

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT2 number:

Questionnaire processing dates:

Consent form	<input type="text"/>
Corrections completed	<input type="text"/>
Data entered	<input type="text"/>

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **EA:**

Q102 **Village:** _____

Q103 **Name of head of household:** _____

Q104 **Category of respondent:** Date left B/L area B/L MUTNO

Q105 **Study site reference:** Baseline

Q106 **Household number:** Baseline

Q107 **Line number on household questionnaire:** Baseline

INTERVIEWER VISIT

1 2 3

Q108 **Date:** _____

Q109 **Time:** _____

Q110 **Interviewer:** _____

Q111 **Result**:**

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent	1
New respondent: previously under age	2
New respondent: mobile-mobile or non-regular visitor	3
New respondent: spouse or co-wife interviewed	4
New respondent: new in-migrant	5
New respondent: previously selected but unavailable	6
New respondent: previously selected but refused	7
Other (specify) _____	8

****RESULT CODES**

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Other (specify) _____	8

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q201	Record the current time (24 hour clock).	Hour / Minutes <input type="text"/> hr <input type="text"/> mins	
Q202	Record gender of respondent.	Male <input type="checkbox"/> Female <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q203	In what month and year were you born?	<input type="text"/> mth <input type="text"/> yr	
Q204	How old were you at your last birthday? Check consistency with Q203.	Age in completed years <input type="text"/> yrs	- If 19+, go to Q216
Q205	Is your <u>natural</u> father still alive?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 <input type="checkbox"/> - Q209 2 <input type="checkbox"/> - Q209 98 <input type="checkbox"/>
Q206	In which year did he die?	Year of death <input type="text"/> Don't know 98 <input type="checkbox"/>	
Q207	Were you living with your father on a regular basis when he was: (1) in good health; and (2) unwell?	Well Sick <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q208	Where were you living when your father was: (1) in good health? (2) unwell? (3) after he passed away?	Well Sick Died This household <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Local household <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mutare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rusape <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other town (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Estate / mine (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other rural (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q209	Is your <u>natural</u> mother still alive?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 <input type="checkbox"/> - Q214 2 <input type="checkbox"/> - Q214 98 <input type="checkbox"/>
Q210	In which year did she die?	Year of death <input type="text"/> Don't know 98 <input type="checkbox"/>	
Q211	Who was the main person responsible for looking after you when your mother was: (1) in good health? (2) unwell? (3) after she passed away?	Well Sick Died Natural mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Father's new/co-wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aunt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uncle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grandmother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grandfather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cousin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other relation (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No relation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> - Q213 2 <input type="checkbox"/> - Q213 3 <input type="checkbox"/> - Q213 4 <input type="checkbox"/> - Q213 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"/> - Q213
Q212	Record whether these were paternal or maternal relatives.	Paternal <input type="checkbox"/> Maternal <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q213	Where were you living when your mother was: (1) in good health? (2) unwell? (3) after she passed away? Tick one box in each column.	Well Sick Died This household <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Local household <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mutare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rusape <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other town <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Estate or mine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other rural <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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Q214	Record father and/or mother's SITE/HHID/LINE if recorded in the household surveys.	Father <input type="checkbox"/> Mother <input type="checkbox"/> Neither <input type="checkbox"/> 98 <input type="checkbox"/>																															
Q215	<i>Are you currently enrolled in school full-time?</i>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	- Q218																														
Q216	<i>How old were you when you left school?</i>	Age in completed years <input type="text"/> yrs Never been to school <input type="checkbox"/> 99	- Q220																														
Q217	<i>What was your reason for leaving school?</i> If parents decided, probe for the underlying reason.	Insufficient funds <input type="checkbox"/> 1 Found a job <input type="checkbox"/> 2 To go to college or university <input type="checkbox"/> 3 Inadequate exam passes <input type="checkbox"/> 4 Needed to help at home <input type="checkbox"/> 5 Marriage <input type="checkbox"/> 6 Pregnancy/childbirth - voluntarily <input type="checkbox"/> 7 Pregnancy - expelled <input type="checkbox"/> 8 Caught having sex - expelled <input type="checkbox"/> 9 Expelled - other reasons <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11																															
Q218	<i>How many "O" level passes do you have?</i>	No. of passes <input type="text"/>																															
Q219	<i>What is the highest grade of school you have completed?</i> For "years", enter number of years (excl. repeats) at highest level reached.	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Level</td> <td style="width: 10%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Years</td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>None</td> <td style="text-align: center;">0</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">1</td> <td><input type="checkbox"/></td> <td>1-7</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">2</td> <td><input type="checkbox"/></td> <td>1-6</td> <td><input type="checkbox"/></td> <td>- Q221</td> </tr> <tr> <td>Higher</td> <td style="text-align: center;">3</td> <td><input type="checkbox"/></td> <td>1-6</td> <td><input type="checkbox"/></td> <td>- Q222</td> </tr> </table>		Level		Years			None	0	<input type="checkbox"/>				Primary	1	<input type="checkbox"/>	1-7	<input type="checkbox"/>		Secondary	2	<input type="checkbox"/>	1-6	<input type="checkbox"/>	- Q221	Higher	3	<input type="checkbox"/>	1-6	<input type="checkbox"/>	- Q222	
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Higher	3	<input type="checkbox"/>	1-6	<input type="checkbox"/>	- Q222																												
Q220	<i>Can you read a letter or newspaper in any language?</i>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2																															
Q221	<i>Did you obtain a pass in the Grade 7 exam?</i>	Yes <input type="checkbox"/> 1 No or not attempted <input type="checkbox"/> 2																															
Q222	<i>Do you watch television every week?</i>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2																															
Q223	<i>Do you listen to a radio every day?</i>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2																															
Q224	<i>How long have you been living in this household?</i>	Years <input type="text"/> yrs Since birth <input type="checkbox"/> 995 Visitor <input type="checkbox"/> 996																															
Q225	<i>How far is your homestead from the nearest ... ?</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">kms</td> </tr> <tr> <td>Town/Growth point</td> <td><input type="text"/></td> </tr> <tr> <td>Business centre</td> <td><input type="text"/></td> </tr> <tr> <td>Tarred road</td> <td><input type="text"/></td> </tr> </table>		kms	Town/Growth point	<input type="text"/>	Business centre	<input type="text"/>	Tarred road	<input type="text"/>																							
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Q226	<i>How long have you been living in (NAME OF VILLAGE)?</i>	Years <input type="text"/> yrs Since birth <input type="checkbox"/> 995 Visitor <input type="checkbox"/> 996	- Q229																														
Q227	<i>What type of place was your previous place of residence?</i> Record place of current home if the respondent is a visitor. "Roadside" here means a tarred road. Record the name of the place.	Large town or city <input type="checkbox"/> 1 Small town <input type="checkbox"/> 2 Growth point <input type="checkbox"/> 3 Commercial estate/mine <input type="checkbox"/> 4 Roadside business centre <input type="checkbox"/> 5 Rural business centre <input type="checkbox"/> 6 Communal/resettlement area <input type="checkbox"/> 7																															
Q228	<i>Why did you move/come to this area?</i>	Work <input type="checkbox"/> 1 Partner's work <input type="checkbox"/> 2 Marriage <input type="checkbox"/> 3 Lost job <input type="checkbox"/> 4 Establish rural home <input type="checkbox"/> 5 Ill health - own <input type="checkbox"/> 6 Ill health - relative (specify) <input type="checkbox"/> 7 Visit relatives <input type="checkbox"/> 9 Parents moved <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11																															

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Q229	<i>In the last three years, have you lived outside this community for a period of one month or more?</i>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not applicable (visitor: Q226) 996 <input type="checkbox"/>	- Q231 - Q231																																																																																
Q230	Record, total no. of months away, & details of longest absence. Use codes from Q227 & Q231.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Total</th> <th style="width: 10%;">Longest: Mths.</th> <th style="width: 10%;">Place</th> <th style="width: 10%;">Reason</th> </tr> </thead> <tbody> <tr> <td>Last three years</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Last twelve months</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Total	Longest: Mths.	Place	Reason	Last three years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last twelve months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																		
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Q231	<i>How many days and nights have you spent during the last month visiting the following places?</i> <u>Ask for and enter number of days and then nights for each. NB: last month only. Request reason for most recent visit to each place.</u> 1. To visit rural home - harvest or holidays 2. To visit rural home - other 3. To visit husband/wife in town/estate 4. To visit other relatives 5. To attend a funeral 6. To buy/sell produce or shopping 7. To attend hospital or clinic or see doctor 8. To attend school or college/university 9. For work purposes 10. To visit friends 11. Other reasons	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">days</th> <th style="width: 10%;">nights</th> <th style="width: 20%;">reason</th> </tr> </thead> <tbody> <tr><td>Harare</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Mutare</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Rusape</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nyazura</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nyanga</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Watsomba</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other cities/towns</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nyabadza/Nyahukwa</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Hauna</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Katiyo</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Eastern Highlands Estate</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Aberfoyle</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Sheba/St. Augustine's</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Selbourne</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Honde Mission</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Bonda Mission</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>St Killian's Mission</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>St Theresa's Mission</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other rural areas</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		days	nights	reason	Harare	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mutare	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rusape	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyazura	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyanga	<input type="text"/>	<input type="text"/>	<input type="text"/>	Watsomba	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other cities/towns	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyabadza/Nyahukwa	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hauna	<input type="text"/>	<input type="text"/>	<input type="text"/>	Katiyo	<input type="text"/>	<input type="text"/>	<input type="text"/>	Eastern Highlands Estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	Aberfoyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sheba/St. Augustine's	<input type="text"/>	<input type="text"/>	<input type="text"/>	Selbourne	<input type="text"/>	<input type="text"/>	<input type="text"/>	Honde Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bonda Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	St Killian's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	St Theresa's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other rural areas	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Q232	<i>Which church do you belong to?</i>	Traditional 1 <input type="checkbox"/> Methodist 4 <input type="checkbox"/> Anglican 5 <input type="checkbox"/> Roman Catholic 6 <input type="checkbox"/> ZAOGA 7 <input type="checkbox"/> Apostolic Faith Mission 8 <input type="checkbox"/> Marange Apostolic 9 <input type="checkbox"/> Zviratidzo Apostolic 12 <input type="checkbox"/> Other Apostolic (specify) 13 <input type="text"/> Zionist 15 <input type="checkbox"/> Mughodi 20 <input type="checkbox"/> Other (specify) 17 <input type="text"/> None 97 <input type="checkbox"/>	- Q235																																																																																
Q233	<i>How long have you been a member of this church?</i>	Years <input type="text"/> Since birth 995 <input type="checkbox"/>	- Q235																																																																																
Q234	<i>What was your reason for joining a different church?</i> <u>Record name of previous church.</u>	Marriage: spouse's church 1 <input type="checkbox"/> Conversion / born again 2 <input type="checkbox"/> Sickness 3 <input type="checkbox"/> Family misfortune 4 <input type="checkbox"/> Church beliefs better 5 <input type="checkbox"/> Moved to a new area 6 <input type="checkbox"/> Other (specify) 8 <input type="text"/>																																																																																	
Q235	<u>Record ethnicity.</u>	Black 1 <input type="checkbox"/> Other (specify) 8 <input type="text"/>	- Q237																																																																																
Q236	<i>Which tribe do you belong to?</i> <u>Also, record totem and whether Mozambican.</u> Totem <input type="text"/> Mozambican? <input type="checkbox"/>	Manyika 1 <input type="checkbox"/> Ndau 2 <input type="checkbox"/> Maungwe 3 <input type="checkbox"/> Zezuru 4 <input type="checkbox"/> Korekore 5 <input type="checkbox"/> Karanga 6 <input type="checkbox"/> Ndebele 7 <input type="checkbox"/> Nyanja 19 <input type="checkbox"/> Sena 20 <input type="checkbox"/> Malawian 44 <input type="checkbox"/> Other (specify) 12 <input type="text"/>																																																																																	
Q237	<i>Have you ever been circumcised?</i>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	- Q239																																																																																
Q238	<i>How old were you when this was done?</i>	Age in years <input type="text"/>																																																																																	

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Q239	<i>In which sector of employment do you work?</i>	Estates: tea, coffee, forestry etc 1 Manufacturing or building trade 2 Police or army 3 Education 4 Health sector 5 Services or retail: shops 6 Informal: petty trading (veg etc) 7 Informal: subsistence agriculture 8 Student 9 Unemployed: <u>excl.</u> agriculture 10 Other (specify) 11	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q242 <input type="checkbox"/> - Q242 <input type="checkbox"/> - Q242 <input type="checkbox"/> - Q242
Q240	<i>What type of work do you do?</i>	Professional or managerial 1 Self-employed: small business 2 Skilled labour 3 Manual/unskilled labour 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q241	<i>How many days is it since the last time you were paid?</i>	Number of days	<input type="text"/> days
Q242	<i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health 1 Recurring sickness 2 Serious illness 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q243	<i>How long is it since you last experienced an illness?</i>	Days/weeks More than one year ago 97	<input type="text"/> days <input type="text"/> weeks <input type="checkbox"/> - Q248
Q244	<i>What was the main symptom of the illness?</i>	Fever - malaria (incl. cerebral) 1 Fever - non-malaria 2 Sickness/vommiting 3 Diarrhoea/weight loss 4 Swollen lymph nodes 5 Skin complaints/rashes 6 Genital conditions: incl. STDs 7 Flu/pneumonia 8 Accident/wound 9 Tuberculosis 10 Kaposi's sarcoma 11 Other (specify) 12	<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"/>
Q245	<i>Where did you seek assistance?</i> <u>Check whether assistance sought from more than one source.</u>	Local clinic only 1 Other clinic only 2 Local clinic & n'anga 3 Other clinic & n'anga 4 Local clinic & faith healer 5 Other clinic & faith healer 6 N'anga only 7 Faith healer only 8 Other (specify) 10 No-one 97	<input type="checkbox"/> <input type="checkbox"/> - Q248 <input type="checkbox"/> - Q248 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q247 <input type="checkbox"/> - Q247 <input type="checkbox"/> - Q248 <input type="checkbox"/> - Q248
Q246	<i>Did you visit the n'anga (faith healer) before or after going to the clinic?</i>	Before 1 Same time 2 After 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q247	<i>Why did you seek assistance from the n'anga (or faith healer)?</i> <u>Tick up to two options.</u>	Clinic treatment not effective 1 Spiritual cure needed 2 Witchcraft suspected 3 Holy water/bath or prayer 4 Other (specify) 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q248	<u>For men:</u> <i>Some men experience pain during urination or have a discharge from the penis. During the last 12 months, have you noticed any such pain or discharge?</i> <u>For women:</u> <i>Some women experience an unusual discharge from the vagina or pain in the lower stomach. During the last 12 months, have you noticed such a discharge or pain?</i> <u>Clarify which & tick boxes as appropriate.</u>	Yes - discharge & pain (both) 1 Yes - discharge only 2 Yes - pain only 3 No 4 Don't know 98	<input type="checkbox"/> - Q250 <input type="checkbox"/> - Q250 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q249	Have you <i>ever</i> experienced a discharge from the penis (vagina)?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q250	Some (wo)men experience sores in the genital area. During the last 12 months, have you noticed any such sores?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q251	Have you <i>ever</i> experienced such sores?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q252	When you last experienced a pain, discharge or sores in the genital area, did you seek assistance from any of the following? <u>*Specify location if clinic is not local.</u>	Local hospital/clinic only Other hospital/clinic only* Local clinic & n'anga Other clinic & n'anga* Local clinic & faith healer Other clinic & faith healer* N'anga only Faith healer only Other (specify) _____ No-one Not had such symptoms	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"/> 10 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/>
Q253	How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?	Days and weeks	<input type="text"/> days <input type="text"/> weeks
Q254	How satisfied were you with the service that you received at the clinic?	Very satisfied Reasonably satisfied Not satisfied	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q255	What form of treatment did you receive? <u>Check whether more than one.</u>	Injections Pills/tablets Other (specify) _____ None	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 99 <input type="checkbox"/>
Q256	As far as you are aware, was this the correct treatment for your illness? <u>i.e. not paracetamol!</u>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q257	Have the symptoms continued or returned since you were last treated at the clinic?	Continued Returned Now stopped Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>
Q258	Who attended to you at the clinic?	Doctor SRN SCN Nurse aid Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 98 <input type="checkbox"/>
Q259	Was this person understanding and courteous towards you or were you roughly treated?	Courteous Rough Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q260	Do you know whether this person had received special training in treating people with STDs?	Yes - training No - not trained Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q261	Was the reason for your seeking treatment kept secret by the clinic staff or was it disclosed to others?	Kept secret Disclosed (specify) _____ Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q262	How much were you charged for the course of treatment?		<input type="text"/>
Q263	Was money deducted from your wages as a charge for the treatment?	Yes No Not employed Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/>
Q264	Did you receive counselling at the clinic? <u>Explain the nature of counselling.</u>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q265	<i>Were you given "contact slips" and did you pass these on to your recent sexual partner(s) so that they could receive treatment?</i>	Received & passed on Received, not passed on Not received Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>
Q266	<i>Were you given some condoms?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q267	<i>Did you abstain from sexual intercourse or use condoms during the last time you experienced these symptoms?</i>	Abstained from sex Used condoms Neither	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>
Q268	<i>Are drugs for the treatment of sexually transmitted diseases generally available at your local health clinic?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q269	<i>How many times have you visited a bar or beer-hall in the last month?</i>	Number of times	<input type="text"/>
Q270	<i>Have you ever been married or in a long-term or cohabiting relationship? Relationships of 12 months or more should be treated as "long-term".</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q299a
Q271	<i>How many such relationships have you experienced in your lifetime? Include current relationships.</i>		<input type="text"/>
Q272	<i>How old were you when you first entered such a relationship?</i>	Age (Years)	<input type="text"/> yrs
Q273	<i>How many times in your life have you broken up with a marital partner? Check consistency with Q271.</i>		<input type="text"/> - If none, go to Q279
Q274	<i>How many years is it since you last experienced divorce or separation?</i>		<input type="text"/> yrs
Q275	<i>Was it you or your spouse who ended this relationship?</i>	Self Spouse	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q276	<i>What was the reason for the breakdown of this relationship?</i>	Respondent thought to be unfaithful Spouse thought to be unfaithful Respondent HIV+ Spouse HIV+ Failure to have children Domestic violence Irreconcilable differences 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"/>
Q277	<i>Where did you and this spouse live together when you were married?</i> <u>Tick up to two places.</u>	In this household Locally Harare Mutare Rusape Other city or town Estate/mine (commercial) Rural (communal/resettlement)	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"/>
Q278	<i>How long after this divorce/separation was it that you remarried? Not yet remarried.</i>		<input type="text"/> yrs 99 <input type="checkbox"/>
Q279	<i>How many times in your life has a marital partner of yours passed away? Check consistency with Q271 & Q273.</i>		<input type="text"/> - If none, go to Q283
Q280	<i>Where did you and this spouse live together when you were married? Enter codes from Q277.</i>	Place 1 Place 2	<input type="text"/> <input type="text"/>
Q281	<i>How many years is it since a marital partner of yours passed away?</i>		<input type="text"/> yrs
Q282	<i>How many years after this was it that you remarried?</i>	Not yet remarried	<input type="text"/> yrs 99 <input type="checkbox"/>

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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																				
Q283	<i>Are you currently widowed, divorced or separated from your most recent spouse/partner?</i>	Widowed 1 <input type="checkbox"/> Divorced 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Still in union 4 <input type="checkbox"/>	- Q299a - Q299a - Q299a																																				
Q284	<i>How many spouses/regular partners do you have at present?</i> <u>For women, ask how many other wives her husband has.</u>	(Not zero!) <input style="width: 50px;" type="text"/> <u>Ask questions Q285 to Q299 for first spouse, then the second, and so on ...</u>																																					
Q285	<i>How old was your partner at his/her last birthday?</i>	Age in completed years <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td></tr></table> Don't know <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">98</td><td style="width: 20px; height: 20px; text-align: center;">98</td><td style="width: 20px; height: 20px; text-align: center;">98</td><td style="width: 20px; height: 20px; text-align: center;">98</td></tr></table>					yrs	yrs	yrs	yrs	98	98	98	98																									
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Q286	<i>What is the highest grade of school your partner has completed?</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> <tr><td style="text-align: center; font-size: 8px;">Primary</td><td style="text-align: center; font-size: 8px;">Primary</td><td style="text-align: center; font-size: 8px;">Primary</td><td style="text-align: center; font-size: 8px;">Primary</td></tr> <tr><td style="text-align: center; font-size: 8px;">Secondary</td><td style="text-align: center; font-size: 8px;">Secondary</td><td style="text-align: center; font-size: 8px;">Secondary</td><td style="text-align: center; font-size: 8px;">Secondary</td></tr> <tr><td style="text-align: center; font-size: 8px;">Higher</td><td style="text-align: center; font-size: 8px;">Higher</td><td style="text-align: center; font-size: 8px;">Higher</td><td style="text-align: center; font-size: 8px;">Higher</td></tr> </table>	0	0	0	0	Primary	Primary	Primary	Primary	Secondary	Secondary	Secondary	Secondary	Higher	Higher	Higher	Higher																					
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Q287	<i>In the last few months has he/she been in good health, experienced recurring minor illnesses or been seriously ill?</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="text-align: center; font-size: 8px;">Good health</td><td style="text-align: center; font-size: 8px;">Good health</td><td style="text-align: center; font-size: 8px;">Good health</td><td style="text-align: center; font-size: 8px;">Good health</td></tr> <tr><td style="text-align: center; font-size: 8px;">Recurring sickness</td><td style="text-align: center; font-size: 8px;">Recurring sickness</td><td style="text-align: center; font-size: 8px;">Recurring sickness</td><td style="text-align: center; font-size: 8px;">Recurring sickness</td></tr> <tr><td style="text-align: center; font-size: 8px;">Serious illness</td><td style="text-align: center; font-size: 8px;">Serious illness</td><td style="text-align: center; font-size: 8px;">Serious illness</td><td style="text-align: center; font-size: 8px;">Serious illness</td></tr> </table>	1	1	1	1	Good health	Good health	Good health	Good health	Recurring sickness	Recurring sickness	Recurring sickness	Recurring sickness	Serious illness	Serious illness	Serious illness	Serious illness																					
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Q288	<i>Which of the following describes your and your spouse/partner's living arrangements best?</i> (1) Live together all of the time (2) Live together but occasionally apart for work reasons (3) Live together but separated for a period every year for work reasons (ie: seasonal employment). (4) Live apart but regular/frequent cohabitation (i.e.: return visits) (5) Live apart, infrequent cohabitation	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr> <tr><td style="text-align: center; font-size: 8px;">(1)</td><td style="text-align: center; font-size: 8px;">(2)</td><td style="text-align: center; font-size: 8px;">(3)</td><td style="text-align: center; font-size: 8px;">(4)</td></tr> <tr><td style="text-align: center; font-size: 8px;">(2)</td><td style="text-align: center; font-size: 8px;">(2)</td><td style="text-align: center; font-size: 8px;">(2)</td><td style="text-align: center; font-size: 8px;">(2)</td></tr> <tr><td style="text-align: center; font-size: 8px;">(3)</td><td style="text-align: center; font-size: 8px;">(3)</td><td style="text-align: center; font-size: 8px;">(3)</td><td style="text-align: center; font-size: 8px;">(3)</td></tr> <tr><td style="text-align: center; font-size: 8px;">(4)</td><td style="text-align: center; font-size: 8px;">(4)</td><td style="text-align: center; font-size: 8px;">(4)</td><td style="text-align: center; font-size: 8px;">(4)</td></tr> <tr><td style="text-align: center; font-size: 8px;">(5)</td><td style="text-align: center; font-size: 8px;">(5)</td><td style="text-align: center; font-size: 8px;">(5)</td><td style="text-align: center; font-size: 8px;">(5)</td></tr> </table>	1	2	3	4	(1)	(2)	(3)	(4)	(2)	(2)	(2)	(2)	(3)	(3)	(3)	(3)	(4)	(4)	(4)	(4)	(5)	(5)	(5)	(5)													
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Q289	<i>How long has he/she been living in (NAME OF VILLAGE)?</i>	Years <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td><td style="text-align: center; font-size: 8px;">yrs</td></tr></table> Since birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">995</td><td style="width: 20px; height: 20px; text-align: center;">995</td><td style="width: 20px; height: 20px; text-align: center;">995</td><td style="width: 20px; height: 20px; text-align: center;">995</td></tr><tr><td style="text-align: center; font-size: 8px;">996</td><td style="text-align: center; font-size: 8px;">996</td><td style="text-align: center; font-size: 8px;">996</td><td style="text-align: center; font-size: 8px;">996</td></tr></table>					yrs	yrs	yrs	yrs	995	995	995	995	996	996	996	996	- Q292 - Q291																				
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Q290	<i>Why did he/she move to this area?</i> <u>Specify which relative:</u>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="text-align: center; font-size: 8px;">Work</td><td style="text-align: center; font-size: 8px;">Work</td><td style="text-align: center; font-size: 8px;">Work</td><td style="text-align: center; font-size: 8px;">Work</td></tr> <tr><td style="text-align: center; font-size: 8px;">Partner's work</td><td style="text-align: center; font-size: 8px;">Partner's work</td><td style="text-align: center; font-size: 8px;">Partner's work</td><td style="text-align: center; font-size: 8px;">Partner's work</td></tr> <tr><td style="text-align: center; font-size: 8px;">Marriage</td><td style="text-align: center; font-size: 8px;">Marriage</td><td style="text-align: center; font-size: 8px;">Marriage</td><td style="text-align: center; font-size: 8px;">Marriage</td></tr> <tr><td style="text-align: center; font-size: 8px;">Lost job</td><td style="text-align: center; font-size: 8px;">Lost job</td><td style="text-align: center; font-size: 8px;">Lost job</td><td style="text-align: center; font-size: 8px;">Lost job</td></tr> <tr><td style="text-align: center; font-size: 8px;">Establish rural home</td><td style="text-align: center; font-size: 8px;">Establish rural home</td><td style="text-align: center; font-size: 8px;">Establish rural home</td><td style="text-align: center; font-size: 8px;">Establish rural home</td></tr> <tr><td style="text-align: center; font-size: 8px;">Ill health (own)</td><td style="text-align: center; font-size: 8px;">Ill health (own)</td><td style="text-align: center; font-size: 8px;">Ill health (own)</td><td style="text-align: center; font-size: 8px;">Ill health (own)</td></tr> <tr><td style="text-align: center; font-size: 8px;">Ill health (relative)</td><td style="text-align: center; font-size: 8px;">Ill health (relative)</td><td style="text-align: center; font-size: 8px;">Ill health (relative)</td><td style="text-align: center; font-size: 8px;">Ill health (relative)</td></tr> <tr><td style="text-align: center; font-size: 8px;">Other (specify)</td><td style="text-align: center; font-size: 8px;">Other (specify)</td><td style="text-align: center; font-size: 8px;">Other (specify)</td><td style="text-align: center; font-size: 8px;">Other (specify)</td></tr> </table>	1	1	1	1	Work	Work	Work	Work	Partner's work	Partner's work	Partner's work	Partner's work	Marriage	Marriage	Marriage	Marriage	Lost job	Lost job	Lost job	Lost job	Establish rural home	Establish rural home	Establish rural home	Establish rural home	Ill health (own)	Ill health (own)	Ill health (own)	Ill health (own)	Ill health (relative)	Ill health (relative)	Ill health (relative)	Ill health (relative)	Other (specify)	Other (specify)	Other (specify)	Other (specify)	
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Q291	<i>What type of place was his/her previous place of residence?</i> <u>Record current residence if spouse usually stays elsewhere.</u> <u>Record the name of the place.</u>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="text-align: center; font-size: 8px;">Large town or city</td><td style="text-align: center; font-size: 8px;">Large town or city</td><td style="text-align: center; font-size: 8px;">Large town or city</td><td style="text-align: center; font-size: 8px;">Large town or city</td></tr> <tr><td style="text-align: center; font-size: 8px;">Small town</td><td style="text-align: center; font-size: 8px;">Small town</td><td style="text-align: center; font-size: 8px;">Small town</td><td style="text-align: center; font-size: 8px;">Small town</td></tr> <tr><td style="text-align: center; font-size: 8px;">Growth point</td><td style="text-align: center; font-size: 8px;">Growth point</td><td style="text-align: center; font-size: 8px;">Growth point</td><td style="text-align: center; font-size: 8px;">Growth point</td></tr> <tr><td style="text-align: center; font-size: 8px;">Estate/mine</td><td style="text-align: center; font-size: 8px;">Estate/mine</td><td style="text-align: center; font-size: 8px;">Estate/mine</td><td style="text-align: center; font-size: 8px;">Estate/mine</td></tr> <tr><td style="text-align: center; font-size: 8px;">Roadside BC</td><td style="text-align: center; font-size: 8px;">Roadside BC</td><td style="text-align: center; font-size: 8px;">Roadside BC</td><td style="text-align: center; font-size: 8px;">Roadside BC</td></tr> <tr><td style="text-align: center; font-size: 8px;">Rural BC</td><td style="text-align: center; font-size: 8px;">Rural BC</td><td style="text-align: center; font-size: 8px;">Rural BC</td><td style="text-align: center; font-size: 8px;">Rural BC</td></tr> <tr><td style="text-align: center; font-size: 8px;">Communal area</td><td style="text-align: center; font-size: 8px;">Communal area</td><td style="text-align: center; font-size: 8px;">Communal area</td><td style="text-align: center; font-size: 8px;">Communal area</td></tr> </table>	1	1	1	1	Large town or city	Large town or city	Large town or city	Large town or city	Small town	Small town	Small town	Small town	Growth point	Growth point	Growth point	Growth point	Estate/mine	Estate/mine	Estate/mine	Estate/mine	Roadside BC	Roadside BC	Roadside BC	Roadside BC	Rural BC	Rural BC	Rural BC	Rural BC	Communal area	Communal area	Communal area	Communal area					
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Q292	<i>In the last 12 months, has he/she lived outside this community for a period of one month or more?</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="text-align: center; font-size: 8px;">Yes</td><td style="text-align: center; font-size: 8px;">Yes</td><td style="text-align: center; font-size: 8px;">Yes</td><td style="text-align: center; font-size: 8px;">Yes</td></tr> <tr><td style="text-align: center; font-size: 8px;">No</td><td style="text-align: center; font-size: 8px;">No</td><td style="text-align: center; font-size: 8px;">No</td><td style="text-align: center; font-size: 8px;">No</td></tr> <tr><td style="text-align: center; font-size: 8px;">Don't know</td><td style="text-align: center; font-size: 8px;">Don't know</td><td style="text-align: center; font-size: 8px;">Don't know</td><td style="text-align: center; font-size: 8px;">Don't know</td></tr> <tr><td style="text-align: center; font-size: 8px;">98</td><td style="text-align: center; font-size: 8px;">98</td><td style="text-align: center; font-size: 8px;">98</td><td style="text-align: center; font-size: 8px;">98</td></tr> </table>	1	1	1	1	Yes	Yes	Yes	Yes	No	No	No	No	Don't know	Don't know	Don't know	Don't know	98	98	98	98	- Q294																
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Don't know	Don't know	Don't know	Don't know																																				
98	98	98	98																																				
Q293	<u>Record, total no. of months away, & details of longest absence.</u> <u>Use codes from Q227 & Q231.</u>	Total months away <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Longest: months <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Longest: place <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Longest: reason <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO	
Q294	<p><i>How many nights during the last month did he/she stay in each of the following places?</i></p> <p><u>Ask for and enter number of nights in each place.</u></p> <p><u>NB: last month only.</u></p> <p><u>Enter "98" if respondent does'nt know.</u></p>	<p>Harare</p> <p>Mutare</p> <p>Rusape</p> <p>Nyazura</p> <p>Nyanga</p> <p>Watsomba</p> <p>Other cities/towns</p> <p>Nyabadza/Nyahukwa</p> <p>Hauna</p> <p>Katiyo</p> <p>Eastern Highlands Est.</p> <p>Aberfoyle</p> <p>Sheba/St. Augustine's</p> <p>Selbourne</p> <p>Honde Mission</p> <p>Bonda Mission</p> <p>St Killian's Mission</p> <p>St Theresa's Mission</p> <p>Other areas</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>		
Q295	<p><i>Which church does he/she belong to?</i></p>	<p>Traditional</p> <p>Methodist</p> <p>Anglican</p> <p>Roman Catholic</p> <p>ZAOGA</p> <p>Apostolic Faith Mn.</p> <p>Marange Apostolic</p> <p>Zviratidzo Apostolic</p> <p>Other Apostolic (spec)</p> <p>Zionist</p> <p>Mughodi</p> <p>Other (specify)</p> <p>None</p>	<p>1</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>12</p> <p>13</p> <p>15</p> <p>20</p> <p>17</p> <p>97</p>	<p>1</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>12</p> <p>13</p> <p>15</p> <p>20</p> <p>17</p> <p>97</p>	<p>1</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>12</p> <p>13</p> <p>15</p> <p>20</p> <p>17</p> <p>97</p>	<p>1</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>12</p> <p>13</p> <p>15</p> <p>20</p> <p>17</p> <p>97</p>	
Q296	<p><i>Has he/she been circumcised?</i></p>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	
Q297	<p><i>Has he/she visited a bar or beer-hall in the last month?</i></p>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	<p>1</p> <p>2</p> <p>98</p>	
Q298	<p><i>In which sector of employment does he/she work?</i></p>	<p>Estates</p> <p>Manuf'trg/building</p> <p>Police/army</p> <p>Education</p> <p>Health sector</p> <p>Services/retail: shops</p> <p>Informal: trading</p> <p>Informal: incl agric</p> <p>Student</p> <p>Unemployed: excl. agr</p> <p>Other (specify)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>- Q299a</p> <p>- Q299a</p> <p>- Q299a</p> <p>- Q299a</p>
Q299	<p><i>What type of work does he/she do?</i></p>	<p>Prof/manage't</p> <p>Self-employed</p> <p>Skilled labour</p> <p>Manual/unskilled</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	
Q299a	<p><i>Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?</i></p>	<p>Can trust people</p> <p>Cannot trust people</p>			<p>1</p> <p>2</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
Q299b	<p><i>Would you say that, most of the time, people try to be helpful, or are they are mostly just looking after themselves?</i></p>	<p>People helpful</p> <p>People not helpful</p>			<p>1</p> <p>2</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
Q299c	<p><i>Did you vote in the last national elections?</i></p>	<p>Yes</p> <p>No</p>			<p>1</p> <p>2</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO	
Q2991	<p><i>Which of the following groups exist in your home area and which are you a member of?</i></p> <p><u>For those where he/she is a member:</u></p> <p><i>Would you say that this group functions: (1) well; (2) OK; or (3) poorly?</i></p>	<p>Church groups 1</p> <p>Women's groups 2</p> <p>Co-operative 3</p> <p>Farmers group 4</p> <p>Burial society 5</p> <p>Savings club (RCS) 6</p> <p>Youth group 7</p> <p>Sports club 8</p> <p>AIDS group 9</p> <p>Political party 10</p>	Exist	Member	Rating	
Q2992	<p><i>What is the principal activity of the group you spend the most time with?</i></p>	Code from Q2991				
		None	99			- Q301
Q2993	<p><i>Do group members discuss: (1) formally; (2) informally; or (3) both?</i></p> <p><i>Do members of the group advise each other on how to avoid HIV/AIDS in either formal or informal discussions?</i></p>	<p>Formally</p> <p>Informally</p> <p>Both</p> <p>None</p>	Meet	HIV		
			1	1		
			2	2		
			3	3		
			4	4		
Q2994	<p><i>How often does the group meet?</i></p>	<p>Weekly</p> <p>Monthly</p> <p>Less often</p>	1			
			2			
			3			
Q2995	<p><i>Is the group sponsored by a church, school, political party, NGO or other organisation?</i></p> <p><u>Record name of organisation:</u></p>	<p>Church</p> <p>School</p> <p>Political party</p> <p>NGO</p> <p>Employer</p> <p>Other _____</p>	1			
			2			
			3			
			4			
			5			
			8			
Q2996	<p><i>What proportion of the group are:</i></p> <p>(1) Male?</p> <p>(2) Aged under 20 years?</p> <p>(3) Married?</p> <p>(4) Have received secondary education?</p>	<u>Record as %s.</u>		%		
Q2997	<p><i>Does the group assist or meet with:</i></p> <p>(1) Other groups of the same type?</p> <p>(2) Other groups of different types?</p> <p>(3) Other members of the community?</p>		Assists	Meets	Neither	
			1	2	3	
			1	2	3	
			1	2	3	
Q2998	<p><i>How many members of the group consume alcohol during or after the meetings?</i></p>	<p>All or most</p> <p>Some</p> <p>None or very few</p>		1		
				2		
				3		
Q2999	<p><i>Are the group meetings generally co-operative or conflictual?</i></p>	<p>Co-operative</p> <p>Conflictual</p>		1		
				2		

INDIVIDUAL QUESTIONNAIRE:

INVITATION TO JOIN THE STUDY

- Explain the purpose of the study - including potential benefits nationally and to the community.
- Explain what is involved in participating in the study - show/read invitation letter and consent form.
- Ask about and discuss any concerns the respondent might have.
- Seek consent to participate in the study - request signature on consent form.

Q301	<p><u>Indicate whether the respondent wishes to join/continue in the study.</u></p>	<p>Yes</p> <p>No</p>	1			- Q303
			2			
Q302	<p><u>Indicate the main reason why he/she does not wish to participate.</u></p> <p><u>* Ask for an appointment if reason is insufficient time.</u></p>	<p>Insufficient time*</p> <p>Urine samples</p> <p>DBS samples</p> <p>Information too personal</p> <p>Other (specify)</p>	1			
			2			
			3			
			4			
			8			
Q303	<p><u>Record details of others present at this point.</u></p>	<p>Children under 10</p> <p>Husband/wife</p> <p>Other males</p> <p>Other females</p>		Yes	No	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q401	<p>10-15 minutes of informal discussion first to build rapport, trust & stress absence of prejudice. Explain the need to ask questions on the respondent's own experience of sexual relationships. Stress the importance of providing accurate information. Stress that strict confidentiality will be maintained - request privacy.</p>		
Q402	<p>How old were you when you had sex for the first time? Explain what we mean by "having sex".</p>	<p>Age in years <input type="text"/> yrs</p> <p>Not yet had sex 99 <input type="text"/></p>	- Q404
Q403	<p>What is the main reason you have not yet started to have sexual relations?</p>	<p>Too young 1 <input type="text"/></p> <p>Not met partner 2 <input type="text"/></p> <p>Not yet married 3 <input type="text"/></p> <p>Risk of pregnancy 4 <input type="text"/></p> <p>Risk of HIV/AIDS 5 <input type="text"/></p> <p>Other (specify) 8 <input type="text"/></p>	- Q408 - Q408 - Q408 - Q408 - Q408 - Q408
Q404	<p>How many days is it since you last had sex? Skip to Q406 if less than one month.</p>	<p>More than one year 99 <input type="text"/> days</p>	
Q405	<p>What is the main reason you are currently abstaining from sexual relations? Options 1-4 could refer to the respondent or (if male) to his regular partner.</p>	<p>Current pregnancy 1 <input type="text"/></p> <p>Recent birth 2 <input type="text"/></p> <p>Terminal abstinence 3 <input type="text"/></p> <p>Self or partner has an STD 4 <input type="text"/></p> <p>Currently living apart 5 <input type="text"/></p> <p>Risk of catching HIV/AIDS 6 <input type="text"/></p> <p>Risk of passing on HIV/AIDS 7 <input type="text"/></p> <p>Religious reasons 8 <input type="text"/></p> <p>Not currently married 9 <input type="text"/></p> <p>Other (specify) 20 <input type="text"/></p>	
Q406	<p>How many different sexual partners did you have before you got married? If not yet married, ask for number of partners so far.</p>	<p>Number of partners <input type="text"/></p> <p>"Married" here includes long-term and cohabiting unions - ie: as in Q269.</p>	
Q407	<p>If you took a guess, how many partners other than yourself (and any co-wives) do you think your current spouse/partner has had in the last 12 months?</p>	<p>Number of non-regular partners <input type="text"/></p>	
Q408	<p>Indicate data collection method used. For secret voting: (i) explain the procedure and the confidentiality safeguards carefully. (ii) enter fieldwork code on voting slips.</p>	<p>Secret voting Interview* <input type="text"/> B/L <input type="text"/> F/Up</p> <p>1 <input type="text"/> 1 <input type="text"/></p> <p>2 <input type="text"/> 2 <input type="text"/></p> <p>*Re-interviews MUST be conducted using the same method as in the baseline survey.</p>	
Q409	<p>How many different regular sexual partners have you had in your lifetime? By regular, I mean someone you have been having sex with for a year or more.</p>	<p>Number of partners <input type="text"/> 1</p>	
Q410	<p>For how many years have you been using condoms every time you have sex with a regular partner? If you do not use condoms with your current regular partner(s), write "0".</p>	<p>Years <input type="text"/> 2</p>	
Q411	<p>How many different non-regular sex partners have you had in your lifetime?</p>	<p>Number of partners <input type="text"/> 3</p>	
Q412	<p>For how many years have you been using condoms every time you have sex with a non-regular sexual partner? If you don't use condoms with non-regular sexual partners now, please write "0". If you have never had a non-regular sexual partner, please write "P".</p>	<p>Years <input type="text"/> 4</p>	
Q413	<p>Of the non-regular sexual partnerships you have had in your lifetime, how many did you hope at the time would become regular partners?</p>	<p>Number of partners <input type="text"/> 5</p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q414	<p><i>How many different regular sexual partners have you had in the last three years?</i></p> <p><u>For re-interview respondents ...</u> <i>In other words, since we came last time.</i></p>	Number of regular partners	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 1
Q415	<p><i>How many different non-regular sexual partners have you had in the last three years?</i></p> <p><u>For re-interview respondents ...</u> <i>In other words, since we came last time.</i></p>	Number of non-regular partners	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 2
Q416	<p><i>How many different sexual partners have you had in the last 12 months?</i></p>	Number of partners	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 3
Q417	<p><i>How many of these partners were you having sex with for the first time?</i></p>	Number of new partners in last 12 months (stress)	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 4
Q418	<p><i>How many of these new partners did you meet at a bar or beer hall?</i></p>	Stress still talking about the last 12 months	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 5
Q419	<p><i>How many sexual relationships do you consider yourself to be involved in at the moment?</i></p>	Number of current relationships	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 6
Q420	<p><i>How many different partners have you had sex with in the last month?</i></p>	Number of partners in last month (total)	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> 7
Q421	<p>Explain that you now wish to ask some questions about the last person the respondent had sex with. <u>Note: only partners in the last month.</u></p> <p><u>If secret voting is being used, ask the respondent to enter a "P" in each box on the voting slip if he/she has not had any sexual relations in the last month.</u></p>		
Q422	<p><i>How many times have you had sexual intercourse with this partner in the last 2 weeks?</i></p>	Number of times	<input style="width: 30px; height: 20px;" type="text"/> 1
Q423	<p><i>On how many of these occasions did you and your partner use condoms throughout?</i></p>	Number of times	<input style="width: 30px; height: 20px;" type="text"/> 2
Q424	<p><i>How many months is it since you first had sexual intercourse with this person?</i> <i>If it is less than one month, write "0".</i> <i>If it is more than a year, write "Y".</i></p>	Months	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> mths 3
Q425	<p><i>Where were you when you had sex with this person for the first time?</i> <u>If secret voting is being used, show respondent the picture codes.</u></p>	Code	<input style="width: 30px; height: 20px;" type="text"/> 4
Q426	<p><i>How many years old is this person?</i></p>	Age in years	<input style="width: 30px; height: 20px; text-align: center;" type="text"/> yrs 5
Q427	<p><i>Is this person a regular partner?</i> <i>By regular, I mean someone you have been having sex with for a year or more.</i></p>	Yes No	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 6
Q428	<p><i>Is this person married to someone other than yourself?</i></p>	Yes No Don't know	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 98 <input style="width: 20px; height: 15px;" type="text"/> 7
Q429	<p><i>Have you given or received money in exchange for sex with this person in the last month?</i></p>	Yes No	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 8
Q430	<p><i>Did this person ever attend secondary school?</i></p>	Yes No Don't know	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 98 <input style="width: 20px; height: 15px;" type="text"/> 9

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q431	<p>Explain that you now wish to ask some questions about the <i>previous</i> person the respondent had sex with. Note: <i>still only partners in the last month.</i></p> <p>If secret voting is being used, ask the respondent to enter a "P" in each box on the voting slip if he/she has not had any sexual relations in the last month.</p>		
Q432	<p>How many times have you had sexual intercourse with this partner in the last 2 weeks?</p>	<p>Number of times</p> <input style="width: 40px; height: 20px;" type="text"/>	1
Q433	<p>On how many of these occasions did you and your partner use condoms throughout?</p>	<p>Number of times</p> <input style="width: 40px; height: 20px;" type="text"/>	2
Q434	<p>How many months is it since you first had sexual intercourse with this person? If it is less than one month, write "0". If it is more than a year, write "Y".</p>	<p>Months</p> <input style="width: 40px; height: 20px; text-align: center; font-size: small;" type="text"/>	3
Q435	<p>Where were you when you had sex with this person for the first time? If secret voting is being used, show respondent the picture codes.</p>	<p>Code</p> <input style="width: 40px; height: 20px;" type="text"/>	4
Q436	<p>How many years old is this person?</p>	<p>Age in years</p> <input style="width: 40px; height: 20px; text-align: center; font-size: small;" type="text"/>	5
Q437	<p>Is this person a regular partner? By regular, I mean someone you have been having sex with for a year or more.</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p>	6
Q438	<p>Is this person married to someone other than yourself?</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Don't know 98 <input style="width: 20px; height: 20px;" type="text"/></p>	7
Q439	<p>Have you given or received money in exchange for sex with this person in the last month?</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p>	8
Q440	<p>Did this person ever attend secondary school?</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Don't know 98 <input style="width: 20px; height: 20px;" type="text"/></p>	9
Q442	<p>Have you (or your partner) ever practiced dry sex? i.e.: inserting some herbs/substance to dry the vagina before having sexual intercourse.</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Not heard of dry sex 8 <input style="width: 20px; height: 20px;" type="text"/></p>	- Q443 - Q443
Q443	<p>How often do you practice dry sex?</p>	<p>Almost always 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Sometimes 2 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Seldom 3 <input style="width: 20px; height: 20px;" type="text"/></p>	
Q443	<p>If respondent is male: got to Q501.</p>	<p>Male 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Female 2 <input style="width: 20px; height: 20px;" type="text"/></p>	- Q501
Q444	<p>Have you ever had sex during your menses?</p>	<p>Yes 1 <input style="width: 20px; height: 20px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 20px;" type="text"/></p> <p>Don't know 98 <input style="width: 20px; height: 20px;" type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q501	<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 the results of these tests and treatment, where this is possible, can be obtained from the local health clinic.</u></p> <p><u>Stress that strict confidentiality will be maintained.</u></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
Q502	<p><u>Urine sample obtained.</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No - note reason. 2 <input type="checkbox"/></p> <p>Not applicable 99 <input type="checkbox"/></p>	
Q503	<p><u>Blood spot sample obtained.</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No - note reason. 2 <input type="checkbox"/></p>	
Q504	<p><i>Do you think you might like to find out whether or not you are infected with HIV?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q505	<p><u>Explain that a service is currently available at a nearby health clinic where members of the study can discuss and receive advice on the advantages and disadvantages of finding out their HIV infection status with a fully qualified nurse.</u></p> <p><u>People who wish to know their status will be given their test results but attending the clinic will NOT mean that you have to receive your results.</u></p> <p><u>Stress that the service is fully optional and confidential.</u></p> <p><u>Explain that the respondent and his/her partner are encouraged to attend together - if they want.</u></p>		
Q506	<p><i>Have you ever had a test for HIV before?</i></p> <p><u>Explain: do NOT need to know the result.</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q512
Q507	<p><i>Did you receive counselling before being given the results?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	
Q508	<p><i>Did you collect your results?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	
Q509	<p><i>Did you receive counselling after receiving the results?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	
Q510	<p><i>How long is it since you had the test?</i></p>	<p>Period in years <input style="width: 40px; text-align: right; font-size: small;" type="text"/></p>	
Q511	<p><i>What was your reason for going?</i></p> <p><u>Probe - may be several reasons.</u></p>	<p>Ill - want to get best treatment 1 <input type="checkbox"/></p> <p>Anxiety - partner sick or died 2 <input type="checkbox"/></p> <p>Anxiety - past risky behaviour 3 <input type="checkbox"/></p> <p>Anxiety - partner's risky behaviour 4 <input type="checkbox"/></p> <p>Anxiety - past transfusion/injections 5 <input type="checkbox"/></p> <p>Anxiety - other risks 6 <input type="checkbox"/></p> <p>Anxiety - general concern 7 <input type="checkbox"/></p> <p>Contemplating marriage 8 <input type="checkbox"/></p> <p>Contemplating having a child 9 <input type="checkbox"/></p> <p>Insurance policy 10 <input type="checkbox"/></p> <p>Avoid infecting partner(s) 11 <input type="checkbox"/></p> <p>Life planning 12 <input type="checkbox"/></p> <p>Spouse sick or died 13 <input type="checkbox"/></p> <p>Child sick or died 14 <input type="checkbox"/></p> <p>Wanted reassurance not infected 15 <input type="checkbox"/></p> <p>Other (specify) 20 <input type="checkbox"/></p>	
Q512	<p><i>What factors would deter(ed) you from having an HIV test?</i></p> <p><u>ie: possible implications of finding out he/she is HIV+.</u></p> <p><u>Probe - may be several reasons.</u></p>	<p>Psychological effects 1 <input type="checkbox"/></p> <p>Stigma & discrimination 2 <input type="checkbox"/></p> <p>Possible divorce/separation 3 <input type="checkbox"/></p> <p>Job loss 4 <input type="checkbox"/></p> <p>Fatalism - no cure 5 <input type="checkbox"/></p> <p>Positive result accelerates death 6 <input type="checkbox"/></p> <p>Other (specify) _____ 10 <input type="checkbox"/></p>	
Q513	<p><i>Do you know the HIV status of your regular partner?</i></p> <p><u>Explain: do NOT need to know the result.</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>No regular partner 99 <input type="checkbox"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q601	<i>Now I would like to ask you some questions about HIV and AIDS.</i>		
Q602	<p><i>Please tell me all the ways that an adult can get HIV infection and AIDS?</i></p> <p><i>Are there any other ways?</i></p> <p><u>Tick code 1 for each way mentioned spontaneously. Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in the "probed" column as follows:</u></p> <p>1 Yes: HIV can be transmitted this way 2 No: HIV cannot be transmitted this way 98 Don't know</p>	<p>Sex with a person with HIV/AIDS <input type="checkbox"/> Spont <input type="checkbox"/> Probed</p> <p>Touching a person with AIDS <input type="checkbox"/></p> <p>Mosquito bites <input type="checkbox"/></p> <p>Blood transfusion <input type="checkbox"/></p> <p>Injection with a dirty needle <input type="checkbox"/></p> <p>Sharing utensils with a person with HIV/AIDS <input type="checkbox"/></p> <p>Ritual scarification <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/></p>	
Q603	<p><i>Do you know of any factors which are likely to <u>increase</u> the chances that a person will get HIV and AIDS?</i></p> <p><u>Ask in same way as Q602.</u></p>	<p>Sex with a prostitute <input type="checkbox"/> Spont <input type="checkbox"/> Probed</p> <p>Many sex partners <input type="checkbox"/></p> <p>Other STDs present <input type="checkbox"/></p> <p>Using condoms <input type="checkbox"/></p> <p>Witchcraft or spiritual curse <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/></p>	
Q604	<p><i>What are the ways in which an infant or child could have become infected with HIV?</i></p> <p><u>Ask in same way as Q602.</u></p>	<p>At birth - if mother infected <input type="checkbox"/> Spont <input type="checkbox"/> Probed</p> <p>Witchcraft or spiritual curse <input type="checkbox"/></p> <p>Mosquito bites <input type="checkbox"/></p> <p>Injection with a dirty needle <input type="checkbox"/></p> <p>Breastfed by infected woman <input type="checkbox"/></p> <p>Blood transfusion <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/></p>	
Q605	<p><i>Are all babies born to women who have HIV born with the infection?</i></p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 98</p>	
Q606	<p><i>Can all people infected with HIV be identified by looking at them?</i></p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 98</p>	
Q607	<p><i>Would you be willing to take care of a family member with AIDS?</i></p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 98</p>	
Q608	<p><i>What is the connection between HIV and AIDS?</i></p>	<p>HIV is the virus which causes AIDS <input type="checkbox"/> 1</p> <p>No difference - same <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 98</p>	- Q610
Q609	<p><i>How would you distinguish between HIV and AIDS?</i></p>	<p>HIV may have no visible symptoms <input type="checkbox"/> 1</p> <p>Not possible <input type="checkbox"/> 8</p> <p>Other (specify) _____ <input type="checkbox"/> 10</p> <p>Don't know <input type="checkbox"/> 98</p>	
Q610	<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 <input type="text"/> yrs <input type="text"/> mths</p> <p>Don't know <input type="checkbox"/> 998</p>	

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Q611	<i>How many people do you know who either died from AIDS or have the disease now?</i>	Number (> 0) <input style="width: 40px; height: 25px;" type="text"/> Doesn't know of any 998 <input style="width: 40px; height: 25px;" type="text"/>	- Q615
Q612	<i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else?</i> Enter numbers of people in each category.	Household 1 <input style="width: 40px; height: 25px;" type="text"/> Village/town 2 <input style="width: 40px; height: 25px;" type="text"/> Somewhere else 3 <input style="width: 40px; height: 25px;" type="text"/>	
Q613	<i>What was your relationship to each of these people?</i> Enter numbers of people in each category.	Spouse/partner 1 <input style="width: 40px; height: 25px;" type="text"/> Father or mother 2 <input style="width: 40px; height: 25px;" type="text"/> Son or daughter 3 <input style="width: 40px; height: 25px;" type="text"/> Other relative 4 <input style="width: 40px; height: 25px;" type="text"/> Friend or neighbour 5 <input style="width: 40px; height: 25px;" type="text"/> Work colleague 6 <input style="width: 40px; height: 25px;" type="text"/> Someone else 7 <input style="width: 40px; height: 25px;" type="text"/>	
Q614	<i>Did you help to take care of any of these people on a daily basis?</i>	Yes 1 <input style="width: 40px; height: 25px;" type="text"/> No 2 <input style="width: 40px; height: 25px;" type="text"/>	
Q615	<i>Do you think you could become infected with HIV yourself in the future?</i>	Yes 1 <input style="width: 40px; height: 25px;" type="text"/> No 2 <input style="width: 40px; height: 25px;" type="text"/> Don't know 98 <input style="width: 40px; height: 25px;" type="text"/>	- Q617
Q616	<i>Why do you think you might become infected?</i> Do not prompt, but ask if any other reasons.	Has multiple sex partners (now) 1 <input style="width: 40px; height: 25px;" type="text"/> Regular partner has multiple sex partners 2 <input style="width: 40px; height: 25px;" type="text"/> Might marry a person who is already infected 3 <input style="width: 40px; height: 25px;" type="text"/> Many friends and relatives are dying of AIDS 4 <input style="width: 40px; height: 25px;" type="text"/> Future partners may have other partners 5 <input style="width: 40px; height: 25px;" type="text"/> Other (specify) 8 <input style="width: 40px; height: 25px;" type="text"/>	
Q617	<i>If you did become ill with AIDS, do you think you would be able to get help from your neighbours?</i>	Yes 1 <input style="width: 40px; height: 25px;" type="text"/> No 2 <input style="width: 40px; height: 25px;" type="text"/> Don't know 98 <input style="width: 40px; height: 25px;" type="text"/>	
Q618	<i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</i>	Yes 1 <input style="width: 40px; height: 25px;" type="text"/> No 2 <input style="width: 40px; height: 25px;" type="text"/> Don't know 98 <input style="width: 40px; height: 25px;" type="text"/>	
Q619	<i>If you thought your spouse/regular was having sexual intercourse with a casual partner(s) without using condoms, could you persuade him/her to stop?</i>	Yes 1 <input style="width: 40px; height: 25px;" type="text"/> No 2 <input style="width: 40px; height: 25px;" type="text"/> No regular partner 96 <input style="width: 40px; height: 25px;" type="text"/> Don't know 98 <input style="width: 40px; height: 25px;" type="text"/>	

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Q620	<p><i>Which of the following statements would you say was true?</i></p> <p>(1) I have one partner who has other partners but does not always use condoms.</p> <p>(2) My spouse/partner would not use condoms with me on a regular basis.</p> <p>(3) I have more than one partner because I need the money and the possibility of dying from AIDS is remote.</p> <p>(4) I pay/get paid for sex because my friends do and because they encourage me.</p> <p>(5) There is no point trying to avoid AIDS as I am probably already infected.</p> <p>(6) I could avoid AIDS by sticking to one partner or always using condoms.</p> <p>(7) I am more likely to die from an accident or other illness than from AIDS.</p> <p>(8) Condom use within marriage is becoming more widely accepted in this area.</p> <p>(9) Condoms significantly reduce the pleasure of having sex.</p> <p>(10) These days, most married men are faithful to their wives.</p> <p>(11) Drinking beer is an essential form of entertainment and relaxation for men.</p> <p><u>Read out each in turn.</u></p>	<p>True Not true</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q621	<p><i>Are you or your spouse/partner currently taking any steps to avoid HIV and AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q623
Q622	<p><i>What steps are you or your spouse/partner currently taking?</i></p> <p><u>Do not prompt, but ask if any other steps.</u></p> <p><u>Stress that includes actions taken by regular partner.</u></p>	<p>Sticking to one partner - self 1 <input type="checkbox"/></p> <p>Sticking to one partner - spouse 2 <input type="checkbox"/></p> <p>Condoms - self/spouse 3 <input type="checkbox"/></p> <p>Condoms - self/casual partners 4 <input type="checkbox"/></p> <p>Condoms - spouse/casual partners 5 <input type="checkbox"/></p> <p>Femidoms - self/spouse 6 <input type="checkbox"/></p> <p>Femidoms - self/casual partners 7 <input type="checkbox"/></p> <p>Femidoms - spouse/casual partners 8 <input type="checkbox"/></p> <p>Avoiding bars - self 9 <input type="checkbox"/></p> <p>Avoiding bars - spouse 10 <input type="checkbox"/></p> <p>Abstaining from sex 11 <input type="checkbox"/></p> <p>Other (specify) 20 <input type="checkbox"/></p>	
Q623	<p><i>From what places or persons can condoms and/or femidoms be obtained locally?</i></p> <p><u>Do not prompt, but ask if any other places.</u></p> <p><u>If condoms/femidoms mentioned in Q622:</u></p> <p><i>From what place or person was the last condom (femidom) you used obtained?</i></p>	<p>Available Obtained</p> <p>Partner 1 <input type="checkbox"/> <input type="checkbox"/></p> <p>Shop/pharmacy 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>Hospital/clinic 3 <input type="checkbox"/> <input type="checkbox"/></p> <p>Family planning centre 4 <input type="checkbox"/> <input type="checkbox"/></p> <p>Community based distributor 5 <input type="checkbox"/> <input type="checkbox"/></p> <p>Bar/beerhall/hotel 6 <input type="checkbox"/> <input type="checkbox"/></p> <p>Peer educator 7 <input type="checkbox"/> <input type="checkbox"/></p> <p>FACT employee/volunteer 8 <input type="checkbox"/> <input type="checkbox"/></p> <p>Africare 10 <input type="checkbox"/> <input type="checkbox"/></p> <p>(Only) outside the area 11 <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (specify) 12 <input type="checkbox"/> <input type="checkbox"/></p>	
Q624	<p><i>Have you ever discussed ways of avoiding HIV/AIDS with your regular partner?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>No regular partner 96 <input type="checkbox"/></p>	- Q627
Q625	<p><i>Have you and your regular partner started using a new method of family planning since hearing about HIV/AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q627
Q626	<p><i>Which method(s) were you using before you heard about AIDS and which are you using now?</i></p>	<p>Before Now</p> <p>Pill <input type="checkbox"/> <input type="checkbox"/></p> <p>Condoms <input type="checkbox"/> <input type="checkbox"/></p> <p>Femidoms <input type="checkbox"/> <input type="checkbox"/></p> <p>Sterilization <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>No methods being used <input type="checkbox"/> <input type="checkbox"/></p>	

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Q627	<i>Have you heard about any meetings or other activities about HIV and AIDS?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q632																																																																																																
Q628	<i>Have you attended any meetings or other activities about HIV and AIDS?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q634																																																																																																
Q629	<i>Were any of these activities held locally or only somewhere else?</i>	Local area Elsewhere only - <u>specify location.</u>	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q634																																																																																																
Q630	<p><i>How many meetings have you attended in your area in the past 3 years that were held by the following people at the following places?</i></p> <p><u>If attended: how effective were these meetings in persuading people to change their sexual behaviour?</u></p> <p>1. Very effective; 2. Fairly effective; or 3. Ineffective.</p> <p><u>If meetings attended at other locations, note the organisation and the most common meeting location.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Work</th> <th style="text-align: center;">School</th> <th style="text-align: center;">Clinic/Hosp</th> <th style="text-align: center;">Bar/B-H</th> <th style="text-align: center;">Rating</th> </tr> </thead> <tbody> <tr><td>FACT (FLAG)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>FACT (Other)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>ZNFPC</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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know	<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"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Q631	<p><i>How many meetings have you attended in your area in the past 6 months that were held by the following people at the following places?</i></p> <p><u>If meetings attended at other locations, note the organisation and the most common meeting location.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Work</th> <th style="text-align: center;">School</th> <th style="text-align: center;">Clinic/Hosp</th> <th style="text-align: center;">Bar/B-H</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr><td>FACT (FLAG)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>FACT (Other)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> 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Q632	<p><i>What patterns of behaviour are the peer educators advocating? Ask for a complete list.</i></p> <p><i>How effective are the peer educators in persuading and assisting people like yourself to: ... (read list) ...</i></p> <p>1. Very effective; 2. Fairly effective; or 3. Ineffective.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Advocate</th> <th style="text-align: center;">Effect</th> </tr> </thead> <tbody> <tr><td>Abstain from sex</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Keep to one sexual partner</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Use condoms with non-regular partners</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Seek quick treatment for STDs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify) _____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Don't know any</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Advocate	Effect	Abstain from sex	<input type="checkbox"/>	<input type="checkbox"/>	Keep to one sexual partner	<input type="checkbox"/>	<input type="checkbox"/>	Use condoms with non-regular partners	<input type="checkbox"/>	<input type="checkbox"/>	Seek quick treatment for STDs	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Don't know any	<input type="checkbox"/>	<input type="checkbox"/>																																																																												
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Q633	<i>Are the new patterns of sexual behaviour advocated by the peer educators realistic for people like yourself?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																																																																
Q634	<p><i>How many times in the last month have you heard HIV/AIDS mentioned ...</i></p> <p>On television On the radio In a newspaper</p>	TV Radio Newspaper	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																																																																																
Q635	<u>Record details of others present at this point in the interview.</u>	Children under 10 Husband/wife Other males Other females	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Children under 10</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Husband/wife</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other males</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other females</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Children under 10	1	2	Husband/wife	1	2	Other males	1	2	Other females	1	2																																																																																	
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q701	<i>Now I would like to talk to you about pregnancy and childbirth. Have you ever given birth (fathered a child)*?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>	- Q706
Q702	<i>Do you have any sons or daughters who are now living with you?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>	- Q704
Q703	<i>How many sons live with you? How many daughters live with you?</i>	Sons at home Daughters at home	<input type="text"/> <input type="text"/>	
Q704	<i>Do you have any sons or daughters who are alive but do not live with you?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>	- Q706
Q705	<i>How many sons are alive but do not live with you? How many daughters are alive but do not live with you?</i>	Sons elsewhere Daughters elsewhere	<input type="text"/> <input type="text"/>	
Q706	<i>Have you ever given birth to (or fathered) a boy or girl who was born alive but later died?</i> <u>If no, probe:</u> <i>Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>	- Q708
Q707	<i>How many boys have died in this way? And how many girls died in this way?</i>	Boys who died Girls who died	<input type="text"/> <input type="text"/>	
Q708	<u>Sum answers to Q703, Q705 and Q707. Enter total.</u>	Total	<input type="text"/>	
Q709	<i>In total, then, how many live births have you had (fathered)?</i> <u>Compare response with total in Q708.</u> <u>If numbers are different, probe and correct Q701-Q708, as necessary.</u>			
Q710	<u>If no births (Q708):</u>			- Q722

***Note:** For male respondents use question wordings indicated in brackets.

Q711

"Now I would like to talk to you about all your births, whether still alive or not, since we saw you last time, starting with the first one you had".

Record names of all births in Q712. Record multiple births (twins, triplets etc) on separate lines.

Compare the follow-up list (number of births & date of first interview) and CHCs to confirm the identity of the earliest new birth.

Q712	Q713	Q714	Q715	Q716	Q717	Q718	Q719
<p><i>What name was given to your (first/next) baby?</i></p>	<p><u>Record single (S) or multiple (M) birth status.</u></p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month and year was (NAME) born?</i></p> <p><u>Ask for Child Health Card (CHC) as evidence of date of birth.</u></p> <p><u>Tick CHC box if date confirmed.</u></p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p><u>Record age in completed years.</u></p>	<p><u>If alive:</u> <i>Is (NAME) living with you?</i></p>	<p><u>If dead:</u> <i>How old was (NAME) when he/she died?</i></p> <p><u>If "1 year":</u> <i>How many months old was (NAME) when he/she died?</i></p> <p><u>Record days, if less than 1 month; months if less than two years.</u></p>

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<p><i>What name was given to your (first/next) baby?</i></p>	<p><u>Record single (S) or multiple (M) birth status.</u></p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month and year was (NAME) born?</i></p> <p><u>Ask for Child Health Card (CHC) as evidence of date of birth.</u></p> <p><u>Tick CHC box if date confirmed.</u></p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p><u>Record age in completed years.</u></p>	<p><u>If alive:</u> <i>Is (NAME) living with you?</i></p>	<p><u>If dead:</u> <i>How old was (NAME) when he/she died?</i></p> <p><u>If "1 year":</u> <i>How many months old was (NAME) when he/she died?</i></p> <p><u>Record days, if less than 1 month; months if less than two years.</u></p>

<p>09</p> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Place (Q227) <input type="text"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>10</p> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Place (Q227) <input type="text"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>11</p> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Place (Q227) <input type="text"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>12</p> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Place (Q227) <input type="text"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>

<p>Q720</p>	<p><u>Tick here, if further sheet used:</u> <input type="checkbox"/></p>	<p><u>Number of births listed above.</u> <input type="text"/></p> <p><u>Number of births listed at baseline.</u> <input type="text"/></p> <p><u>Total.</u> <input type="text"/></p>
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<p>Q721</p>	<p><u>Compare Q708 with total number of births in history above (Q720).</u></p> <p><u>If numbers are different, probe and reconcile.</u></p> <p><u>If numbers are the same, check:</u></p> <p><u>For each birth: year of birth is recorded.</u></p> <p><u>For each living child: current age is recorded.</u></p> <p><u>For each dead child: age at death is recorded.</u></p> <p><u>For age at death 12 months: probe to determine exact number of months.</u></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Q722</p>	<p><u>For men: go to Q824.</u></p> <p><u>For women: check follow-up checklist for pregnancy at time of baseline survey visit.</u></p>	<p>Pregnant - self-report <input type="checkbox"/> 1</p> <p>Pregnant - test only <input type="checkbox"/> 2</p> <p>Not pregnant <input type="checkbox"/> 3</p> <p>- Q726</p>
<p>Q723</p>	<p><i>At the time we saw you last you were pregnant, what was the outcome of that pregnancy?</i></p>	<p>Live birth <input type="checkbox"/> 1</p> <p>Miscarriage/still birth <input type="checkbox"/> 2</p> <p>- Q725</p>
<p>Q724</p>	<p><i>After how many months of the pregnancy did the miscarriage/stillbirth occur?</i></p>	<p>Months <input type="text"/></p> <p>- Q726</p>
<p>Q725</p>	<p><i>What name was given to this baby?</i></p> <p><u>Check whether this name appears on the list above at the appropriate time. If not, investigate.</u></p>	<p>_____</p>
<p>Q726</p>	<p><i>How many pregnancies have you had in the last 3 years including any current pregnancy? i.e.: new pregnancies since the baseline survey.</i></p>	<p>One or more <input type="text"/></p> <p>None <input type="checkbox"/></p> <p>- Q822 & Q824.</p>

REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q801	Gender of respondent.	Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>	- Q824		
Q802	Are you pregnant now?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not sure 98 <input type="checkbox"/>	- Q804 - Q804		
Q803	For how many months have you been pregnant?	Number <input style="width: 40px;" type="text"/>	- Q805		
Q804	When did your most recent (or "this" for previous pregs) pregnancy end? Stress: including miscarriages.	<input style="width: 20px;" type="text"/> mnth <input style="width: 20px;" type="text"/> yr	<input style="width: 20px;" type="text"/> mnth <input style="width: 20px;" type="text"/> yr	<input style="width: 20px;" type="text"/> mnth <input style="width: 20px;" type="text"/> yr	<input style="width: 20px;" type="text"/> mnth <input style="width: 20px;" type="text"/> yr
Q805	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	Then 1 <input type="checkbox"/> Later 2 <input type="checkbox"/> No more 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q806	Have you seen anyone for antenatal care during this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q809) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q807	Whom have you seen?	Doctor/nurse 1 <input type="checkbox"/> Midwife - med'l 2 <input type="checkbox"/> TBA or midwife 3 <input type="checkbox"/> Other 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>
Q808	Where did you see this person? If a clinic or hospital, record its location and whether local or outside the study area.	Local clinic/hosp'l 1 <input type="checkbox"/> Other clinic/hosp'l 2 <input type="checkbox"/> At home 3 <input type="checkbox"/> Other 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>
Q809	Did you receive any blood transfusions during this pregnancy?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
		If still pregnant (check Q802), go to Q823.			
Q810	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes 1 <input type="checkbox"/> No (Go to Q812) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q811	How many months pregnant were you when this pregnancy ended?	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths
Q812	Was this pregnancy ended intentionally because you knew or suspected you might have HIV?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Rather not say 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q813	Has your period returned since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q815) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q814	For how many months after this pregnancy ended did you not have a period?	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths	<input style="width: 40px;" type="text"/> mnths
Q815	Have you resumed sexual relations since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q818) 2 <input type="checkbox"/>			



REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	
Q816	For how many months after this pregnancy ended did you not have sexual relations? <u>If 4 months or more, go to Q818.</u>	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	
Q817	Why did you resume having sex early after this pregnancy ended? <u>If pregnancy ended in miscarriage etc (check Q810), go to Q822.</u>	To avoid partner having other relationships Other Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>
Q818	Did you ever feed this baby at the breast?	Yes No (Go to Q821)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q819	Are you still breastfeeding?	Yes (Go to Q823) No Child has died	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>			
Q820	For how many months did you breastfeed this baby? <u>If 6 months or more, go to Q822.</u>	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	
Q821	Why did you not breastfeed this baby (for longer)?	Inconvenient Insufficient milk Baby refused Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	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"/>	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"/>	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"/>	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"/>
Q822	How long ago did your last menstrual period start? <u>If less than one month, record answer as "0" months.</u>	Months Years Before last birth Never menstruated	1 <input type="checkbox"/> 2 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/>			
Q823	Ask for date when the pregnancy before this one ended: if less than 3 years ago, go to next column and Q804					
Q824	For how much of the last 2 years have you and your regular partner been using a method of contraception?	None Some of the time Most/all of the time Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q901		
Q825	Which were the main methods you used? <u>Tick maximum of two methods.</u>	Pill Injections Condoms Femidoms Sterilization Safe period Withdrawal 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"/> 9 <input type="checkbox"/>			
Q826	What were your main reasons for wanting to delay or prevent another pregnancy? <u>Probe for other reasons, but do not prompt.</u>	Enough children Birth spacing Child HIV+ risk Child orphan risk Mother HIV+: accelerate AIDS Not yet ready to have children 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"/> 9 <input type="checkbox"/>			

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REF.	QUESTIONS & FILTERS								
Q901	<u>Record current time.</u>	Hour and minutes	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">hr</td> <td style="text-align: center; font-size: 8px;">mins</td> </tr> </table>			hr	mins		
hr	mins								
Q902	<i>What are your views of the value of this research?</i>	Useful Do not see the point No opinion	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">98</td> <td></td> </tr> </table>	1		2		98	
1									
2									
98									
Q903	<u>Record respondent's comments and your own observations in the space below.</u> <u>Give respondent a copy of the baseline survey results sheet and ask if he/she has any questions.</u> <u>Remind respondent of arrangements for HIV VCT and STD treatment.</u>								

RESPONDENT'S COMMENTS:

On the research?

On the FACT/BRTI HIV/STD prevention programme? (NA if respondent lives in a control area).

Further activities that would help to slow the spread of HIV and AIDS?

ENUMERATOR'S OBSERVATIONS:
