

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT4 number:

Questionnaire processing dates:

Consent form	<input style="width: 50px; height: 20px;" type="text"/>
Corrections completed	<input style="width: 50px; height: 20px;" type="text"/>
Data entered	<input style="width: 50px; height: 20px;" type="text"/>

QUESTIONNAIRE IDENTIFICATION

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

Q102 **Village:** _____

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

Q104 **Category of respondent:** Date left R3 area R3 MUTNO

Q105 **Study site reference:** R3

Q106 **Household number:** R3

Q107 **Line number on household questionnaire:** R3

INTERVIEWER VISIT

	1	2	3
Q108 Date:	_____	_____	_____
Q109 Time:	_____	_____	_____
Q110 Interviewer:	_____	_____	_____
Q111 Result**:	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent (from R3)	1
New respondent: previously under age	2
New respondent: non-regular visitor	3
New respondent: in-migrant (since R3)	5
New respondent: selected but unavailable R3	6
New respondent: selected but refused R3	7
New respondent: household missed R3	9
Other (specify) _____	8

****RESULT CODES**

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Out-migrated	100
(specify destination code) <input style="width: 30px; height: 20px;" type="text"/>	
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="text"/> 1 Female <input type="text"/> 2	
Q203	In what month and year were you born?	<input type="text"/> mnth <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 30+, go to Q215
Q205	Is your natural father still alive?	Yes <input type="text"/> 1 No <input type="text"/> 2 Don't know <input type="text"/> 98	- Q209 - Q209
Q206	In which year did he die?	Year of death <input type="text"/> Don't know <input type="text"/> 98	
Q207	Were you living with your father on a regular basis when he was: (1) in good health; and (2) unwell?	N/A <input type="text"/> 9 Yes <input type="text"/> 1 No <input type="text"/> 2	
Q208	Where were you living when your father was: (1) in good health? (2) unwell? (3) after he passed away?	Well <input type="text"/> 9 Sick <input type="text"/> 1 Died <input type="text"/> 2	
Q209	Is your natural mother still alive?	Yes <input type="text"/> 1 No <input type="text"/> 2 Don't know <input type="text"/> 98	- Q214 - Q214
Q210	In which year did she die?	Year of death <input type="text"/> Don't know <input type="text"/> 98	
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 <input type="text"/> 9 Sick <input type="text"/> 1 Died <input type="text"/> 2	- Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213 - Q213
Q212	Record whether these were paternal or maternal relatives.	Paternal <input type="text"/> 1 Maternal <input type="text"/> 2	
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 <input type="text"/> 8 Sick <input type="text"/> 1 Died <input type="text"/> 2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q214	Record father and/or mother's SITE/HHID/LINE if recorded in the household surveys.	Father Mother Neither 98	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q215	<i>Are you currently enrolled in school full-time?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q218
Q216	<i>How old were you when you left school?</i>	Age in completed years Never been to school	<input type="text"/> yrs 99 <input type="text"/> - Q220
Q217	<i>What was your reason for leaving school?</i> <u>If parents decided, probe for the underlying reason.</u>	Insufficient funds Found a job To go to college or university Inadequate exam passes Needed to help at home Marriage Pregnancy/childbirth - voluntarily Pregnancy - expelled Caught having sex - expelled Expelled - other reasons Other (specify)	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/>
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> <u>For "years", enter number of years (excl. repeats) at highest level reached.</u>	None Primary Secondary Higher	Level 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> Years 1-7 <input type="text"/> 1-6 <input type="text"/> 1-6 <input type="text"/> - Q221 - Q222
Q220	<i>Can you read a letter or newspaper in any language?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q221	<i>Did you obtain a pass in the Grade 7 exam?</i>	Yes No or not attempted	1 <input type="text"/> 2 <input type="text"/>
Q222	<i>How long have you been living in this homestead?</i>	Years Since birth Visitor	<input type="text"/> yrs 995 <input type="text"/> 996 <input type="text"/>
Q223	<i>How far is your homestead from the nearest ... ?</i>	Town/Growth point Business centre Tarred road	<input type="text"/> kms <input type="text"/> <input type="text"/>
Q224	<i>How long have you been living in (NAME OF VILLAGE)?</i>	Years Since birth Visitor	<input type="text"/> yrs 995 <input type="text"/> 996 <input type="text"/> - Q227
Q225	<i>What type of place was your previous place of residence?</i> <u>Record place of current home if the respondent is a visitor.</u> <u>"Roadside" here means a tarred road.</u> <u>Record the name of the place.</u>	Large town or city Small town Growth point Commercial estate/mine Roadside business centre Rural business centre Communal/resettlement area	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>
Q226	<i>Why did you move/come to this area?</i>	Work Partner's work Marriage Lost job Establish rural home Ill health - own Ill health - relative (specify) Visit relatives Parents moved Divorced/separated from spouse Other (specify)	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/>
Q227	<i>In the last three years, have you lived outside this community for a period of one month or more?</i>	Yes No Not applicable (visitor: Q224)	1 <input type="text"/> 2 <input type="text"/> - Q229 996 <input type="text"/> - Q229

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																																
Q228	<p>Record, total no. of months away, & details of longest absence. Use codes from Q225 & Q229.</p>	<p>Last three years</p> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Total</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Longest: Mths.</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Place</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Reason</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table> <p>Last twelve months</p> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Total</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Longest: Mths.</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Place</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Reason</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table>	Total	Longest: Mths.	Place	Reason									Total	Longest: Mths.	Place	Reason																																																																	
Total	Longest: Mths.	Place	Reason																																																																																
Total	Longest: Mths.	Place	Reason																																																																																
Q229	<p><i>How many days and nights have you spent during the last month visiting the following places?</i></p> <p>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.</p> <ol style="list-style-type: none"> 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. To visit boyfriend/girlfriend 12. Other reasons 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">days</th> <th style="width: 10%; text-align: center;">nights</th> <th style="width: 10%; text-align: center;">reason</th> </tr> </thead> <tbody> <tr><td>Harare</td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr> <tr><td>Mutare</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Rusape</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Nyazura</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Nyanga</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Watsomba</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Other cities/towns</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Nyabadza/Nyahukwa</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Hauna</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Katiyo</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Eastern Highlands Estate</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Aberfoyle</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Sheba/St. Augustine's</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Selbourne</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Honde Mission</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Bonda Mission</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>St Killian's Mission</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>St Theresa's Mission</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>Other rural areas</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </tbody> </table>		days	nights	reason	Harare				Mutare				Rusape				Nyazura				Nyanga				Watsomba				Other cities/towns				Nyabadza/Nyahukwa				Hauna				Katiyo				Eastern Highlands Estate				Aberfoyle				Sheba/St. Augustine's				Selbourne				Honde Mission				Bonda Mission				St Killian's Mission				St Theresa's Mission				Other rural areas				
	days	nights	reason																																																																																
Harare																																																																																			
Mutare																																																																																			
Rusape																																																																																			
Nyazura																																																																																			
Nyanga																																																																																			
Watsomba																																																																																			
Other cities/towns																																																																																			
Nyabadza/Nyahukwa																																																																																			
Hauna																																																																																			
Katiyo																																																																																			
Eastern Highlands Estate																																																																																			
Aberfoyle																																																																																			
Sheba/St. Augustine's																																																																																			
Selbourne																																																																																			
Honde Mission																																																																																			
Bonda Mission																																																																																			
St Killian's Mission																																																																																			
St Theresa's Mission																																																																																			
Other rural areas																																																																																			
Q230	<p><i>Which church denomination do you belong to?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Traditional</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td></tr> <tr><td>Methodist</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Anglican</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Roman Catholic</td><td style="text-align: center;">6</td><td></td></tr> <tr><td>ZAOGA</td><td style="text-align: center;">7</td><td></td></tr> <tr><td>Apostolic Faith Mission</td><td style="text-align: center;">8</td><td></td></tr> <tr><td>Marange Apostolic</td><td style="text-align: center;">9</td><td></td></tr> <tr><td>Zviratidzo Apostolic</td><td style="text-align: center;">12</td><td></td></tr> <tr><td>Other Apostolic (specify)</td><td style="text-align: center;">13</td><td></td></tr> <tr><td>Zionist</td><td style="text-align: center;">15</td><td></td></tr> <tr><td>Mughodi</td><td style="text-align: center;">20</td><td></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">17</td><td></td></tr> <tr><td>None</td><td style="text-align: center;">97</td><td></td></tr> </tbody> </table>	Traditional	1		Methodist	4		Anglican	5		Roman Catholic	6		ZAOGA	7		Apostolic Faith Mission	8		Marange Apostolic	9		Zviratidzo Apostolic	12		Other Apostolic (specify)	13		Zionist	15		Mughodi	20		Other (specify)	17		None	97		- Q233																																									
Traditional	1																																																																																		
Methodist	4																																																																																		
Anglican	5																																																																																		
Roman Catholic	6																																																																																		
ZAOGA	7																																																																																		
Apostolic Faith Mission	8																																																																																		
Marange Apostolic	9																																																																																		
Zviratidzo Apostolic	12																																																																																		
Other Apostolic (specify)	13																																																																																		
Zionist	15																																																																																		
Mughodi	20																																																																																		
Other (specify)	17																																																																																		
None	97																																																																																		
Q231	<p><i>How long have you been a member of this church?</i></p>	<p>Years</p> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> <p>Since birth</p> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">995</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>		995		- Q233																																																																													
995																																																																																			
Q232	<p><i>What was your reason for joining a different church?</i></p> <p>Record name of previous church.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Marriage: spouse's church</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td></tr> <tr><td>Conversion / born again</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Sickness</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Family misfortune</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Church beliefs better</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Moved to a new area</td><td style="text-align: center;">6</td><td></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">8</td><td></td></tr> </tbody> </table>	Marriage: spouse's church	1		Conversion / born again	2		Sickness	3		Family misfortune	4		Church beliefs better	5		Moved to a new area	6		Other (specify)	8																																																													
Marriage: spouse's church	1																																																																																		
Conversion / born again	2																																																																																		
Sickness	3																																																																																		
Family misfortune	4																																																																																		
Church beliefs better	5																																																																																		
Moved to a new area	6																																																																																		
Other (specify)	8																																																																																		
Q233	<p>Record ethnicity.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Black</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">8</td><td></td></tr> </tbody> </table>	Black	1		Other (specify)	8		- Q235																																																																										
Black	1																																																																																		
Other (specify)	8																																																																																		
Q234	<p><i>Which tribe do you belong to?</i></p> <p>Also, record totem and whether Mozambican.</p> <p>Totem </p> <p>Mozambican? </p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Manyika</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%;"></td></tr> <tr><td>Ndau</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Maungwe</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Zezuru</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Korekore</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Karanga</td><td style="text-align: center;">6</td><td></td></tr> <tr><td>Ndebele</td><td style="text-align: center;">7</td><td></td></tr> <tr><td>Nyanja</td><td style="text-align: center;">19</td><td></td></tr> <tr><td>Sena</td><td style="text-align: center;">20</td><td></td></tr> <tr><td>Malawian</td><td style="text-align: center;">44</td><td></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">12</td><td></td></tr> </tbody> </table>	Manyika	1		Ndau	2		Maungwe	3		Zezuru	4		Korekore	5		Karanga	6		Ndebele	7		Nyanja	19		Sena	20		Malawian	44		Other (specify)	12																																																	
Manyika	1																																																																																		
Ndau	2																																																																																		
Maungwe	3																																																																																		
Zezuru	4																																																																																		
Korekore	5																																																																																		
Karanga	6																																																																																		
Ndebele	7																																																																																		
Nyanja	19																																																																																		
Sena	20																																																																																		
Malawian	44																																																																																		
Other (specify)	12																																																																																		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q235	<i>Have you ever been circumcised?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q237
Q236	<i>How old were you when this was done?</i>	Age in years	<input type="text"/>
Q237	<i>In which sector of employment do you work?</i>	Estates: tea, coffee, forestry etc Manufacturing or building trade Police or army Teacher: primary school Teacher: secondary school Nurse Services or retail: shops Informal: petty trading (veg etc) Informal: subsistence agriculture Student Unemployed: <u>excl.</u> agriculture 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"/> - Q240 9 <input type="checkbox"/> - Q240 10 <input type="checkbox"/> - Q240 11 <input type="checkbox"/> - Q240 12 <input type="checkbox"/>
Q238	<i>What type of work do you do?</i>	Professional or managerial Self-employed: small business Skilled labour Manual/unskilled labour	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Q239	<i>How many days is it since the last time you were paid?</i>	Number of days	<input type="text"/> days
Q240	<i>How many times have you visited a bar or beer-hall in the last month?</i>	Number of times	<input type="text"/> - Q243 unless '0'
Q241	<i>Did you ever drink alcohol at beer halls on a regular basis?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q243
Q242	<i>What was the reason you stopped drinking at beer halls?</i>	Church rules Got married Other (specify) Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 98 <input type="checkbox"/>
Q243	<i>Do you drink alcohol on your own?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q245
Q244	<i>When you drink alcohol, do you usually have more than 3 beers in one night?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q245	<i>Do you smoke cigarettes?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q246	<i>Do you take any drugs for pleasure?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q247	<i>Have you ever been married or in a long-term or cohabiting relationship? <u>Relationships of 12 months or more should be treated as "long-term".</u></i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q295
Q248	<i>How many such relationships have you experienced in your lifetime?</i>	<u>Include current relationships.</u>	<input type="text"/>
Q249	<i>How old were you when you first entered such a relationship?</i>	Age (Years)	<input type="text"/> yrs
Q250	<i>How long did this first relationship last?</i>		<input type="text"/> <input type="text"/> mnths yrs
Q251	<i>How many times in your life have you broken up with a marital partner?</i>	<u>Check consistency with Q248.</u>	<input type="text"/> - If none, go to Q262
Q252	<i>How many years is it since you last experienced divorce or separation?</i>		<input type="text"/> yrs
Q253	<i>Was it you or your spouse who ended this relationship?</i>	Self Spouse	1 <input type="checkbox"/> 2 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q254	What was the reason for the breakdown of this relationship?	Respondent thought to be unfaithful 1 <input type="checkbox"/> Spouse thought to be unfaithful 2 <input type="checkbox"/> Respondent HIV+ 3 <input type="checkbox"/> Spouse HIV+ 4 <input type="checkbox"/> Failure to have children 5 <input type="checkbox"/> Domestic violence 6 <input type="checkbox"/> Irreconcilable differences 7 <input type="checkbox"/> Respondent seriously ill 8 <input type="checkbox"/> Spouse seriously ill 9 <input type="checkbox"/> Other (specify) 10 <input type="checkbox"/>	
Q255	For how long had you been married to this person?		<input type="text"/> mnths <input type="text"/> yrs
Q256	Where did you and this spouse live together when you were married? <u>Tick up to two places.</u>	In this household 1 <input type="checkbox"/> Locally 2 <input type="checkbox"/> Harare 3 <input type="checkbox"/> Mutare 4 <input type="checkbox"/> Rusape 5 <input type="checkbox"/> Other city or town 6 <input type="checkbox"/> Estate/mine (commercial) 7 <input type="checkbox"/> Rural (communal/resettlement) 8 <input type="checkbox"/>	
Q257	How long after this divorce/separation was it before you married again?		<input type="text"/> mnths <input type="text"/> yrs - Q259 Not yet remarried 99 <input type="checkbox"/>
Q258	Why have you not remarried?	HIV+: so unsafe to have sex 1 <input type="checkbox"/> Ill health 2 <input type="checkbox"/> Fear of AIDS 3 <input type="checkbox"/> Sake of children 4 <input type="checkbox"/> Not found partner 5 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	
Q259	How long after this divorce/separation was it before you had sex again?		<input type="text"/> mnths <input type="text"/> yrs - Q261 Not yet restarted 99 <input type="checkbox"/>
Q260	Why have you not had sex again?	HIV+: so unsafe to have sex 1 <input type="checkbox"/> Ill health 2 <input type="checkbox"/> Fear of AIDS 3 <input type="checkbox"/> Sake of children 4 <input type="checkbox"/> Not found partner 5 <input type="checkbox"/> Not yet remarried 6 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	- Q262 - Q262 - Q262 - Q262 - Q262 - Q262 - Q262 - Q262
Q261	How many different people did you have sex with between the time your previous marriage ended and the time you remarried? <u>i.e. not including the old and new spouses.</u>		<input type="text"/>
Q262	How many times in your life has a marital partner of yours passed away? <u>Check consistency with Q248 & Q251.</u>		<input type="text"/> - If none, go to Q272
Q263	How many years is it since a marital partner of yours passed away?		<input type="text"/> yrs
Q264	For how long had you been married to your (most recent) deceased spouse?		<input type="text"/> mnths <input type="text"/> yrs
Q265	Where did you and this spouse live together when you were married? <u>Enter codes from Q256.</u>	Place 1 <input type="text"/> Place 2 <input type="text"/>	
Q266	What was the cause of your partner's death?	Accident/homicide 1 <input type="checkbox"/> HIV/AIDS related 2 <input type="checkbox"/> Tuberculosis 3 <input type="checkbox"/> Malaria 4 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q267	How long after this spouse died was it before you married again?	Not yet remarried mnths yrs 99 <input type="text"/>	- Q269
Q268	Why have you not remarried?	HIV+: so unsafe to have sex 1 <input type="text"/> Ill health 2 <input type="text"/> Fear of AIDS 3 <input type="text"/> Sake of children 4 <input type="text"/> Not found partner 5 <input type="text"/> Under 1yr since partner died 6 <input type="text"/> Other (specify) 8 <input type="text"/> Don't know 98 <input type="text"/>	
Q269	How long after this spouse died was it before you had sex again?	Not yet restarted mnths yrs 99 <input type="text"/>	- Q271
Q270	Why have you not had sex again?	HIV+: so unsafe to have sex 1 <input type="text"/> Ill health 2 <input type="text"/> Fear of AIDS 3 <input type="text"/> Sake of children 4 <input type="text"/> Not found partner 5 <input type="text"/> Under 1yr since partner died 6 <input type="text"/> Other (specify) 8 <input type="text"/> Don't know 98 <input type="text"/>	- Q272 - Q272 - Q272 - Q272 - Q272 - Q272 - Q272 - Q272
Q271	How many different people did you have sex with between the time your previous marriage ended and the time you remarried? <u>i.e. not including the old and new spouses.</u>	<input type="text"/>	
Q272	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 <input type="text"/> Divorced 2 <input type="text"/> Separated 3 <input type="text"/> Still in union 4 <input type="text"/>	- Q295 - Q295 - Q295
Q273	How many spouses/regular partners do you have at present? <u>For women, ask how many other wives her husband has.</u>	(Not zero!) <u>Ask questions Q274 to Q290 for first spouse, then the second, and so on ...</u>	<input type="text"/>
Q274	How old was your partner at his/her last birthday?	Age in completed years yrs yrs yrs yrs 98 98 98 98 Don't know	
Q275	How old were you when this partnership started?	Age in completed years yrs yrs yrs yrs 98 98 98 98 Don't know	
Q276	Did you and your spouse have an HIV test before you agreed to get married?	Self only tested 2 2 2 2 Partner only tested 3 3 3 3 Neither tested 4 4 4 4 Not yet 'married' 5 5 5 5 Both tested seperately 11 11 11 11 Both tested together 12 12 12 12	- Q278 - Q278 - Q278
Q277	Did you tell each other your results? <u>Ask equivalent if only one tested.</u>	Yes 1 1 1 1 No 2 2 2 2	
Q278	Has this person ever been widowed or divorced?	Yes: widowed 1 1 1 1 Yes: divorced 2 2 2 2 Yes: both 3 3 3 3 No 4 4 4 4	
Q279	Did you marry this person because he was/is married to your sister and she died or is unable to have children?	Inherited 1 1 1 1 Sister infertile 2 2 2 2 Neither 3 3 3 3	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																																																				
Q288	<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>Enter "98" if respondent does'nt know.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> </tr> </thead> <tbody> <tr><td>Harare</td><td><input type="text"/></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><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><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><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><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><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><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><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><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><td><input type="text"/></td></tr> <tr><td>Eastern Highlands Est.</td><td><input type="text"/></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><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><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><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><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><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><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><td><input type="text"/></td></tr> <tr><td>Other areas</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		1	2	3	4	Harare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mutare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rusape	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyazura	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyanga	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Watsomba	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other cities/towns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nyabadza/Nyahukwa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hauna	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Katiyo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Eastern Highlands Est.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Aberfoyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sheba/St. Augustine's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Selbourne	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Honde Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bonda Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	St Killian's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	St Theresa's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other areas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4																																																																																																			
Harare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Mutare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Rusape	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Nyazura	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Nyanga	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Watsomba	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Other cities/towns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Nyabadza/Nyahukwa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Hauna	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Katiyo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Eastern Highlands Est.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Aberfoyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Sheba/St. Augustine's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Selbourne	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Honde Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Bonda Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
St Killian's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
St Theresa's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Other areas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																			
Q289	<p><i>Which church denomination does he/she belong to?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Traditional</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>Methodist</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td>Anglican</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td>Roman Catholic</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td>ZAOGA</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td>Apostolic Faith Mn.</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td>Marange Apostolic</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> <tr><td>Zviratidzo Apostolic</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td></tr> <tr><td>Other Apostolic (spec)</td><td style="text-align: center;">13</td><td style="text-align: center;">13</td><td style="text-align: center;">13</td><td style="text-align: center;">13</td></tr> <tr><td>Zionist</td><td style="text-align: center;">15</td><td style="text-align: center;">15</td><td style="text-align: center;">15</td><td style="text-align: center;">15</td></tr> <tr><td>Mughodi</td><td style="text-align: center;">20</td><td style="text-align: center;">20</td><td style="text-align: center;">20</td><td style="text-align: center;">20</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">17</td><td style="text-align: center;">17</td><td style="text-align: center;">17</td><td style="text-align: center;">17</td></tr> <tr><td>None</td><td style="text-align: center;">97</td><td style="text-align: center;">97</td><td style="text-align: center;">97</td><td style="text-align: center;">97</td></tr> </tbody> </table>	Traditional	1	1	1	1	Methodist	4	4	4	4	Anglican	5	5	5	5	Roman Catholic	6	6	6	6	ZAOGA	7	7	7	7	Apostolic Faith Mn.	8	8	8	8	Marange Apostolic	9	9	9	9	Zviratidzo Apostolic	12	12	12	12	Other Apostolic (spec)	13	13	13	13	Zionist	15	15	15	15	Mughodi	20	20	20	20	Other (specify)	17	17	17	17	None	97	97	97	97																																				
Traditional	1	1	1	1																																																																																																			
Methodist	4	4	4	4																																																																																																			
Anglican	5	5	5	5																																																																																																			
Roman Catholic	6	6	6	6																																																																																																			
ZAOGA	7	7	7	7																																																																																																			
Apostolic Faith Mn.	8	8	8	8																																																																																																			
Marange Apostolic	9	9	9	9																																																																																																			
Zviratidzo Apostolic	12	12	12	12																																																																																																			
Other Apostolic (spec)	13	13	13	13																																																																																																			
Zionist	15	15	15	15																																																																																																			
Mughodi	20	20	20	20																																																																																																			
Other (specify)	17	17	17	17																																																																																																			
None	97	97	97	97																																																																																																			
Q290	<p><i>Has he/she been circumcised?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Yes</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td></tr> </tbody> </table>	Yes	1	1	1	1	No	2	2	2	2	Don't know	98	98	98	98																																																																																						
Yes	1	1	1	1																																																																																																			
No	2	2	2	2																																																																																																			
Don't know	98	98	98	98																																																																																																			
Q291	<p><i>Has he/she visited a bar or beer-hall in the last month?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Yes</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td><td style="text-align: center;">98</td></tr> </tbody> </table>	Yes	1	1	1	1	No	2	2	2	2	Don't know	98	98	98	98																																																																																						
Yes	1	1	1	1																																																																																																			
No	2	2	2	2																																																																																																			
Don't know	98	98	98	98																																																																																																			
Q292	<p><i>What is the highest grade of school your partner has completed?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>None</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Primary</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>Secondary</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Higher</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> </tbody> </table>	None	0	0	0	0	Primary	1	1	1	1	Secondary	2	2	2	2	Higher	3	3	3	3																																																																																	
None	0	0	0	0																																																																																																			
Primary	1	1	1	1																																																																																																			
Secondary	2	2	2	2																																																																																																			
Higher	3	3	3	3																																																																																																			
Q293	<p><i>In which sector of employment does he/she work?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Estates</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>Manuf'trg/building</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Police/army</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td>Teacher: primary</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td>Teacher: secondary</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td>Nurse</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td>Services/retail: shops</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td>Informal: trading</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td>Informal: incl agric</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> <tr><td>Student</td><td style="text-align: center;">10</td><td style="text-align: center;">10</td><td style="text-align: center;">10</td><td style="text-align: center;">10</td></tr> <tr><td>Unemployed: excl. agr</td><td style="text-align: center;">11</td><td style="text-align: center;">11</td><td style="text-align: center;">11</td><td style="text-align: center;">11</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td><td style="text-align: center;">12</td></tr> </tbody> </table>	Estates	1	1	1	1	Manuf'trg/building	2	2	2	2	Police/army	3	3	3	3	Teacher: primary	4	4	4	4	Teacher: secondary	5	5	5	5	Nurse	6	6	6	6	Services/retail: shops	7	7	7	7	Informal: trading	8	8	8	8	Informal: incl agric	9	9	9	9	Student	10	10	10	10	Unemployed: excl. agr	11	11	11	11	Other (specify)	12	12	12	12	<p>- Q295 - Q295 - Q295 - Q295</p>																																								
Estates	1	1	1	1																																																																																																			
Manuf'trg/building	2	2	2	2																																																																																																			
Police/army	3	3	3	3																																																																																																			
Teacher: primary	4	4	4	4																																																																																																			
Teacher: secondary	5	5	5	5																																																																																																			
Nurse	6	6	6	6																																																																																																			
Services/retail: shops	7	7	7	7																																																																																																			
Informal: trading	8	8	8	8																																																																																																			
Informal: incl agric	9	9	9	9																																																																																																			
Student	10	10	10	10																																																																																																			
Unemployed: excl. agr	11	11	11	11																																																																																																			
Other (specify)	12	12	12	12																																																																																																			
Q294	<p><i>What type of work does he/she do?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Prof/manage't</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>Self-employed</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Skilled labour</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td>Manual/unskilled</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> </tbody> </table>	Prof/manage't	1	1	1	1	Self-employed	2	2	2	2	Skilled labour	3	3	3	3	Manual/unskilled	4	4	4	4																																																																																	
Prof/manage't	1	1	1	1																																																																																																			
Self-employed	2	2	2	2																																																																																																			
Skilled labour	3	3	3	3																																																																																																			
Manual/unskilled	4	4	4	4																																																																																																			
Q295	<p><i>Did you vote in the last national or local elections?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Yes</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>No</td><td style="text-align: center;">2</td><td style="text-align: center;"><input type="text"/></td></tr> </tbody> </table>	Yes	1	<input type="text"/>	No	2	<input type="text"/>																																																																																															
Yes	1	<input type="text"/>																																																																																																					
No	2	<input type="text"/>																																																																																																					
Q296	<p><i>Do youth play any role in local community leadership and decision-making?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>No role</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>Minor role</td><td style="text-align: center;">2</td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>Significant role</td><td style="text-align: center;">3</td><td style="text-align: center;"><input type="text"/></td></tr> </tbody> </table>	No role	1	<input type="text"/>	Minor role	2	<input type="text"/>	Significant role	3	<input type="text"/>																																																																																												
No role	1	<input type="text"/>																																																																																																					
Minor role	2	<input type="text"/>																																																																																																					
Significant role	3	<input type="text"/>																																																																																																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																												
Q299	<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>	<table> <thead> <tr> <th></th> <th>Exist</th> <th>Member</th> <th>Rating</th> </tr> </thead> <tbody> <tr><td>Church groups</td><td>1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Women's groups</td><td>2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Co-operative</td><td>3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Farmers group</td><td>4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Burial society</td><td>5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Savings club (RCS)</td><td>6</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Youth group</td><td>7</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sports club</td><td>8</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>AIDS group</td><td>9</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Political party</td><td>10</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Exist	Member	Rating	Church groups	1	<input type="checkbox"/>	<input type="checkbox"/>	Women's groups	2	<input type="checkbox"/>	<input type="checkbox"/>	Co-operative	3	<input type="checkbox"/>	<input type="checkbox"/>	Farmers group	4	<input type="checkbox"/>	<input type="checkbox"/>	Burial society	5	<input type="checkbox"/>	<input type="checkbox"/>	Savings club (RCS)	6	<input type="checkbox"/>	<input type="checkbox"/>	Youth group	7	<input type="checkbox"/>	<input type="checkbox"/>	Sports club	8	<input type="checkbox"/>	<input type="checkbox"/>	AIDS group	9	<input type="checkbox"/>	<input type="checkbox"/>	Political party	10	<input type="checkbox"/>	<input type="checkbox"/>	
	Exist	Member	Rating																																												
Church groups	1	<input type="checkbox"/>	<input type="checkbox"/>																																												
Women's groups	2	<input type="checkbox"/>	<input type="checkbox"/>																																												
Co-operative	3	<input type="checkbox"/>	<input type="checkbox"/>																																												
Farmers group	4	<input type="checkbox"/>	<input type="checkbox"/>																																												
Burial society	5	<input type="checkbox"/>	<input type="checkbox"/>																																												
Savings club (RCS)	6	<input type="checkbox"/>	<input type="checkbox"/>																																												
Youth group	7	<input type="checkbox"/>	<input type="checkbox"/>																																												
Sports club	8	<input type="checkbox"/>	<input type="checkbox"/>																																												
AIDS group	9	<input type="checkbox"/>	<input type="checkbox"/>																																												
Political party	10	<input type="checkbox"/>	<input type="checkbox"/>																																												
Q2991	<p><i>What is the principal activity of the group you spend the most time with?</i></p>	<p>Code from Q299</p> <p>None <input type="text"/> 99 <input type="text"/> - Q301</p>																																													
Q2992	<p><i>Do group members discuss: (1) formally; (2) informally; or (3) both?</i></p> <p><i>In either formal or informal discussions, do group members advise each other on:</i></p> <p><i>(a) how to avoid HIV/AIDS?</i></p> <p><i>(b) care for people with HIV/AIDS?</i></p> <p><i>(c) support for orphaned children?</i></p>	<table> <thead> <tr> <th></th> <th>Meet</th> <th>Avoid HIV</th> <th>Care</th> <th>Orphan</th> </tr> </thead> <tbody> <tr><td>Formally</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>Informally</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>Both</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>None</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> </tbody> </table>		Meet	Avoid HIV	Care	Orphan	Formally	1	1	1	1	Informally	2	2	2	2	Both	3	3	3	3	None	4	4	4	4																				
	Meet	Avoid HIV	Care	Orphan																																											
Formally	1	1	1	1																																											
Informally	2	2	2	2																																											
Both	3	3	3	3																																											
None	4	4	4	4																																											
Q2993	<p><i>How often does the group meet?</i></p>	<p>Weekly <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/></p> <p>Less often <input type="checkbox"/></p>																																													
Q2994	<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>_____</p>	<p>Church <input type="checkbox"/></p> <p>School <input type="checkbox"/></p> <p>Political party <input type="checkbox"/></p> <p>NGO <input type="checkbox"/></p> <p>Employer <input type="checkbox"/></p> <p>Other _____ <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>																																													
Q2995	<p><i>What proportion of the group are:</i></p> <p><i>(1) Male?</i></p> <p><i>(2) Aged under 20 years?</i></p> <p><i>(3) Married?</i></p> <p><i>(4) Have received secondary education?</i></p>	<p><u>Record as %s.</u></p> <p>DK <input type="checkbox"/></p> <p>% <input type="checkbox"/></p> <p>998 <input type="checkbox"/></p> <p>998 <input type="checkbox"/></p> <p>998 <input type="checkbox"/></p> <p>998 <input type="checkbox"/></p>																																													
Q2996	<p><i>Does the group assist or meet with:</i></p> <p><i>(1) Other groups of the same type?</i></p> <p><i>(2) Other groups of different types?</i></p> <p><i>(3) Other members of the community?</i></p>	<table> <thead> <tr> <th></th> <th>Assists</th> <th>Meets</th> <th>Neither</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		Assists	Meets	Neither	1	1	2	3	1	1	2	3	1	1	2	3																													
	Assists	Meets	Neither																																												
1	1	2	3																																												
1	1	2	3																																												
1	1	2	3																																												
Q2997	<p><i>How many members of the group consume alcohol during or after the meetings?</i></p>	<p>All or most <input type="checkbox"/></p> <p>Some <input type="checkbox"/></p> <p>None or very few <input type="checkbox"/></p>																																													
Q2998	<p><i>Are the group meetings generally co-operative or conflictual?</i></p>	<p>Co-operative <input type="checkbox"/></p> <p>Conflictual <input type="checkbox"/></p>																																													

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 <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- Q303	
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* <input type="checkbox"/></p> <p>DBS samples <input type="checkbox"/></p> <p>Information too personal <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Q303	<p><u>Record details of others present at this point.</u></p>	<p>Children under 10 <input type="checkbox"/></p> <p>Husband/wife <input type="checkbox"/></p> <p>Other males <input type="checkbox"/></p> <p>Other females <input type="checkbox"/></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q401	10-15 minutes of informal discussion first to build rapport, trust & stress absence of prejudice. <u>Explain the need to ask questions on the respondent's own experience of sexual relationships.</u> <u>Stress the importance of providing accurate information.</u> <u>Stress that strict confidentiality will be maintained - request privacy.</u>		
Q402	<i>How old were you when you had sex for the first time?</i> <u>Explain what we mean by "having sex".</u>	Age in years Not yet had sex	<input type="text"/> 99 - Q406
Q403	<i>At what point before you had sex for the first time, did you speak to your partner and agree to have sex? Or did it just happen without you ever specifically talking about it?</i>	Talked in advance/agreed to have sex Happened without discussion/agreement Can't remember/don't know	1 2 3
Q404	<i>The first time you had sex, did you use any method of contraception?</i>	Yes No Don't know/no response	1 2 98 - Q407 - Q407
Q405	<i>Which method did you use?</i>	Condoms Other modern Traditional	1 2 3 - Q407 - Q407 - Q407
Q406	<i>What is the main reason you have not yet started to have sexual relations?</i>	Too young Not met partner Not yet married Risk of pregnancy Risk of HIV/AIDS Other (specify)	1 2 3 4 5 8 - Q413 - Q413 - Q413 - Q413 - Q413 - Q413
Q407	<i>How many days is it since you last had sex?</i> <u>Skip to Q409 if less than one month.</u>	More than one year	<input type="text"/> 99
Q408	<i>What is the main reason you are currently abstaining from sexual relations?</i> <u>Options 1-4 could refer to the respondent or (if male) to his regular partner.</u>	Current pregnancy Recent birth Terminal abstinence Self or partner has an STD Currently living apart Risk of catching HIV/AIDS Risk of passing on HIV/AIDS Religious reasons Not currently married Self or partner has HIV/AIDS Other (specify)	1 2 3 4 5 6 7 8 9 10 20
Q409	<i>Did you use condoms throughout the last time you had sex?</i>	Yes No	1 2
Q410	<i>Did you know the HIV status of the person you had sex with and whether it was the same as your own?</i>	Yes: same as mine Yes: different to mine Yes: don't know mine No	1 2 3 4
Q411	<i>How many different sexual partners did you have before you got married?</i> <u>If not yet married, ask for number of partners so far.</u>	Number of partners <u>"Married" here includes long-term and cohabiting unions - ie: as in Q249.</u>	<input type="text"/>
Q412	<i>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?</i>	Number of non-regular partners	<input type="text"/>
Q413	<u>Indicate data collection method used.</u> <u>For secret voting:</u> <u>(i) explain the procedure and the confidentiality safeguards carefully.</u> <u>(ii) enter fieldwork code on voting slips.</u>	Secret voting Interview* <u>*Re-interviews MUST be conducted using the same method as in Round 3.</u>	R2 R3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q414	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.	Number of partners	<input type="text" value="1"/>
Q415	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".	Years	<input type="text" value="2"/>
Q416	How many different non-regular sex partners have you had in your lifetime ?	Number of partners	<input type="text" value="3"/>
Q417	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".	Years	<input type="text" value="4"/>
Q418	Of the non-regular sexual partnerships you have had in your lifetime, how many did you hope at the time would become regular partners?	Number of partners	<input type="text" value="5"/>
Q419	How many different regular sexual partners have you had in the last three years? For re-interview respondents ... In other words, since we came last time.	Number of regular partners	<input type="text" value="1"/>
Q420	How many different non-regular sexual partners have you had in the last three years? For re-interview respondents ... In other words, since we came last time.	Number of non-regular partners	<input type="text" value="2"/>
Q421	How many different sexual partners have you had in the last 12 months?	Number of partners	<input type="text" value="3"/>
Q422	How many of these partners were you having sex with for the first time?	Number of new partners in last 12 months (stress)	<input type="text" value="4"/>
Q423	How many of these new partners did you meet at a bar or beer hall?	Stress still talking about the last 12 months	<input type="text" value="5"/>
Q424	How many sexual relationships do you consider yourself to be involved in at the moment?	Number of current relationships	<input type="text" value="6"/>
Q425	How many different partners have you had sex with in the last month?	Number of partners in last month (total)	<input type="text" value="7"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO				
Q426	<p>Explain that you now wish to ask some questions about the last three persons the respondent had sex with. <u>Note: no longer any time restriction. Stress that these may be people he/she had sex with only once.</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.</p>						
Q427	How many times have you had sexual intercourse with this partner in the last 2 weeks?	Number of times LAST <input style="width: 30px; height: 20px;" type="text"/> PREVIOUS <input style="width: 30px; height: 20px;" type="text"/>	1				
Q428	On how many of these occasions did you and your partner use condoms throughout?	Number of times <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	2				
Q429	What was the month and year when you <u>last</u> had sexual intercourse with this person?	Month first then year <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">mth</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">mth</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">yr</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">yr</td> </tr> </table>	mth	mth	yr	yr	3
mth	mth						
yr	yr						
Q430	What was the month and year when you had sexual intercourse with this person for the first time?	Month first then year <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">mth</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">mth</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">yr</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">yr</td> </tr> </table>	mth	mth	yr	yr	4
mth	mth						
yr	yr						
Q431	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.	Code <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	5				
Q432	How many years old is this person?	Age in years <input style="width: 30px; height: 20px;" type="text"/> yrs <input style="width: 30px; height: 20px;" type="text"/> yrs	6				
Q433	Do you expect to have sex with this person again in the future?	Yes <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 20px; height: 20px;" type="text"/>	7				
Q434	Is this person married to someone other than yourself?	Yes <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 20px; height: 20px;" type="text"/> Don't know <input style="width: 20px; height: 20px;" type="text"/>	8				
Q435	Have you given or received money in exchange for sex with this person in the last month?	Yes <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 20px; height: 20px;" type="text"/>	9				
Q436	Did this person ever attend secondary school?	Yes <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 20px; height: 20px;" type="text"/> Don't know <input style="width: 20px; height: 20px;" type="text"/>	10				
Q437	Does this person often drink alcohol at bars or beer-halls?	Yes <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 20px; height: 20px;" type="text"/>	11				
Q438	Record details of others present at this point.	Children under 10 <input style="width: 20px; height: 20px;" type="text"/> Y(1) <input style="width: 20px; height: 20px;" type="text"/> N(2) Husband/wife <input style="width: 20px; height: 20px;" type="text"/> Y(1) <input style="width: 20px; height: 20px;" type="text"/> N(2) Other males <input style="width: 20px; height: 20px;" type="text"/> Y(1) <input style="width: 20px; height: 20px;" type="text"/> N(2) Other females <input style="width: 20px; height: 20px;" type="text"/> Y(1) <input style="width: 20px; height: 20px;" type="text"/> N(2)					
Q439	Have you (or your partner) ever practiced dry sex? i.e.: inserting some herbs/substance to dry the vagina before having sexual intercourse.	Yes 1 <input style="width: 20px; height: 20px;" type="text"/> No 2 <input style="width: 20px; height: 20px;" type="text"/> Not heard of dry sex 8 <input style="width: 20px; height: 20px;" type="text"/>	- Q451 - Q451				
Q440	How often do you practice dry sex?	Almost always 1 <input style="width: 20px; height: 20px;" type="text"/> Sometimes 2 <input style="width: 20px; height: 20px;" type="text"/> Seldom 3 <input style="width: 20px; height: 20px;" type="text"/>					

Q451	<p>Explain that you would now like to collect some samples so that tests for HIV and other sexually transmitted infections can be carried out. Explain that these tests are being done for rsearch purposes only. However, free VCT for HIV and free treatment for STIs is available at the local health centre. Stress that strict confidentiality will be maintained.</p>			
Q452	Blood spot sample obtained.	Yes 1 <input style="width: 20px; height: 20px;" type="text"/> No - note reason. 2 <input style="width: 20px; height: 20px;" type="text"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q501	<i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health Recurring sickness Serious illness	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q503
Q502	<i>In the last 3 years, how many times have you had an injection for medical purposes?</i>		<input type="text"/>
Q503	<i>How long is it since you last experienced an illness?</i>	Days/weeks More than one year ago	<input type="text"/> days <input type="text"/> weeks 97 <input type="checkbox"/> - Q508
Q504	<i>What was the main symptom of the illness?</i>	Fever - malaria (incl. cerebral) Fever - non-malaria Sickness/vomiting Diarrhoea/weight loss Swollen lymph nodes Skin complaints/rashes Genital conditions: incl. STDs Flu/pneumonia Accident/wound Tuberculosis Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/>
Q505	<i>Where did you seek assistance? Check whether assistance sought from more than one source.</i>	Hospital/clinic only Clinic & n'anga Clinic & faith healer N'anga only Faith healer only Other (specify) No-one	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 97 <input type="checkbox"/> - Q508 - Q507 - Q508 - Q508
Q506	<i>Did you visit the n'anga (faith healer) before or after going to the clinic?</i>	Before Same time After	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q507	<i>Why did you seek assistance from the n'anga (or faith healer)? Tick up to two options.</i>	Clinic treatment not effective Spiritual cure needed Witchcraft suspected Holy water/bath or prayer Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>
Q508	<i>How true are the following statements for you in the last 3 months? Ask each in turn. (1) very much, (2) a little, (3) not really</i>	I have felt depressed I have felt life was not worth living I have felt lonely I have felt content	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Q509	<i>For men: 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? For women: 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>	Yes - discharge & pain (both) Yes - discharge only Yes - pain only No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 98 <input type="checkbox"/> - Q511 - Q511
Q510	<i>Have you ever experienced a discharge from the penis (vagina)?</i>	Yes No or don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q511	<i>Some (wo)men experience sores in the genital area. During the last 12 months, have you noticed any such sores?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q513
Q512	<i>Have you ever experienced such sores?</i>	Yes No or don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q513	<i>When you last experienced a pain, discharge or sores in the genital area, did you seek assistance from any of the following?</i>	Hospital/clinic only Clinic & n'anga 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"/> 8 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> - Q523 - Q523 - Q523 - Q523
Q514	<i>How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?</i>	Days and weeks	<input type="text"/> days <input type="text"/> weeks
Q515	<i>How satisfied were you with the service that you received at the clinic?</i>	Very satisfied Reasonably satisfied Not satisfied	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q516	<i>Did the healthworker carry out a physical examination of the symptoms?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q517	<i>What form of treatment did you receive? Check whether more than one.</i>	Injections Pills/tablets Other (specify) _____ None	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 99 <input type="checkbox"/>
Q518	<i>Have the symptoms continued or returned since you were last treated at the clinic?</i>	Continued Returned Now stopped	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q519	How much were you charged for the treatment?	Z\$ <input type="text"/>	
Q520	Was money deducted from your wages as a charge for the treatment?	Yes 1 No 2 Not employed 97 Don't know 98	
Q521	Did you receive counselling at the clinic? Explain the nature of counselling.	Yes 1 No 2 Don't know 98	
Q522	Were you given "contact slips" and did you pass these on to your recent sexual partner(s) so that they could receive treatment?	Received & passed on 1 Received, not passed on 2 Not received 3 Don't know 98	
Q523	Did you abstain from sexual intercourse or use condoms during the last time you experienced these symptoms?	Abstained from sex 1 Used condoms 2 Neither 8	
Q524	Have you thought about having an HIV test?	No 1 Yes: but not done anything 2 Yes: and found out how to get one 3 Yes: and planning to have a test 4 Had a test 5	- Q526
Q525	If cheap treatment was available for HIV/AIDS, would you have an HIV test?	Yes 1 No 2 Don't know 98	
Q526	What were - or would be - your reason(s) for going for a test? Probe - may be several reasons.	Ill & want to get best treatment 1 Partner sick or died 2 Past risky behaviour 3 Partner's risky behaviour 4 Past transfusion/injections 5 General concern 6 Contemplating marriage 8 Contemplating having a child 9 Insurance policy 10 Avoid infecting partner(s) 11 Life planning 12 Child sick or died 14 Spouse/partner tested HIV+ 15 Wanted re-assurance not infected 16 Prevent mother-to-child infection 17 Doctor/nurse suggested it 18 Other (specify) _____ 20	
Q527	What factors deter(ed) you from having an HIV test? ie: possible implications of finding out he/she is HIV+. ? Probe - may be several reasons.	Psychological effects 1 Stigma & discrimination 2 Possible divorce/separation 3 Job loss 4 Fatalism - no cure 5 Positive result accelerates death 6 Could not face friends/family 8 Fear - of being HIV+ 11 Fear - of violence 12 Harm to partner 13 Lack of confidentiality 14 Too expensive 15 Other (specify) _____ 10	
Q528	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. People who wish to know their status will be given their test results but attending the clinic will NOT mean you have to receive your results. Stress that the service is fully optional and confidential. The respondent and his/her partners are encouraged to attend together - if they want.		
Q529	Do you know of any place where you can go for voluntary counselling and testing (VCT) for HIV/AIDS? i.e. other than the temporary service in Q528.	Yes - certain 1 Yes - maybe 2 Unsure 3 No 8	
Q530	How far is it from this place to the nearest voluntary counselling and testing centre?	<input type="text"/> kms Don't know 98	- Q534
Q531	What type of place is this? "Roadside" here means a tarred road. Record the name of the place.	Large town or city 1 Small town 2 Growth point 3 Commercial estate/mine 4 Roadside business centre 5 Rural business centre 6 Communal/resettlement area 7	
Q532	How often is VCT available at this place?	Daily 1 Weekly or monthly 2 Only occasionally 3 No longer available 8 Don't know 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q533	What is the name of the organisation that provides this service? If respondent not had test (Q524) go to Q570.	New Start / PSI FACT BRTI Hospital/clinic (ANC/PMTCT) Hospital/clinic (other) Don't know Other (specify) _____	2 3 4 5 6 98 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q534	On how many different occasions have you had an HIV test: (i) in your lifetime; (ii) in the last 3 years?	Lifetime Last 3 years		<input type="checkbox"/> <input type="checkbox"/>	- If "0" go to Q570
Q535	How long is it since you last had an HIV test?	Period		<input type="text"/> mths <input type="text"/> yrs	
Q536	Did you have this test because: (i) you were told to; (2) you decided to on your own; or (3) you were persuaded to?	Told Decided Persuaded	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q537	The last time you had an HIV test, how far did you have to travel from where you were living at the time to where you had the test?			<input type="text"/> kms	
Q538	In what type of place was the test done? "Roadside" here means a tarred road. Record the name of the place.	Large town or city Small town Growth point Commercial estate/mine Roadside business centre Rural business centre Communal/resettlement area	1 2 3 4 5 6 7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q539	How often was VCT available at this place at the time you had the test?	Daily Weekly or monthly Only occasionally No longer available Don't know	1 2 3 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q540	What is the name of the organisation that was providing the VCT service?	New Start / PSI FACT BRTI Hospital/clinic (ANC/PMTCT) Hospital/clinic (other) Don't know Other (specify) _____	2 3 4 5 6 98 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q541	How much did you have to pay for your HIV test?		Z\$	<input type="text"/>	
Q542	Did you receive counselling before you agreed to have the test? Explain what is meant by counselling.	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q547
Q543	Did you receive pre-test counselling on your own, with your partner, or in a group?	Single Couple Group	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q544	How long did the pre-test counselling take?	Time		<input type="text"/> hrs <input type="text"/> mins	
Q545	How satisfied were you with the pre-test counselling?	Very satisfied Satisfied Not satisfied	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q546	After the pre-test counselling, did you feel fully prepared for having the test?	Fully prepared Partly prepared Unprepared	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q547	Did you collect your test results?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q569
Q548	Did you receive counselling after receiving the results?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q549	Did you receive post-test counselling on your own, with your partner, or in a group?	Single Couple Group	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q550	How long did the post-test counselling take?			<input type="text"/> hrs <input type="text"/> mins	
Q551	How satisfied were you with the post-test counselling?	Very satisfied Satisfied Not satisfied	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q552	How would you rate the counselling you were given on how to protect yourself (or your partners) from HIV in the future?	Good OK Poor	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q553	Do you feel you can protect yourself (or your partners) from getting HIV in the future?	Yes No Not sure	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q554	Do you feel able to inform current and future sexual partners about your HIV infection status?	Yes No Not sure	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q576	<i>From whom can these drugs be obtained?</i>	Traditional healer Hospitals/clinics/pharmacies Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Q578
Q577	<i>What is the nearest place to your homestead that these drugs can be obtained?</i>	Local clinic/pharmacy District hospital Mutare or Harare Outside Zimbabwe Don't know	1 2 3 4 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q578	<i>Do you think these drugs will be available in your area soon?</i>	Yes No or don't know	1 2	<input type="checkbox"/> <input type="checkbox"/>		
Q579	<i>Do you know a relative, friend or neighbour who has received drugs that stop HIV from causing AIDS? *Note relationship of closest relative.</i>	Relative* Friend/neighbour Work colleague Someone else No one	1 2 3 4 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Q581
Q580	<i>Is this person now in good health?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q581	<i>Do you think you would be able to get these drugs if you ever needed them?</i>	Yes - go to Q601 if Q557 not 'yes' No or don't know	1 2	<input type="checkbox"/> <input type="checkbox"/>		
Q582	<i>What is the main reason you would not be able to get these drugs?</i>	Too expensive Not available locally Other (specify) Don't know	1 2 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Go to - Q601 if - Q557 not - 'yes'
Q583	<i>Have you ever taken any drugs yourself that stop HIV causing AIDS?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		- Q585
Q584	<i>What is the main reason you have not started taking these drugs?</i>	Too expensive Not available locally Not permitted by church Side effects Not needed: in good health Other (specify) Don't know	1 2 3 4 5 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Q601 - Q601 - Q601 - Q601 - Q601 - Q601 - Q601
Q585	<i>How long is it since you first took these drugs?</i>			<input type="text"/> weeks <input type="text"/> years		
Q586	<i>Where do you usually get these drugs?</i>	Enter code from Q577.		<input type="text"/>		
Q587	<i>Have you stopped taking the drugs?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		- Q589
Q588	<i>Why have you stopped taking the drugs?</i>	Too expensive Not available locally Not permitted by church Side effects Not needed: in good health Other (specify) Don't know	1 2 3 4 5 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Q594 - Q594 - Q594 - Q594 - Q594 - Q594 - Q594
Q589	<i>Are there particular times when you take the drugs?</i>	All the time When feeling unwell When can afford or paid for Other (specify)	1 2 3 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q590	<i>Do you sometimes forget to take the drugs?</i>	Never Occasionally Quite often	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q591	<i>Do you know the name for the type of drugs you are taking?</i>	ARVs Combivir Cotrimoxazole Other (specify) Don't know	1 2 3 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q592	<i>How much is one month's supply of drugs?</i>		Z\$	<input type="text"/>		
Q593	<i>Who pays for these drugs?</i>	Available free Self Relative Friend Employer	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q594	<i>Since you started taking the drugs, have you recovered from your illness?</i>	Fully recovered Some improvement/still unwell No improvement/worse Healthy when started treatment	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q595	<i>After you started taking the drugs, did you:</i> (1) Start having sex more or less than before? (2) Use condoms more or less than before? (3) Start having more or fewer sexual partners? (4) Increase or reduce the number of times you speak about HIV/AIDS with others?		More 1 1 1 1	Same 2 2 2 2	Less 3 3 3 3	
Q596	<i>Have you experienced any unpleasant side effects since you started the treatment?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		

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 increase 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	<i>Are all babies born to women who have HIV born with the infection?</i>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	
Q606	<i>Can all people infected with HIV be identified by looking at them?</i>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	
Q607	<i>Would you be willing to take care of a family member with AIDS?</i>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	
Q608	<i>How long does it usually take for a person infected with HIV to develop symptoms?</i>	<p>Number of years or months <input type="text"/> yrs <input type="text"/> mnths</p> <p>Don't know <input type="checkbox"/> 998 <input type="checkbox"/></p>	
Q609	<i>How many people do you know who either died from AIDS or have the disease now?</i>	<p>Number (> 0) <input type="text"/></p> <p>Doesn't know of any <input type="checkbox"/> 998 <input type="checkbox"/></p>	- Q613
Q610	<i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else? Enter numbers of people in each category.</i>	<p>Household <input type="text"/></p> <p>Village/town <input type="text"/></p> <p>Somewhere else <input type="text"/></p>	
Q611	<i>What was your relationship to each of these people? Enter numbers of people in each category.</i>	<p>Spouse/partner <input type="text"/></p> <p>Father or mother <input type="text"/></p> <p>Son or daughter <input type="text"/></p> <p>Other relative <input type="text"/></p> <p>Friend or neighbour <input type="text"/></p> <p>Work colleague <input type="text"/></p> <p>Someone else <input type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q612	<i>Did you help to take care of any of these people on a daily basis?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q613	<i>In which year did you first realize that people in Zimbabwe were dying of HIV/AIDS?</i>	Year Don't know / remember Don't believe people die of AIDS	<input type="text"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/>	
Q614	<i>Have you been at risk of getting infected with HIV in the past?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q616 - Q616
Q615	<i>What was the reason you were at risk of getting infected?</i>	Had multiple sex partners Regular partner had many partners Other partner with many partners Many friends/relatives dying of AIDS Other (specify) Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 98 <input type="checkbox"/>	
Q616	<i>If you are not infected, do you think you are in danger of getting infected now or in the future?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q618
Q617	<i>Why do you think you might become infected?</i> <u>Do not prompt, but ask if any other reasons.</u>	Has multiple sex partners (now) Regular partner had many partners Might marry a person who is already infected Many friends/relatives dying of AIDS Future partner may have other partners Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/>	
Q618	<i>If you did become ill with AIDS, do you think you would be able to get help from your neighbours?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	
Q619	<i>Is there discrimination in the community against people with AIDS?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q620	<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 No No regular partner Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 96 <input type="checkbox"/> 98 <input type="checkbox"/>	
Q621	<i>Which of the following statements would you say was true?</i>		True Not true	
	(1) I have one partner who has other partners but does not always use condoms.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(2) My spouse/partner would not use condoms with me on a regular basis.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(3) I have more than one partner because I need the money and the possibility of dying from AIDS is remote.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(4) I pay/get paid for sex because my friends do and because they encourage me.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(5) There is no point trying to avoid AIDS as I am probably already infected.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(6) I could avoid AIDS by sticking to one partner or always using condoms.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(7) I am more likely to die from an accident or other illness than from AIDS.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(8) Condom use within marriage is becoming more widely accepted in this area.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(9) Condoms significantly reduce the pleasure of having sex.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(10) These days, most married men are faithful to their wives.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(11) Drinking beer is an essential form of entertainment and relaxation for men.		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(12) My friends have changed their sexual behaviour to prevent HIV		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(13) The changes I need to make to prevent HIV are a lot to ask		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(14) I find it difficult to maintain my commitment to safe sex		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(15) I am less worried about getting HIV now that treatments have improved		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(16) I believe that new drug therapies make people with HIV less infectious		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	<u>Read out each in turn.</u>			

--

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																		
Q622	<p><i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</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> <p>NA (for those already infected only) 99 <input type="checkbox"/></p>	- Q625																																																		
Q623	<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>	- Q625																																																		
Q624	<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>Choosing younger partners 12 <input type="checkbox"/></p> <p>Choosing HIV- partners: tested 13 <input type="checkbox"/></p> <p>Choosing HIV- partners: untested 14 <input type="checkbox"/></p> <p>Avoiding widow(er)s 15 <input type="checkbox"/></p> <p>VCT - self 16 <input type="checkbox"/></p> <p>VCT - spouse 17 <input type="checkbox"/></p> <p>Other (specify) 20 <input type="checkbox"/></p>																																																			
Q625	<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 available, ask whether charge or free.</u></p> <p><u>If condoms/femidoms mentioned in Q622: From what place or person was the last condom (femidom) you used obtained?</u></p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Available:</th> <th rowspan="2">Obtained</th> </tr> <tr> <th>Charge</th> <th>Free</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shop/pharmacy</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hospital/clinic</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Family planning centre</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community based distributor</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bar/beerhall/hotel</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Peer educator</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FACT employee/volunteer</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Africare</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Only) outside the area</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (specify)</td> <td>11</td> <td>12</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Available:		Obtained	Charge	Free	Partner	11	12	<input type="checkbox"/>	Shop/pharmacy	11	12	<input type="checkbox"/>	Hospital/clinic	11	12	<input type="checkbox"/>	Family planning centre	11	12	<input type="checkbox"/>	Community based distributor	11	12	<input type="checkbox"/>	Bar/beerhall/hotel	11	12	<input type="checkbox"/>	Peer educator	11	12	<input type="checkbox"/>	FACT employee/volunteer	11	12	<input type="checkbox"/>	Africare	11	12	<input type="checkbox"/>	(Only) outside the area	11	12	<input type="checkbox"/>	Other (specify)	11	12	<input type="checkbox"/>	
	Available:			Obtained																																																	
	Charge	Free																																																			
Partner	11	12	<input type="checkbox"/>																																																		
Shop/pharmacy	11	12	<input type="checkbox"/>																																																		
Hospital/clinic	11	12	<input type="checkbox"/>																																																		
Family planning centre	11	12	<input type="checkbox"/>																																																		
Community based distributor	11	12	<input type="checkbox"/>																																																		
Bar/beerhall/hotel	11	12	<input type="checkbox"/>																																																		
Peer educator	11	12	<input type="checkbox"/>																																																		
FACT employee/volunteer	11	12	<input type="checkbox"/>																																																		
Africare	11	12	<input type="checkbox"/>																																																		
(Only) outside the area	11	12	<input type="checkbox"/>																																																		
Other (specify)	11	12	<input type="checkbox"/>																																																		
Q626	<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> <p>NA (for those already infected only) 99 <input type="checkbox"/></p>	- Q629																																																		
Q627	<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>	- Q629																																																		
Q628	<p><i>Which method(s) were you using before you heard about AIDS and which are you using now?</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Before</th> <th>Now</th> </tr> </thead> <tbody> <tr> <td>Pill</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condoms</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Femidoms</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sterilization</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>No methods being used</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Before	Now	Pill	<input type="checkbox"/>	<input type="checkbox"/>	Condoms	<input type="checkbox"/>	<input type="checkbox"/>	Femidoms	<input type="checkbox"/>	<input type="checkbox"/>	Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	No methods being used	<input type="checkbox"/>	<input type="checkbox"/>																														
	Before	Now																																																			
Pill	<input type="checkbox"/>	<input type="checkbox"/>																																																			
Condoms	<input type="checkbox"/>	<input type="checkbox"/>																																																			
Femidoms	<input type="checkbox"/>	<input type="checkbox"/>																																																			
Sterilization	<input type="checkbox"/>	<input type="checkbox"/>																																																			
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																																																			
No methods being used	<input type="checkbox"/>	<input type="checkbox"/>																																																			
Q629	<p><i>Have you heard about any meetings or other activities about HIV and AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q633																																																		
Q630	<p><i>Have you attended any meetings or other activities about HIV and AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q633																																																		
Q631	<p><i>Were any of these activities held locally or only somewhere else?</i></p>	<p>Local area 1 <input type="checkbox"/></p> <p>Elsewhere only - <u>specify location.</u> 2 <input type="checkbox"/></p>	- Q633																																																		

--

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																																																																		
Q632	<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>If attended: how effective were these meetings in persuading people to change their sexual behaviour?</p> <p>1. Very effective; 2. Fairly effective; or 3. Ineffective.</p> <p>If meetings attended at other locations, note the organisation and the most common meeting location.</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 Clinic</th> <th style="text-align: center;">Bar</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Rating</th> </tr> <tr> <th></th> <th style="text-align: center;">/Hosp</th> <th style="text-align: center;">/B-H</th> <th></th> <th></th> <th></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>ZNEPC</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>Ministry of Health</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>Local council</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>Africare</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>Local people/leaders</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 peer educators</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>Other peer educators</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>Employer</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>BRTI</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>CADEC / DMCCP</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>Plan International</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>Don't know</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>Other NGO etc. (specify)</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>_____</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>_____</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> </tbody> </table>		Work	School Clinic	Bar	Other	Rating		/Hosp	/B-H				FACT (FLAG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FACT (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ZNEPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Africare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local people/leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FACT peer educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other peer educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CADEC / DMCCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other NGO etc. (specify)	<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"/>	
	Work	School Clinic	Bar	Other	Rating																																																																																																																
	/Hosp	/B-H																																																																																																																			
FACT (FLAG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
FACT (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
ZNEPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Ministry of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Local council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Africare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Local people/leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
FACT peer educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Other peer educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
BRTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
CADEC / DMCCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Plan International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																
Other NGO etc. (specify)	<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"/>																																																																																																																
Q633	<p><i>How many times in the last month have you heard HIV/AIDS mentioned ...</i></p> <p>1. On television 2. On the radio 3. In a newspaper 4. In informal conversations</p>	<p>TV 1 <input type="checkbox"/></p> <p>Radio 2 <input type="checkbox"/></p> <p>Newspaper 3 <input type="checkbox"/></p> <p>Conversations 4 <input type="checkbox"/></p>	- If 30+, go to Q637																																																																																																																		
Q634	<p><i>Did you have lessons about HIV/AIDS when you were in school?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q637																																																																																																																		
Q635	<p><i>Did the HIV/AIDS lessons in school cover:</i></p> <p>1. How HIV is contracted? 2. How to use a condom? 3. Other ways to avoid HIV/AIDS? 4. How to care for someone with HIV/AIDS?</p>		<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>1.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>2.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>3.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>4.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																			
	Yes	No																																																																																																																			
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
Q636	<p><i>Did the students take these lessons about HIV/AIDS seriously?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>																																																																																																																			
Q637	<p>Check with respondent that he/she understands what a vaccine is. Explain if necessary. Explain that vaccines are not always 100% effective and can sometimes have side effects (e.g. flu-like symptoms).</p>																																																																																																																				
Q638	<p><i>Under which of the following circumstances would you take a vaccine if offered to you free of charge?</i></p>	<p>Effectiveness:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">100%</th> <th colspan="2" style="text-align: center;">75%</th> <th colspan="2" style="text-align: center;">25%</th> </tr> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>No side effects</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Small risk of minor side-effects</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> </tbody> </table>		100%		75%		25%			Yes	No	Yes	No	Yes	No	No side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Small risk of minor side-effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																							
	100%		75%		25%																																																																																																																
	Yes	No	Yes	No	Yes	No																																																																																																															
No side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																															
Small risk of minor side-effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																															
Q639	<p><i>Before taking a vaccine would you seek permission from any of the following:</i></p> <p>1. Parent or guardian 2. Spouse or regular partner</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Maybe</th> <th style="text-align: center;">NA</th> </tr> </thead> <tbody> <tr><td>1.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> <tr><td>2.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Maybe	NA	1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																				
	Yes	No	Maybe	NA																																																																																																																	
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
Q640	<p><i>If you were given a vaccine to prevent HIV, would you:</i></p> <p>1. Worry less about contracting HIV? 2. Stop using condoms? 3. Tell sexual partners you had a vaccine? 4. Tell other people you had a vaccine?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Maybe</th> <th style="text-align: center;">NA</th> </tr> </thead> <tbody> <tr><td>1.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> <tr><td>2.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> <tr><td>3.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> <tr><td>4.</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td><td style="text-align: center;">98 <input type="checkbox"/></td><td style="text-align: center;">99 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Maybe	NA	1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																										
	Yes	No	Maybe	NA																																																																																																																	
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>																																																																																																																	
Q641	<p>Record details of others present at this point in the interview.</p>	<p>Children under 10 1 <input type="checkbox"/></p> <p>Husband/wife 1 <input type="checkbox"/></p> <p>Other males 1 <input type="checkbox"/></p> <p>Other females 1 <input type="checkbox"/></p>	<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 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Husband/wife</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Other males</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Other females</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Children under 10	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Husband/wife	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other males	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other females	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																			
	Yes	No																																																																																																																			
Children under 10	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
Husband/wife	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
Other males	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			
Other females	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																																			

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="checkbox"/> 2 <input type="checkbox"/> - Q706
Q702	<i>Do you have any sons or daughters who are now living with you?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q704
Q703	<i>How many sons live with you? How many daughters live with you?</i>	Sons at home Daughters at home	<input type="checkbox"/> <input type="checkbox"/>
Q704	<i>Do you have any sons or daughters who are alive but do not live with you?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - 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="checkbox"/> <input type="checkbox"/>
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="checkbox"/> 2 <input type="checkbox"/> - 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="checkbox"/> <input type="checkbox"/>
Q708	<u>Sum answers to Q703, Q705 and Q707. Enter total.</u>	Total	<input type="checkbox"/>
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". i.e. in the last 3 years.

Stress that need to include children who were born alive but died soon after.

Record names of all births in Q712. If died before given a name, enter "NOT NAMED". Record multiple births (twins 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	Q720
<p><i>What name was given to your (first/next) baby?</i></p>	<p><i>Is (NAME) a boy or a girl?</i></p> <p>Record single (S) or multiple (M) birth status.</p>	<p><i>In what month/year was (NAME) born?</i></p> <p>Ask for Child Health Card (CHC) as evidence of date of birth.</p> <p>Tick CHC box if date confirmed.</p>	<p><i>Was PMTCT received?</i></p> <p>If yes, ask which type.</p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p>Record age in completed years.</p>	<p><i>If alive: Is (NAME) living with you?</i></p>	<p><i>If dead: How old was (NAME) when he/she died?</i></p> <p>If "1 year": How many months old was (NAME) when he/she died?</p> <p>Record days, if < 1 month; months, if < 2 years.</p>	

01	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
02	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
03	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
04	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
05	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
06	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
07	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
08	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	

Q712	Q713	Q714	Q715	Q716	Q717	Q718	Q719
<p><i>What name was given to your (first/next) baby?</i></p>	<p>Record single (S) or multiple (M) birth status.</p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month/year was (NAME) born?</i></p> <p>Ask for Child Health Card (CHC) as evidence of date of birth.</p> <p>Tick CHC box if date confirmed.</p>	<p><i>Was PMTCT received?</i></p> <p>If yes, ask which type.</p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p>Record age in completed years.</p>	<p>If alive: <i>Is (NAME) living with you?</i></p> <p>If dead: <i>How old was (NAME) when he/she died?</i></p> <p>If "1 year": <i>How many months old was (NAME) when he/she died?</i></p> <p>Record days, if < 1 month; months, if < 2 years.</p>

09	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
10	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
11	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	
12	S <input type="checkbox"/> M <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/>	NVP <input type="checkbox"/> AZT <input type="checkbox"/> Other <input type="checkbox"/> No/DK <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age in <input type="text"/> yrs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>
(NAME)			CHC? <input type="checkbox"/>		(Goto Q720).		(Go to next birth).	

Q721	<p>Tick here, if further sheet used: <input type="checkbox"/></p>	<p>Number of births listed above. <input type="text"/></p> <p>Number of births listed at Round 3. <input type="text"/></p> <p>Total. <input type="text"/></p>
-------------	--	--

Q722	<p>Compare Q708 with total number of births in history above (Q720).</p> <p>If numbers are different, probe and reconcile.</p> <p>If numbers are the same, check:</p> <p>For each birth: year of birth is recorded.</p> <p>For each living child: current age is recorded.</p> <p>For each dead child: age at death is recorded.</p> <p>For age at death 12 months: probe to determine exact number of months.</p>	<input type="text"/>
-------------	---	--

Q723	<p>For men: go to Q838.</p> <p>For women: check follow-up checklist for pregnancy at time of Round 3 visit.</p>	<p>Pregnant - self-report <input type="checkbox"/></p> <p>Not pregnant <input type="checkbox"/></p>	<p>- Q727</p>
-------------	---	---	---------------

Q724	<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"/></p> <p>Miscarriage/still birth <input type="checkbox"/></p>	<p>- Q726</p>
-------------	--	--	---------------

Q725	<p><i>After how many months of the pregnancy did the miscarriage/stillbirth occur?</i></p>	<p>Months <input type="text"/></p>	<p>- Q727</p>
-------------	--	------------------------------------	---------------

Q726	<p><i>What name was given to this baby?</i></p> <p>Check whether this name appears on the list above at the appropriate time. If not, investigate.</p>		
-------------	---	--	--

Q727	<p><i>How many pregnancies have you had in the last 3 years including any current pregnancy?</i></p>	<p>One or more <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>	<p>- Q836 & Q838.</p>
-------------	--	--	---------------------------

REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q801	Are you pregnant now?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not sure 98 <input type="checkbox"/>	- Q803 - Q803		
Q802	For how many months have you been pregnant?	Number <input style="width: 40px; height: 20px;" type="text"/>	- Q804		
Q803	When did your most recent (or "this" for previous pregs) pregnancy end? <u>Stress: including miscarriages.</u>	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr
Q804	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"/>
Q805	Did you continue to have sex with your spouse/regular partner during this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q808) 2 <input type="checkbox"/> N/A (Go to Q808) 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"/>
Q806	Why did you continue to have sex during this pregnancy?	To avoid partner having other relationships 1 <input type="checkbox"/> Other 2 <input type="checkbox"/> Don't know 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"/>
Q807	Did you use condoms every time you had sex during the pregnancy?	Yes 1 <input type="checkbox"/> No 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"/>
Q808	Have you seen anyone for antenatal care during this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q821) 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"/>
Q809	After how many months of the pregnancy did you first go for an antenatal check-up?	Months <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Q810	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"/>
Q811	Where did you see this person? <u>Go to Q814 if local.</u>	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"/>
Q812	What type of place was this clinic located in?	Large town 1 <input type="checkbox"/> Small town 2 <input type="checkbox"/> Growth point 3 <input type="checkbox"/> Estate/mine 4 <input type="checkbox"/> Roadside BC 5 <input type="checkbox"/> Rural BC 6 <input type="checkbox"/> Communal/resettlem't 7 <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"/>	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"/>	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"/>
Q813	Why did you attend this place rather than your local clinic?	PMTCT available 1 <input type="checkbox"/> More convenient 2 <input type="checkbox"/> Other (specify for last) 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"/>
Q814	Was treatment available for PMTCT at this clinic at the time you attended?	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"/>
Q815	Did you discuss having an HIV test with a nurse or counsellor?	Yes 1 <input type="checkbox"/> No 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"/>
Q816	Did you have an HIV test while attending for check-ups for this pregnancy or did you already know your status?	Yes 1 <input type="checkbox"/> No: knew status 2 <input type="checkbox"/> No: did not want (Go to Q821) 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"/>
Q817	Did you collect the result of this test?	Yes 1 <input type="checkbox"/> No or N/A 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"/>
Q818	Do you have HIV infection? <u>Stress confidential but voluntary.</u>	Yes 1 <input type="checkbox"/> No (Go to Q821) 2 <input type="checkbox"/> No response (Go Q821) 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"/>

INDIVIDUAL QUESTIONNAIRE:

RECENT PREGNANCY HISTORY



REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q819	Did you receive any treatment to prevent the baby from getting infected? If so, what type?	Yes: NVP tablet Yes: other (specify) No	1 2 3 4	1 2 3 4	1 2 3 4
Q820	Did the baby receive any treatment?	Yes: syrup No Yes: other (specify)	1 2 8	1 2 8	1 2 8
Q821	Was the baby delivered at a clinic/hospital or at home?	Clinic Home Still pregnant	1 2 3	1 2 3	1 2 3
Q822	Did you have any injections during this pregnancy?	Yes No	1 2	1 2	1 2
Q823	Did you receive any blood transfusions during this pregnancy? If still pregnant (Q801), go to Q837.	Yes No Don't know	1 2 98	1 2 98	1 2 98
Q824	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes No (Go to Q827)	1 2	1 2	1 2
Q825	How many months pregnant were you when this pregnancy ended?		mnths	mnths	mnths
Q826	Was this pregnancy ended intentionally because you knew or suspected you might have HIV?	Yes No Rather not say	1 2 3	1 2 3	1 2 3
Q827	Has your period returned since this pregnancy ended?	Yes No (Go to Q829)	1 2	1 2	1 2
Q828	For how many months after this pregnancy ended did you not have a period?		mnths	mnths	mnths
Q829	Have you resumed sexual relations since this pregnancy ended?	Yes No (Go to Q832)	1 2		
Q830	For how many months after this pregnancy ended did you not have sexual relations? If 4 months or more, go to Q832.		mnths	mnths	mnths
Q831	Why did you resume having sex early after this pregnancy ended? If pregnancy ended in miscarriage etc (check Q823), go to Q835.	To avoid partner having other relationships Other Don't know	1 2 8	1 2 8	1 2 8
Q832	Did you ever feed this baby at the breast?	Yes No (Go to Q835)	1 2	1 2	1 2
Q833	Are you still breastfeeding?	Yes (Go to Q836) No Child has died	1 2 98		
Q834	For how long did you breastfeed this baby: Exclusively? In total? If total > 6 mths, go to Q836.	Months Months			
Q835	Why did you not breastfeed this baby (for longer)?	Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	4 5 6 7 8 12	4 5 6 7 8 12	4 5 6 7 8 12
Q836	How long ago did your last menstrual period start? If less than one month, record answer as "0" months.	Months Years Before last birth Never menstruated	 95 96		
Q837	Ask for date when the pregnancy before this one ended: if less than 3 years ago, go to next column and Q803.				

--

REF.	QUESTIONS & FILTERS					
Q838	For how much of the last 3 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 2 3 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q901	
Q839	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 2 3 4 5 6 7 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q840	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 2 3 4 5 6 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Q901	<u>Record current time.</u>	Hour and minutes				
					hr	mins
Q902	What are your views of the value of this research?	Useful Do not see the point No opinion			1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q903	<u>Record respondent's comments and your own observations in the space below.</u> <u>Give respondent a copy of the research 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?

Further HIV prevention, care and support activities needed?

ENUMERATOR'S OBSERVATIONS:
