

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT5number:

Questionnaire processing dates:	
Consent form	<input style="width: 40px; height: 15px;" type="text"/>
Corrections completed	<input style="width: 40px; height: 15px;" type="text"/>
Data entered	<input style="width: 40px; height: 15px;" type="text"/>

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **CT zone:**

Q102 **Village:** _____

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

Q104 **Category of respondent:** Date left R4 area R4 MUTNO

Q105 **Study site reference:** R4

Q106 **Household number:** R4

Q107 **Line number on household questionnaire:** R4

INTERVIEWER VISIT

	1	2	3
Q108 <u>Date:</u>	_____	_____	_____
Q109 <u>Time:</u>	_____	_____	_____
Q110 <u>Interviewer:</u>	_____	_____	_____
Q111 <u>Result**:</u>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent (from R4)	1
New respondent: previously under age	2
New respondent: non-regular visitor	3
New respondent: in-migrant (since R4)	5
New respondent: selected but unavailable R4	6
New respondent: selected but refused R4	7
New respondent: household missed R4	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	<u>Record the current time (24 hour clock).</u>	Hour / Minutes <input type="text"/> hr <input type="text"/> mins	
Q202	<u>Record gender of respondent.</u>	Male 1 <input type="text"/> Female 2 <input type="text"/>	
Q203	<i>In which country were you born?</i>	Malawi 1 <input type="text"/> Mozambique 2 <input type="text"/> South Africa 3 <input type="text"/> United Kingdom 4 <input type="text"/> Zambia 5 <input type="text"/> Zimbabwe 6 <input type="text"/> Other (specify) _____ 8 <input type="text"/> Don't know 98 <input type="text"/>	
Q204	<i>In what month and year were you born?</i>	<input type="text"/> <input type="text"/> mth yr	
Q205	<i>How old were you at your last birthday?</i> <u>Check consistency with Q204.</u>	Age in COMPLETED years <input type="text"/> yrs	- If 30+, go to Q211
Q206	<i>Is your NATURAL BIOLOGICAL father still alive?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q208 - Q208
Q207	<i>In which year did he die?</i>	Year of death <input type="text"/> Don't know 98 <input type="text"/>	
Q208	<i>Is your NATURAL BIOLOGICAL mother still alive?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q210 - Q210
Q209	<i>In which year did she die?</i>	Year of death <input type="text"/> Don't know 98 <input type="text"/>	
Q210	<u>Record father and/or mother's SITE/HHID/LINE if recorded in the household surveys.</u>	Father <input type="text"/> Site <input type="text"/> HHID <input type="text"/> Line <input type="text"/> Mother <input type="text"/> Neither 98 <input type="text"/>	
Q211	<i>How many sons has your biological mother given birth to, including yourself (if male) and any sons who have passed away?</i>	<u>Respondent SHOULD be included if male.</u> <input type="text"/>	
Q212	<i>How many daughters has your biological mother given birth to, including yourself (if female) and any daughters who have passed away?</i>	<u>Respondent SHOULD be included if female.</u> <input type="text"/>	
Q213	<i>Of these sons that your biological mother has given birth to, including yourself (if male), how many are ...</i> <u>Respondent SHOULD be included if male.</u> <u>Read through all options one-by-one first BEFORE repeating to ask for answers.</u>	No longer alive (deceased) Living abroad - Australia Living abroad - Botswana Living abroad - Canada Living abroad - Dubai Living abroad - Malawi Living abroad - Mozambique Living abroad - New Zealand Living abroad - South Africa Living abroad - United Kingdom Living abroad - USA Living abroad - Zambia Living abroad - don't know the country Living abroad - other (specify) Living in this homestead Living elsewhere in Zimbabwe	Brother: Sisters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q214	<u>Repeat Q213, this time asking about daughters.</u> <u>Respondent SHOULD be included if female.</u>	<u>Record responses in the second column in Q213.</u>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q215	Are you currently enrolled in school full-time?	Yes	1 <input type="checkbox"/>	- Q218
