <th></th> <th>Med</th> <th>Foo</th> <th>Emo</th> </tr> </thead> <tbody> <tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>5</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>8</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Med	Foo	Emo	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q1006	<i>In the past 12 months, has your household received any food support for the children such as supplementary feeding at school or in the village or take home dry rations for underweight children of something like that?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1005
Q1007	<i>In the past 12 months, has your household received any emotional or psychological support for the children such as companionship, counselling from a trained counsellor or spiritual support for which you did not have to pay?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1005
Q1008	<i>In the past 12 months, has your household received any social support for the children such as help in household work, training for a caregiver or legal services for which you did not have to pay?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1010
Q1009	<i>What was the name of the organisation that provided you with that support?</i> Ask for any others. After completing, go to question Q1010/1 on the next form of support.	BEAM Other Government NGO (specify) _____ Faith-based organisation _____ Local community members Other (specify) _____	Soc Sch Mat 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q1010	<i>In the past 12 months, has your household received any support for the children's schooling such as allowances, fees, free admission, uniforms, books or supplies for which you did not have to pay?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1009
Q1011	<i>In the past 12 months, has your household received any form of material support for the children such as clothing or financial support (not food or schooling) for which you did not have to pay?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1009
Q1012	<i>In the past 12 months, has your household received cash transfers?</i> Repeat question for last 3 months.	Yes No	12m 3m 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> - Q1101
Q1013	<i>Were there any conditions you had to meet in order to continue receiving the full cash transfers?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q1101
Q1014	<i>What type of conditions did you have to meet?</i> Read through list and tick all that apply.	Child school enrolment Child school attendance Child health check-ups Maternal health check-ups Other health check-ups Attendance at classes Birth registration Other (specify) _____	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

Q1101 RESPONDENT'S COMMENTS:
Child or caregiver (when child is under 7 years old)

On the research?

Further HIV prevention, care and support activities needed?

Q1102 ENUMERATOR'S OBSERVATIONS: