

**CHILDREN'S QUESTIONNAIRE**

**FORM A**

Child number:

**Questionnaire processing dates:**

Consent form	<input style="width: 40px; height: 20px;" type="text"/>
Corrections completed	<input style="width: 40px; height: 20px;" type="text"/>
Data entered	<input style="width: 40px; height: 20px;" type="text"/>

**HOUSEHOLD IDENTIFICATION**

Q101 **Study site reference:**

Q102 **Census district:** \_\_\_\_\_

Q103 **EA:**

Q104 **Ward:**

Q105 **Village:** \_\_\_\_\_

Q106 **Household & line numbers (R5) - CHILD:**

Q107 **Household & line numbers (R5) - CAREGIVER:**

Q108 **Household & line numbers (R5) - MOTHER:**

Q109 **CHILD's line number on mother's fertility history (R5)**

Q110 **Name of household head (R5):** \_\_\_\_\_

Q111 **CT interview zone & location:**  \_\_\_\_\_

Q112 **CT household & line numbers:**

Q113 **Child category\*:**

**INTERVIEWER VISIT**

	1	2	3
Q114 <b>Date:</b>	_____	_____	_____
Q115 <b>Time:</b>	_____	_____	_____
Q116 <b>Interviewer:</b>	_____	_____	_____
Q117 <b>Result**:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

**CHECKED BY SUPERVISOR**

Q118 **Signature:** \_\_\_\_\_

Q119 **Date:** \_\_\_\_\_

<b>*CHILD CATEGORY</b>		<b>**RESULT CODES</b>	
Follow-up child from CT Census	1	Completed	1
Missed from listing in CT Census	2	Not at home	2
Moved in since CT Census	3	Refused	3
Household not in CT or CT control area	4	Partially completed	4
		Sick/hospital	5
		Out-migrated	100
		(specify destination code)	<input style="width: 40px; height: 20px;" type="text"/>
Other (specify) _____	8	Other (specify) _____	9

Questions to be answered by the CHILD with assistance from Primary Caregiver ONLY where necessary (e.g. if CHILD is under 7 yrs).

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																							
Q201	<u>Record the current time (24 hour clock).</u>	Hour / Minutes <input type="text"/> hr <input type="text"/> mins																																								
Q202	<u>Record gender of the child.</u>	Male 1 <input type="text"/> Female 2 <input type="text"/>																																								
Q203	<i>In what month and year were you born?</i>	<input type="text"/> mnth <input type="text"/> yr																																								
Q204	<i>How old were you at your last birthday?</i> <u>Check consistency with Q203.</u>	Age in COMPLETED years <input type="text"/> yrs																																								
Q205	<i>How is your primary caregiver (PCG) related to you?</i> <u>Define primary caregiver.</u> <u>Enter response code in first column.</u>	<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>1</td></tr> <tr><td>Mother (natural)</td><td>2</td><td>2</td></tr> <tr><td>Father's new / co-wife</td><td>3</td><td>3</td></tr> <tr><td>Sister</td><td>4</td><td>4</td></tr> <tr><td>Brother</td><td>5</td><td>5</td></tr> <tr><td>Aunt</td><td>6</td><td>6</td></tr> <tr><td>Uncle</td><td>7</td><td>7</td></tr> <tr><td>Grandmother</td><td>8</td><td>8</td></tr> <tr><td>Grandfather</td><td>9</td><td>9</td></tr> <tr><td>Cousin</td><td>10</td><td>10</td></tr> <tr><td>Other relation (specify) _____</td><td>11</td><td>11</td></tr> <tr><td>No relation</td><td>12</td><td>12</td></tr> </tbody> </table>		PCG	HoH	Father (natural)	1	1	Mother (natural)	2	2	Father's new / co-wife	3	3	Sister	4	4	Brother	5	5	Aunt	6	6	Uncle	7	7	Grandmother	8	8	Grandfather	9	9	Cousin	10	10	Other relation (specify) _____	11	11	No relation	12	12	
	PCG	HoH																																								
Father (natural)	1	1																																								
Mother (natural)	2	2																																								
Father's new / co-wife	3	3																																								
Sister	4	4																																								
Brother	5	5																																								
Aunt	6	6																																								
Uncle	7	7																																								
Grandmother	8	8																																								
Grandfather	9	9																																								
Cousin	10	10																																								
Other relation (specify) _____	11	11																																								
No relation	12	12																																								
Q206	<u>Record whether these were paternal or maternal relatives.</u>	Paternal <input type="text"/> 1 Maternal <input type="text"/> 2																																								
Q207	<u>Repeat questions Q205 &amp; Q206 for head of household.</u>	<u>Enter responses in second column of Q205.</u> <u>Then go to Q301 if aged 15 yrs or above.</u>	- Q301 if 15+																																							
Q208	<i>In which country were you born?</i>	<table border="1"> <tbody> <tr><td>Malawi</td><td>1</td><td><input type="text"/></td></tr> <tr><td>Mozambique</td><td>2</td><td><input type="text"/></td></tr> <tr><td>South Africa</td><td>3</td><td><input type="text"/></td></tr> <tr><td>United Kingdom</td><td>4</td><td><input type="text"/></td></tr> <tr><td>Zambia</td><td>5</td><td><input type="text"/></td></tr> <tr><td>Zimbabwe</td><td>6</td><td><input type="text"/></td></tr> <tr><td>Other (specify) _____</td><td>8</td><td><input type="text"/></td></tr> <tr><td>Don't know</td><td>98</td><td><input type="text"/></td></tr> </tbody> </table>	Malawi	1	<input type="text"/>	Mozambique	2	<input type="text"/>	South Africa	3	<input type="text"/>	United Kingdom	4	<input type="text"/>	Zambia	5	<input type="text"/>	Zimbabwe	6	<input type="text"/>	Other (specify) _____	8	<input type="text"/>	Don't know	98	<input type="text"/>																
Malawi	1	<input type="text"/>																																								
Mozambique	2	<input type="text"/>																																								
South Africa	3	<input type="text"/>																																								
United Kingdom	4	<input type="text"/>																																								
Zambia	5	<input type="text"/>																																								
Zimbabwe	6	<input type="text"/>																																								
Other (specify) _____	8	<input type="text"/>																																								
Don't know	98	<input type="text"/>																																								
Q209	<i>What is the name of your NATURAL BIOLOGICAL father?</i>	_____																																								
Q210	<u>Confirm identity of natural biological father on birth certificate or other official document.</u>	Birth certificate 1 <input type="text"/> Other (specify) _____ 2 <input type="text"/> No official document 97 <input type="text"/>																																								
Q211	<i>Is your biological father still alive?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q213 - Q214																																							
Q212	<i>In which year did he die?</i>	Year of death <input type="text"/> Don't know <input type="text"/>	- Q214 - Q214																																							
Q213	<i>Do you usually stay in the same household with your natural father?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/>																																								
Q214	<i>What is the name of your NATURAL BIOLOGICAL mother?</i>	_____																																								
Q215	<u>Confirm identity of natural biological mother on birth certificate or other official document.</u>	Birth certificate 1 <input type="text"/> Other (specify) _____ 2 <input type="text"/> No official document 97 <input type="text"/>																																								
Q216	<i>Is your biological mother still alive?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q218 - Q219																																							
Q217	<i>In which year did she die?</i>	Year of death <input type="text"/> Don't know <input type="text"/>	- Q219 - Q219																																							

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																		
Q218	Do you usually stay together with your natural mother in the same household?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																																		
Q219	How many brothers do you (CHILD) have in your family with the same biological mother, including yourself (if male) and any brothers who have passed away?	<u>CHILD should be included if male.</u> <u>Brothers with the same mother but a different father should be included.</u> <u>Cousin brothers should not be included.</u>	Brothers <input type="text"/>																																																		
Q220	How many sisters do you (CHILD) have in your family with the same biological mother, including yourself (if female) and any sisters who have passed away?	<u>CHILD should be included if female.</u> <u>Sisters with the same mother but a different father should be included.</u> <u>Cousin sisters should not be included.</u>	Sisters <input type="text"/>																																																		
Q221	How many brothers do you have, including yourself (if male), with the same biological mother, who are ...?  <u>CHILD should be included if male.</u> <u>Brothers with the same mother but a different father should be included.</u> <u>Cousin brothers should not be included.</u>  <u>Read through all options one-by-one first before repeating to ask for answers.</u>  <u>Sum totals &amp; check agree with Q219 &amp; Q220.</u>	No longer alive (deceased) Living abroad - Australia Living abroad - Botswana Living abroad - Canada Living abroad - Dubai Living abroad - Malawi Living abroad - Mozambique Living abroad - New Zealand Living abroad - South Africa Living abroad - United Kingdom Living abroad - USA Living abroad - Zambia Living abroad - other (specify) Living in this homestead Living elsewhere in Zimbabwe  <u>Totals</u>	<i>Brothers</i> <i>Sisters</i> <table border="1"><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><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><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></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"/>	<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"/>	<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"/>	<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"/>																																																				
<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"/>																																																				
<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"/>																																																				
Q222	Repeat Q221, this time asking about sisters. <u>CHILD should be included if female.</u> <u>Sisters with the same mother but a different father should be included.</u> <u>Cousin sisters should not be included.</u>	Record responses in the second column in Q222.																																																			
Q223	How long have you been living in (NAME OF VILLAGE)?	Years	<table border="1"><tr><td><input type="text"/></td><td>ys</td></tr></table> 995 <input type="checkbox"/> 996 <input type="checkbox"/> 997 <input type="checkbox"/> - Q301	<input type="text"/>	ys																																																
<input type="text"/>	ys																																																				
Q224	What type of place was your previous place of residence?  <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"/>																																																		
Q225	Why did you move / come to this area?	Parent sick Parent died Parent lost job Parent changed jobs 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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>																																																		

Questions to be answered by the CHILD with assistance from Primary Caregiver ONLY where necessary (e.g. if CHILD is under 7 yrs).

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 1 Yes - not seen 2 No 3 Don't know 98	<input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> <input type="checkbox"/> - Q305
Q302	<i>Has anyone ever tried to obtain a birth certificate for you?</i>	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> - Q304
Q303	<i>Why was the application for a birth certificate not successful?</i>	Parent(s) has no birth / death records 1 Parent(s) is not Zimbabwean 2 Child born outside Zimbabwe 3 Child born out of wedlock 4 No hospital birth record (lost or not born in hospital) 5 Birth certificate provided but now lost 6 Other (specify) _____ 8	<input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305 <input type="checkbox"/> - Q305
Q304	<i>Why has no one ever tried to get a birth certificate for you?</i>	Parent(s) has no birth / death records 1 Parent(s) is not Zimbabwean 2 Child born outside Zimbabwe 3 Child born out of wedlock 4 Transport costs 5 Time to travel / register 6 Not got around to it yet (child "too young") 7 No hospital birth record (lost or not born in hospital) 8 Birth certificate lost 9 Other (specify) _____ 10	<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"/>
Q305	<i>Do you have your own pair of shoes?</i> <u>Shoes must be in usable condition &amp; not shared.</u>	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/>
<u>If CHILD is aged under 6 years, go to Q326.</u>			
Q306	<i>Are you currently enrolled in school?</i>	Yes 1 No 2	<input type="checkbox"/> - Q308 <input type="checkbox"/>
Q307	<i>Why are you not in school?</i>	Insufficient funds 1 Found job 2 Inadequate exam passes 3 Needed to help at home 4 Marriage 5 Pregnancy/childbirth - voluntarily 6 Pregnancy - expelled 7 Expelled from school - other 8 Had to look after a sick relative 9 Disability (type) _____ 10 Not yet started school 11 Other (specify) _____ 99	<input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q313 <input type="checkbox"/> - Q317 <input type="checkbox"/> - Q313
Q308	<i>In the last 20 SCHOOL days, how many did you not attend?</i> <u>If CHILD is on holiday from school, please ask for the last days when school was open.</u> <u>Exclude Sundays and other non-school days.</u>	Number of days missed	<input type="text"/>
Q309	<i>Who paid most towards the cost of your school fees in the last 12 months?</i>	Primary caregiver 1 Other household member - related to child 2 Other household member - other 3 Non-resident family member 4 BEAM 5 Other Government programme 6 Faith-based organisation 7 Other NGO or community group 8 Fees not paid 9 Other (specify) _____ 99	<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"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q310	<i>The last time you missed school, what was the reason you didn't attend?</i>	Fees not paid 1 <input style="width: 20px; height: 15px;" type="text"/> Needed at home - care for sick relative 2 <input style="width: 20px; height: 15px;" type="text"/> Needed at home - care for young children 3 <input style="width: 20px; height: 15px;" type="text"/> Needed at home - work in fields 4 <input style="width: 20px; height: 15px;" type="text"/> Suspended from school - pregnancy 5 <input style="width: 20px; height: 15px;" type="text"/> Suspended from school - caught having sex 6 <input style="width: 20px; height: 15px;" type="text"/> Suspended from school (other) 7 <input style="width: 20px; height: 15px;" type="text"/> Illness (self) 8 <input style="width: 20px; height: 15px;" type="text"/> Didn't like going (self) 9 <input style="width: 20px; height: 15px;" type="text"/> Can't afford school uniform 10 <input style="width: 20px; height: 15px;" type="text"/> Can't afford school books/supplies 11 <input style="width: 20px; height: 15px;" type="text"/> Working (not in the home) 12 <input style="width: 20px; height: 15px;" type="text"/> Wedding 13 <input style="width: 20px; height: 15px;" type="text"/> Funeral 14 <input style="width: 20px; height: 15px;" type="text"/> Other (specify) _____ 98 <input style="width: 20px; height: 15px;" type="text"/> Never missed school 99 <input style="width: 20px; height: 15px;" type="text"/>																												
Q311	<i>Do you possess the correct school uniform for the school you are attending?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																												
Q312	<i>In the last week, have you gone to school without having anything to eat?</i> <u>If currently on holiday, ask for the last week of school.</u>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																												
Q313	<i>What is the highest grade of school that you have completed successfully?</i>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">None</td> <td style="text-align: center;">Level</td> <td style="text-align: center;">Grade/Form</td> <td rowspan="4" style="vertical-align: middle; padding-left: 10px;">- Q315</td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1-7 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1-6 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Higher</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>	None	Level	Grade/Form	- Q315	Primary	0	1-7 <input style="width: 20px; height: 15px;" type="text"/>	Secondary	1	1-6 <input style="width: 20px; height: 15px;" type="text"/>	Higher	2	3															
None	Level	Grade/Form	- Q315																											
Primary	0	1-7 <input style="width: 20px; height: 15px;" type="text"/>																												
Secondary	1	1-6 <input style="width: 20px; height: 15px;" type="text"/>																												
Higher	2	3																												
Q314	<i>How many times have you had to repeat a grade or form?</i>	No. of repeats <input style="width: 40px; height: 20px;" type="text"/>																												
Q315	<i>Can you read a letter or newspaper in any language?</i> <u>Show letter &amp; ask if can read it aloud.</u>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																												
Q316	<i>Did you obtain a pass in the Grade 7 exam?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/> NA - not yet taken 8 <input style="width: 20px; height: 15px;" type="text"/>																												
Q317	<i>Have you ever worked to earn money outside of the household?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>	- Q319																											
Q318	<i>Which of these forms of work have you done?</i>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Selling vegetables / other petty trading</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Working for another family in the fields</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Working on an estate</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Working in a shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other formal sector employment (specify)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Selling vegetables / other petty trading	1	2	Working for another family in the fields	1	2	Working on an estate	1	2	Working in a shop	1	2	Other formal sector employment (specify)	1	2	Other (specify)	1	2							
	Yes	No																												
Selling vegetables / other petty trading	1	2																												
Working for another family in the fields	1	2																												
Working on an estate	1	2																												
Working in a shop	1	2																												
Other formal sector employment (specify)	1	2																												
Other (specify)	1	2																												
Q319	<i>Which of these duties have you performed in the homestead in the past month?</i> <u>Read through the list &amp; record responses to each.</u>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Work in the fields</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Childcare</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for sick relatives</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cleaning</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking meals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fetching firewood</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fetching water</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other domestic chores (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Work in the fields	1	2	Childcare	1	2	Caring for sick relatives	1	2	Cleaning	1	2	Cooking meals	1	2	Fetching firewood	1	2	Fetching water	1	2	Other domestic chores (specify) _____	1	2	
	Yes	No																												
Work in the fields	1	2																												
Childcare	1	2																												
Caring for sick relatives	1	2																												
Cleaning	1	2																												
Cooking meals	1	2																												
Fetching firewood	1	2																												
Fetching water	1	2																												
Other domestic chores (specify) _____	1	2																												

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																					
Q320	How many hours have you spent working in the fields in the last week?	Hours <input type="text"/>																						
Q321	Have you (CHILD) ever provided care for a sick relative?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q326																					
Q322	The last sick relative you provided care for, did you:  <u>Read through the list &amp; record responses to each.</u>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Help with feeding the person</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Help with bathing the person</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Help with changing the person's clothes</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Help with treating wounds or sores</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Ever have to give them an injection</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Ever come into contact with their blood</td> <td>1 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> </tbody> </table>		Yes	No	Help with feeding the person	1 <input type="text"/>	2 <input type="text"/>	Help with bathing the person	1 <input type="text"/>	2 <input type="text"/>	Help with changing the person's clothes	1 <input type="text"/>	2 <input type="text"/>	Help with treating wounds or sores	1 <input type="text"/>	2 <input type="text"/>	Ever have to give them an injection	1 <input type="text"/>	2 <input type="text"/>	Ever come into contact with their blood	1 <input type="text"/>	2 <input type="text"/>	
	Yes	No																						
Help with feeding the person	1 <input type="text"/>	2 <input type="text"/>																						
Help with bathing the person	1 <input type="text"/>	2 <input type="text"/>																						
Help with changing the person's clothes	1 <input type="text"/>	2 <input type="text"/>																						
Help with treating wounds or sores	1 <input type="text"/>	2 <input type="text"/>																						
Ever have to give them an injection	1 <input type="text"/>	2 <input type="text"/>																						
Ever come into contact with their blood	1 <input type="text"/>	2 <input type="text"/>																						
Q323	Did you always wear gloves when bathing, clothing or treating this person?	Yes 1 <input type="text"/> No 2 <input type="text"/> NA - never bathed, clothed or treated 98 <input type="text"/>																						
Q324	Had this relative ever had an HIV test?	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q326 - Q326																					
Q325	Was the result positive or negative?	HIV-positive 1 <input type="text"/> HIV-negative 2 <input type="text"/> Don't know 98 <input type="text"/>																						
Q326	Has CHILD been given protein to eat in the last 24 hrs or 7 days?  <u>Ask for last 24 hrs &amp; (if not) for last 7 days. Protein includes meat, eggs, beans, pulses milk and cheese.</u>	<table border="1"> <thead> <tr> <th></th> <th>24 hrs</th> <th>7 dys</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1 <input type="text"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>No</td> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> </tbody> </table>		24 hrs	7 dys	Yes	1 <input type="text"/>	1 <input type="text"/>	No	2 <input type="text"/>	2 <input type="text"/>													
	24 hrs	7 dys																						
Yes	1 <input type="text"/>	1 <input type="text"/>																						
No	2 <input type="text"/>	2 <input type="text"/>																						
Q327	Apart from vaccinations, how many medical injections has CHILD received in his/her lifetime?	No. of injections <input type="text"/>																						
Q328	Did CHILD ever receive a blood transfusion or other blood product?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q401 if - CHILD female																					
Q329	How far is it from here to the nearest place where male circumcision services are provided?	<table border="1"> <thead> <tr> <th>Nearest</th> <th>Done</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> kms</td> <td><input type="text"/> kms</td> </tr> <tr> <td>98 <input type="text"/></td> <td></td> </tr> </tbody> </table> Don't know an MC service	Nearest	Done	<input type="text"/> kms	<input type="text"/> kms	98 <input type="text"/>																	
Nearest	Done																							
<input type="text"/> kms	<input type="text"/> kms																							
98 <input type="text"/>																								
Q330	What type of place is this?  <u>"Roadside" here means a tarred road.</u>  <u>Record the name of the place.</u>	<table border="1"> <tbody> <tr> <td>Large town or city</td> <td>1 <input type="text"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>Small town</td> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Growth point</td> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>Commercial estate / mine</td> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> <tr> <td>Roadside business centre</td> <td>5 <input type="text"/></td> <td>5 <input type="text"/></td> </tr> <tr> <td>Rural business centre</td> <td>6 <input type="text"/></td> <td>6 <input type="text"/></td> </tr> <tr> <td>Communal / resettlement area</td> <td>7 <input type="text"/></td> <td>7 <input type="text"/></td> </tr> </tbody> </table>	Large town or city	1 <input type="text"/>	1 <input type="text"/>	Small town	2 <input type="text"/>	2 <input type="text"/>	Growth point	3 <input type="text"/>	3 <input type="text"/>	Commercial estate / mine	4 <input type="text"/>	4 <input type="text"/>	Roadside business centre	5 <input type="text"/>	5 <input type="text"/>	Rural business centre	6 <input type="text"/>	6 <input type="text"/>	Communal / resettlement area	7 <input type="text"/>	7 <input type="text"/>	
Large town or city	1 <input type="text"/>	1 <input type="text"/>																						
Small town	2 <input type="text"/>	2 <input type="text"/>																						
Growth point	3 <input type="text"/>	3 <input type="text"/>																						
Commercial estate / mine	4 <input type="text"/>	4 <input type="text"/>																						
Roadside business centre	5 <input type="text"/>	5 <input type="text"/>																						
Rural business centre	6 <input type="text"/>	6 <input type="text"/>																						
Communal / resettlement area	7 <input type="text"/>	7 <input type="text"/>																						
Q331	How long does it take to travel from your home to this place?	Minutes <input type="text"/> mins <input type="text"/> mins																						
Q332	What mode of transport do you use to travel to this place?	<table border="1"> <tbody> <tr> <td>Foot</td> <td>1 <input type="text"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>Bicycle</td> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Motor vehicle</td> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>Other (specify)</td> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </tbody> </table>	Foot	1 <input type="text"/>	1 <input type="text"/>	Bicycle	2 <input type="text"/>	2 <input type="text"/>	Motor vehicle	3 <input type="text"/>	3 <input type="text"/>	Other (specify)	4 <input type="text"/>	4 <input type="text"/>										
Foot	1 <input type="text"/>	1 <input type="text"/>																						
Bicycle	2 <input type="text"/>	2 <input type="text"/>																						
Motor vehicle	3 <input type="text"/>	3 <input type="text"/>																						
Other (specify)	4 <input type="text"/>	4 <input type="text"/>																						
Q333	Who performs the circumcision?	<table border="1"> <tbody> <tr> <td>Doctor / nurse - in hospital</td> <td>1 <input type="text"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>Doctor / nurse - stand alone centre</td> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>Doctor / nurse - mobile clinic</td> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>Traditional healer</td> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> <tr> <td>Tribe elders</td> <td>5 <input type="text"/></td> <td>5 <input type="text"/></td> </tr> <tr> <td>Other (specify)</td> <td>8 <input type="text"/></td> <td>8 <input type="text"/></td> </tr> </tbody> </table>	Doctor / nurse - in hospital	1 <input type="text"/>	1 <input type="text"/>	Doctor / nurse - stand alone centre	2 <input type="text"/>	2 <input type="text"/>	Doctor / nurse - mobile clinic	3 <input type="text"/>	3 <input type="text"/>	Traditional healer	4 <input type="text"/>	4 <input type="text"/>	Tribe elders	5 <input type="text"/>	5 <input type="text"/>	Other (specify)	8 <input type="text"/>	8 <input type="text"/>				
Doctor / nurse - in hospital	1 <input type="text"/>	1 <input type="text"/>																						
Doctor / nurse - stand alone centre	2 <input type="text"/>	2 <input type="text"/>																						
Doctor / nurse - mobile clinic	3 <input type="text"/>	3 <input type="text"/>																						
Traditional healer	4 <input type="text"/>	4 <input type="text"/>																						
Tribe elders	5 <input type="text"/>	5 <input type="text"/>																						
Other (specify)	8 <input type="text"/>	8 <input type="text"/>																						
Q334	Has CHILD ever been circumcised? <u>Show respondents pictures to establish whether fully or partially circumcised.</u>	Yes - full 1 <input type="text"/> Yes - partial 2 <input type="text"/> No 3 <input type="text"/>																						
Q335	How old was CHILD when this was done? <u>"0" if less than 1.</u>	Age in years <input type="text"/> yrs																						
Q336	What was the cost of this operation? <u>Repeat Q329 to Q333 for place where done.</u>	US\$ <input type="text"/>																						

Questions to be asked to Children aged 7-17 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>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q402	<i>Was your appetite poor?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q403	<i>Were you having problems sleeping?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q404	<i>Did you have nightmares or bad dreams?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q405	<i>Were you easily frightened?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q406	<i>Did your hands shake?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q407	<i>Did you feel tense, nervous or worried?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q408	<i>Were you having digestion (tummy) problems?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
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
Q501	<i>"Sometimes children and young people are persuaded or forced into sexual activities by adults or young people older than themselves ..."</i>		
Q502	<i>Do you know anyone aged 2-14 years who has experienced this?</i>	Yes No Don't remember	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q504 - Q504
Q503	<i>How old was this person when it happened?</i>	Age in years	<input type="text"/>
Q504	<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"/>
Q505	<i>Has anybody ever forced you to have oral, vaginal or anal sexual intercourse?</i>  <u>Explain what is meant by these terms.</u> <u>Ask if any other forms &amp; tick more than one box if appropriate.</u>	Oral Vaginal Anal None of these Don't remember	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 98 <input type="checkbox"/> - Q516 - Q516
Q506	<i>How many different people have done this to you?</i>	Number of people	<input type="text"/>
Q507	<i>How many times has it happened in total?</i>	Number of times	<input type="text"/>
Q508	<i>When was the last time this happened to you?</i>	Don't remember	<input type="text"/> mnth <input type="text"/> yr 998 <input type="text"/>
Q509	<i>How many times has it happened with this person?</i> <u>i.e. with the person it happened with most recently.</u>	Number of times	<input type="text"/>
Q510	<i>When was the first time it happened with this person?</i>	Don't remember	<input type="text"/> mnth <input type="text"/> yr 998 <input type="text"/>
Q511	<i>Was this person male or female?</i>	Male Female	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q512	<i>How old was this person when this happened the first time?</i>		<input type="text"/> yrs
Q513	<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															
Q514	<i>Where did these incidents with this person happen?</i>	Home 1 <input style="width: 30px; height: 15px;" type="text"/> School 2 <input style="width: 30px; height: 15px;" type="text"/> Church 3 <input style="width: 30px; height: 15px;" type="text"/> Workplace 4 <input style="width: 30px; height: 15px;" type="text"/> The person's house 5 <input style="width: 30px; height: 15px;" type="text"/> Another person/family's house 6 <input style="width: 30px; height: 15px;" type="text"/> The bush 7 <input style="width: 30px; height: 15px;" type="text"/> Outside (specify) _____ 8 <input style="width: 30px; height: 15px;" type="text"/> Other (specify) _____ 99 <input style="width: 30px; height: 15px;" type="text"/>																
Q515	<i>Which of the following things did this person do to you?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center; font-size: small;">Happened</th> <th style="width: 20%; text-align: center; font-size: small;">Abuse</th> </tr> </thead> <tbody> <tr> <td>Oral</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Vaginal</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Anal</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </tbody> </table>		Happened	Abuse	Oral	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Vaginal	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Anal	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Other (specify) _____	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
	Happened	Abuse																
Oral	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																
Vaginal	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																
Anal	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																
Other (specify) _____	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																
Q516	<i>Do you know what is meant by the term "sexual abuse"?</i>  <u>Summarise.</u>	<hr/> <hr/> <hr/> <hr/>	<p style="text-align: right;"><b>- Q601</b> if never experienced</p>															
Q517	<i>Which of the things that this person did to you do you consider to have been sexual abuse?</i>	<u>Mark in second column in Q515.</u>																

Questions to be asked to Children aged 12-17 years WITHOUT the Primary Caregiver being present.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q601	Have you ever smoked cigarettes or tobacco?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q602	Have you ever had an alcoholic drink?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q603	Have you ever taken drugs for pleasure?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q604	<u>If respondent is male, go to Q607.</u>		- Q701 - if 15+
Q605	Have you ever been pregnant?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q606	How many injections did you have connected to pregnancies?	No. of injections	<input type="text"/>
Q607	How many times have you had sexual intercourse in the last month? <u>Define sexual intercourse.</u>	No. of times (>0) None	<input type="text"/> 99 <input type="text"/>
Q608	<u>Use randomisation procedure to determine method to be used.</u>	Secret voting Interview <u>For secret voting:</u> <u>(i) explain the procedure and the confidentiality safeguards carefully.</u> <u>(ii) enter fieldwork code on voting slips.</u>	1 <input type="text"/> 2 <input type="text"/>
Q609	How old were you when you first had sex? <u>For ICVL, ask respondent to write '99' in this box if never had sex &amp; to do the same after each subsequent question is asked in this section.</u>	Age (years) Never had sex	<input type="text"/> 99 <input type="text"/>
Q610	On the first occasion you had sex, how old was the person you had sex with?	Age (years)	<input type="text"/> yrs
Q611	The first time you had sex, was it voluntary or were you forced?	Voluntary Forced No response / don't know	1 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/>
Q612	How many different sexual partners have you had in your lifetime?	No. of partners	<input type="text"/>
Q613	Have you ever received or given money in exchange for sex?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q614	Have you ever been forced to have sex against your will?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q615	Have you had lessons about HIV/AIDS at school?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q616	Did the HIV/AIDS lessons cover:	How HIV is contracted? How to use a condom? Other ways to avoid HIV/AIDS? How to care for someone with HIV/AIDS?	Yes No 1 2 1 2 1 2 1 2
Q617	Did the students take these lessons about HIV/AIDS seriously?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q618	Have you ever heard about the following HIV prevention activities in your area? <u>For those known, ask whether attended.</u>	Community meetings Youth-friendly HIV/AIDS corners Voluntary testing & counseling for HIV	Heard Attended Yes No Yes No 1 2 1 2 1 2 1 2 1 2 1 2
Q619	Do you know of any place where male and female condoms are available locally? <u>If yes, ask whether obtained.</u>	Male condoms Female condoms	Available Obtained Yes No Yes No 1 2 1 2 1 2 1 2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q701	<p><u>Children aged 2-14 years (for 15-17 year-olds, confirm that this was done in IVO).</u></p> <p><u>Explain that you would now like to collect some samples so that tests for HIV and other sexually transmitted infections can be carried out.</u></p> <p><u>Explain that these tests are being done for research purposes only. However, free VCT for HIV and free treatment for STIs are available at the local health centre.</u></p> <p><u>Stress that strict confidentiality will be maintained.</u></p> <p><u>Confirm parental consent obtained.</u></p> <p><u>Confirm child assent obtained.</u></p>	<p>Age <input style="width: 20px; height: 15px;" type="text"/> yrs <input style="width: 20px; height: 15px;" type="text"/> IVQ</p> <p><input style="width: 20px; height: 15px;" type="text"/></p> <p><input style="width: 20px; height: 15px;" type="text"/></p> <p><input style="width: 20px; height: 15px;" type="text"/></p> <p><input style="width: 20px; height: 15px;" type="text"/></p> <p><input style="width: 20px; height: 15px;" type="text"/></p>	
Q702	<p><u>Blood spot sample obtained.</u></p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	<p>Yes</p> <p>No - note reason.</p>	<p>1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>2 <input style="width: 20px; height: 15px;" type="text"/></p>

Questions for children of ALL ages - to be addressed to CHILD's Primary Caregiver and CHILD together (if aged 7 yrs or above).

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q801	Did the CHILD's mother have an HIV test for PMTCT at a health clinic when she was pregnant with the child?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q802	Was the CHILD's mother given drugs to prevent mother-to-child transmission of HIV at the time of the child's birth?	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"/> - Q804 - Q804																											
Q803	Did CHILD's mother and CHILD take all the drugs they were given to prevent mother-to-child transmission of HIV?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q804	Was the delivery a natural birth or was it done by cesaerian section?	Natural birth Cesaerian Other (specify) _____ Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q805	Was CHILD born as a single birth or as part of a multiple birth?	Single birth Twins or multiple births Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q806	For how many months was CHILD breastfed after he/she was born?	Months Don't know	<input type="text"/> 98 <input type="text"/>																											
Q807	For how many months was CHILD breastfed exclusively? <u>i.e. before other forms of food and drink were introduced.</u>	Months Don't know	<input type="text"/> 98 <input type="text"/>																											
Q808	Did anyone other than CHILD's natural mother ever feed the child at the breast?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																											
Q809	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"/> - Q811 - Q811																											
Q810	<u>Copy vaccination date for each vaccination from the card. Write "44" in "Day" column if card shows vaccination done but no date.</u>	BCG Polio 1 Polio 2 Polio 3 Diphtheria 1 Diphtheria 2 Diphtheria 3 Measles	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Day	Month	Year	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year																												
<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"/>	<input type="text"/>																												
<input type="text"/>	<input type="text"/>	<input type="text"/>																												
Q811	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"/>																											
Q812	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"/>																											
Q813	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"/>																											

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q814	Please tell me if CHILD ever received an injection to prevent measles?	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>
Q815	Has CHILD been ill with a fever in the last 2 weeks?	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/> - Q823 - Q823
Q816	Does CHILD have a fever today? (or cough or diarrhoea, as appropriate).	Yes No Don't know	Fever Cough Diarrhoea 1 1 1 2 2 2 98 98 98
Q817	Did you seek advice or treatment for the illness outside the home? <u>NB: for all children with fever in last 2 weeks.</u>	Yes No	1 1 1 2 2 2 - Q819
Q818	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 reason (specify) _____	1 1 1 2 2 2 - Q823/7 3 3 3 - Q823/7 4 4 4 - Q823/7 5 5 5 - Q823/7 6 6 6 - Q823/7 7 7 7 - Q823/7 8 8 8 - Q823/7 9 9 9 - Q823/7 10 10 10 - Q823/7
Q819	Where did you seek advice or treatment? <u>Tick main / most used place.</u>	Hospital Clinic VCW Pharmacy N'anga Faith healer Private doctor Other (specify)	1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8
Q820	Was CHILD admitted to hospital?	Yes No	1 1 1 2 2 2
Q821	Was any drug or other treatment prescribed?	Yes No	1 1 1 2 2 2 - Q823/7
Q822	Was the full course of treatment acquired and given to the child?	Yes No	1 1 1 2 2 2
Q823	Has CHILD been ill with a cough in the last 2 weeks?	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q827
Q824	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 <input type="text"/> 2 <input type="text"/>
Q825	When CHILD had this illness with a cough, did he/she have a problem in the chest or a runny nose?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q826	<u>Repeat questions Q816 to Q822 and enter responses in the second column.</u>		
Q827	Has CHILD been ill with diarrhoea in the last 2 weeks?	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q829
Q828	<u>Repeat questions Q816 to Q822 and enter responses in the third column.</u>		- Q901 - if 15+

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																														
Q829	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 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> - Q841 - Q841																														
Q830	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 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> - Q841 - Q841																														
Q831	Has CHILD ever taken any drugs that stop HIV from causing AIDS? i.e. ARVs.	Yes No	1 <input type="checkbox"/> - Q833 2 <input type="checkbox"/>																														
Q832	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 Other (specify)	1 <input type="checkbox"/> - Q839 2 <input type="checkbox"/> - Q839 3 <input type="checkbox"/> - Q839 4 <input type="checkbox"/> - Q839 5 <input type="checkbox"/> - Q839 8 <input type="checkbox"/> - Q839																														
Q833	How long is it since CHILD first took these drugs?		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">weeks</td><td style="font-size: 8px;">yrs</td></tr></table>			weeks	yrs																										
weeks	yrs																																
Q834	Has CHILD stopped taking the drugs?	Yes No	1 <input type="checkbox"/> - Q836 2 <input type="checkbox"/>																														
Q835	Why has CHILD stopped taking the drugs?	<u>Enter code from Q832.</u>	<input type="text"/> - Q838																														
Q836	Are there particular times when CHILD takes the drugs?	All the time When feeling unwell When can afford or paid for Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>																														
Q837	Does CHILD sometimes forget to take the drugs?	Never Occasionally Quite often	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																														
Q838	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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																														
Q839	Has CHILD received any of the following as part of his/her treatment for HIV/AIDS?  <u>Tick "NA" if never needed.</u>  <u>Note name of organisation providing paid relief.</u>	Change in ARVs due to complications TB treatment Treatment for opportunistic infections Cotrimoxazole Home-based care kit Visit(s) from VCW or other health worker Hospital admission Hospice care Treatment to relieve severe pain	<table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th>Yes</th> <th>No</th> <th>NA</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> - Q841 if 2/3	Yes	No	NA	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Yes	No	NA																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
1	2	3																															
Q840	Was this treatment for pain relief effective?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																														
Q841	Has CHILD attended a growth monitoring clinic in the last 6 months?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																														
Q842	Has CHILD received a Vitamin A supplement in the last 6 months?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																														
Q843	<u>Measure and record Child's weight in kilograms.</u>	Kgs  Refused	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>																														
Q844	<u>Measure and record Child's height in centimetres.</u>	Cms  Refused	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>																														
Q845	<u>Measure and record Child's skinfold thickness in centimetres.</u>	Cms  Refused	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>																														
Q846	<u>Take and record Child's temperature in degrees Celcius.</u>	Degrees celcius  Refused	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>																														

--

Questions to be addressed to CHILD's Primary Caregiver.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																												
Q901	<u>Record gender of caregiver.</u>	Male Female	1 <input type="checkbox"/> 2 <input type="checkbox"/>																												
Q902	<i>In what month and year were you born?</i>		<input type="text" value=""/> mnth <input type="text" value=""/> yr																												
Q903	<i>How old were you at your last birthday?</i> <u>Check consistency with Q202.</u>	Age in COMPLETED years	<input type="text" value=""/> yrs																												
Q904	<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>	Yes No	<table border="1"> <thead> <tr> <th></th> <th>12m</th> <th>3m</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>No</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table> - Q906		12m	3m	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																			
	12m	3m																													
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>																													
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																													
Q905	<i>What was the name of the organisation that provided you with that support?</i>  <u>Ask for any others.</u>  <u>After completing, go to question (below) on the next form of support.</u>	BEAM Other Government NGO (specify) _____ Faith-based organisation Local community groups Other (specify) _____	<table border="1"> <thead> <tr> <th></th> <th>Medical</th> <th>Food</th> <th>Emotional</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>3 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>4</td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>5 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>8</td> <td>8 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> </tbody> </table>		Medical	Food	Emotional	1	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	3	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	4	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	5	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	8	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	Medical	Food	Emotional																												
1	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>																												
2	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																												
3	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>																												
4	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>																												
5	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>																												
8	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>																												
Q906	<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> <u>Repeat question for last 3 months.</u>	Yes No	<table border="1"> <thead> <tr> <th></th> <th>12m</th> <th>3m</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>No</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table> - Q905 (i.e. repeat)		12m	3m	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																			
	12m	3m																													
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>																													
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																													
Q907	<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> <u>Repeat question for last 3 months.</u>	Yes No	<table border="1"> <thead> <tr> <th></th> <th>12m</th> <th>3m</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>No</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table> - Q905 (i.e. repeat)		12m	3m	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																			
	12m	3m																													
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>																													
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																													
Q908	<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> <u>Repeat question for last 3 months.</u>	Yes No	<table border="1"> <thead> <tr> <th></th> <th>12m</th> <th>3m</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>No</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table> - Q910		12m	3m	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																			
	12m	3m																													
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>																													
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>																													
Q909	<i>What was the name of the organisation that provided you with that support?</i>  <u>Ask for any others.</u>  <u>After completing, go to question (below) on the next form of support.</u>	BEAM Other Government NGO (specify) _____ Faith-based organisation Local community groups Other (specify) _____	<table border="1"> <thead> <tr> <th></th> <th>Social</th> <th>School</th> <th>Material</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>3 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>4</td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>5 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>8</td> <td>8 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> </tbody> </table>		Social	School	Material	1	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	3	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	4	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	5	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	8	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	Social	School	Material																												
1	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>																												
2	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																												
3	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>																												
4	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>																												
5	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>																												
8	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>																												

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO						
Q910	<p><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></p> <p><u>Repeat question for last 3 months.</u></p>	<p>Yes No</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">12m   3m</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">2</td> </tr> </table> <p style="margin-left: 20px;">- <b>Q909</b> (i.e. repeat)</p>	12m   3m		1	1	2	2
12m   3m									
1	1								
2	2								
Q911	<p><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></p> <p><u>Repeat question for last 3 months.</u></p>	<p>Yes No</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">12m   3m</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">2</td> </tr> </table> <p style="margin-left: 20px;">- <b>Q909</b> (i.e. repeat)</p>	12m   3m		1	1	2	2
12m   3m									
1	1								
2	2								

**RESPONDENT'S COMMENTS:**

Child or caregiver (when child is under 7 years old)

*On the research?*

---

---

---

---

---

---

---

---

*Further HIV prevention, care and support activities needed?*

---

---

---

---

---

---

---

---

**ENUMERATOR'S OBSERVATIONS:**

---

---

---

---

---

---

---

---