		No	2 <input type="checkbox"/>	
Q216	How old were you when you left school?	Age in completed years	<input type="text"/> yrs	- Q220
		Never been to school	99 <input type="checkbox"/>	
Q217	What was your reason for leaving school? <u>If parents decided, probe for the underlying reason.</u>	Insufficient funds	1 <input type="checkbox"/>	
		Found a job	2 <input type="checkbox"/>	
		To go to college or university	3 <input type="checkbox"/>	
		Inadequate exam passes	4 <input type="checkbox"/>	
		Needed to help at home	5 <input type="checkbox"/>	
		Marriage	6 <input type="checkbox"/>	
		Pregnancy/childbirth - voluntarily	7 <input type="checkbox"/>	
		Pregnancy - expelled	8 <input type="checkbox"/>	
		Caught having sex - expelled	9 <input type="checkbox"/>	
		Expelled - other reasons	10 <input type="checkbox"/>	
		Other (specify)	11 <input type="checkbox"/>	
Q218	How many "O" level passes do you have?	No. of passes	<input type="text"/>	
Q219	What is the highest grade of school you have completed? <u>For "years", enter number of years (excl. repeats) at highest level reached.</u>	None	<u>Level</u> 0 <input type="checkbox"/>	- Q221
		Primary	1 <input type="checkbox"/> 1-7 <input type="text"/>	
		Secondary	2 <input type="checkbox"/> 1-6 <input type="text"/>	
		Higher	3 <input type="checkbox"/> 1-6 <input type="text"/>	
Q220	Can you read a letter or newspaper in any language?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q221	How long have you been living in this homestead?	Years	<input type="text"/> yrs	
		Since birth	995 <input type="checkbox"/>	
		Visitor	996 <input type="checkbox"/>	
Q222	How far is your homestead from the nearest ... ?	Town/Growth point	<input type="text"/> kms.	
		Business centre	<input type="text"/>	
		Tarred road	<input type="text"/>	
Q223	How long have you been living in (NAME OF VILLAGE)?	Years	<input type="text"/> yrs	- Q226
		Since birth	995 <input type="checkbox"/>	
		Visitor	996 <input type="checkbox"/>	
Q224	What type of place was your previous place of residence? <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	1 <input type="checkbox"/>	
		Small town	2 <input type="checkbox"/>	
		Growth point	3 <input type="checkbox"/>	
		Commercial estate/mine	4 <input type="checkbox"/>	
		Roadside business centre	5 <input type="checkbox"/>	
		Rural business centre	6 <input type="checkbox"/>	
		Communal/resettlement area	7 <input type="checkbox"/>	
Q225	Why did you move/come to this area?	Work	1 <input type="checkbox"/>	
		Partner's work	2 <input type="checkbox"/>	
		Marriage	3 <input type="checkbox"/>	
		Lost job	4 <input type="checkbox"/>	
		Establish rural home	5 <input type="checkbox"/>	
		Ill health - own	6 <input type="checkbox"/>	
		Ill health - relative (specify)	7 <input type="checkbox"/>	
		Visit relatives	8 <input type="checkbox"/>	
		Parents moved	9 <input type="checkbox"/>	
		Divorced/separated from spouse	10 <input type="checkbox"/>	
		Other (specify)	12 <input type="checkbox"/>	
Q226	In the last three years, have you lived outside this community for a period of one month or more?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
		Not applicable (i.e. Q223 = visitor)	996 <input type="checkbox"/>	

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Q227	<p>Record, total no. of months away, & details of longest absence. For "Place", use codes from Q224.</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 	<p>Last three years</p> <table style="margin-left: 20px;"> <tr> <td style="text-align: right; padding-right: 5px;">Total</td> <td style="text-align: center;">_gst_</td> <td style="text-align: center;">_Mths</td> <td style="text-align: center;">_Place</td> <td style="text-align: center;">_Reason</td> </tr> <tr> <td style="width: 100px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="width: 100px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table> <p>Last twelve months</p>	Total	_gst_	_Mths	_Place	_Reason																																						
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Q228	<p>How many days and nights have you spent during the last month visiting the following places?</p> <p><u>Ask for and enter number of days and then nights for each.</u> <u>N.B. last month only.</u></p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">_Days</td> <td style="text-align: center;">_Nights</td> </tr> <tr> <td>Large town or city</td> <td style="width: 50px; text-align: center;"><input type="text"/></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> </tr> <tr> <td>Small town</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Growth point</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Commercial estate/mine</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Roadside business centre</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Rural business centre</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Communal/resettlement area</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>		_Days	_Nights	Large town or city	<input type="text"/>	<input type="text"/>	Small town	<input type="text"/>	<input type="text"/>	Growth point	<input type="text"/>	<input type="text"/>	Commercial estate/mine	<input type="text"/>	<input type="text"/>	Roadside business centre	<input type="text"/>	<input type="text"/>	Rural business centre	<input type="text"/>	<input type="text"/>	Communal/resettlement area	<input type="text"/>	<input type="text"/>																			
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Q229	<p>Which church denomination do you belong to?</p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">1</td> <td style="width: 50px; text-align: center;"><input type="text"/></td> </tr> <tr> <td>Traditional</td> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Methodist</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Anglican</td> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Roman Catholic</td> <td style="text-align: center;">7</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>ZAOGA</td> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Apostolic Faith Mission</td> <td style="text-align: center;">9</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Marange Apostolic</td> <td style="text-align: center;">12</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Zviratidzo Apostolic</td> <td style="text-align: center;">13</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Other Apostolic (specify)</td> <td style="text-align: center;">15</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Zionist</td> <td style="text-align: center;">20</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Mughodi</td> <td style="text-align: center;">17</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">97</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>None</td> <td></td> <td style="text-align: center;">- Q232</td> </tr> </table>		1	<input type="text"/>	Traditional	4	<input type="text"/>	Methodist	5	<input type="text"/>	Anglican	6	<input type="text"/>	Roman Catholic	7	<input type="text"/>	ZAOGA	8	<input type="text"/>	Apostolic Faith Mission	9	<input type="text"/>	Marange Apostolic	12	<input type="text"/>	Zviratidzo Apostolic	13	<input type="text"/>	Other Apostolic (specify)	15	<input type="text"/>	Zionist	20	<input type="text"/>	Mughodi	17	<input type="text"/>	Other (specify)	97	<input type="text"/>	None		- Q232	
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Q230	<p>How long have you been a member of this church?</p>	<p>Years</p> <table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> </tr> </table> <p>Since birth</p> <table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="width: 50px; text-align: center;">995 <input type="text"/></td> </tr> </table>		<input type="text"/>		995 <input type="text"/>	- Q232/240f																																						
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Q231	<p>What was your reason for joining a different church?</p> <p><u>Record name of previous church.</u></p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">1</td> <td style="width: 50px; text-align: center;"><input type="text"/></td> <td style="width: 50px;"></td> </tr> <tr> <td>Marriage: spouse's church</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Conversion / born again</td> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">- Q240</td> </tr> <tr> <td>Sickness</td> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">- if female</td> </tr> <tr> <td>Family misfortune</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Church beliefs better</td> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Moved to a new area</td> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Other (specify)</td> <td></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">-</td> </tr> </table>		1	<input type="text"/>		Marriage: spouse's church	2	<input type="text"/>	-	Conversion / born again	3	<input type="text"/>	- Q240	Sickness	4	<input type="text"/>	- if female	Family misfortune	5	<input type="text"/>	-	Church beliefs better	6	<input type="text"/>	-	Moved to a new area	8	<input type="text"/>	-	Other (specify)		<input type="text"/>	-											
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Q232	<p>How far is it from here to the nearest place where male circumcision services are provided?</p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">_Nearest</td> <td style="text-align: center;">_Done</td> </tr> <tr> <td style="width: 100px;"></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">kms</td> <td style="text-align: center;">kms</td> </tr> <tr> <td>Don't know an MC service</td> <td style="text-align: center;">98</td> <td></td> </tr> </table>		_Nearest	_Done		<input type="text"/>	<input type="text"/>		kms	kms	Don't know an MC service	98																																
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Q233	<p>What type of place is this?</p> <p><u>"Roadside" here means a tarred road.</u></p> <p><u>Record the name of the place.</u></p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">1</td> <td style="width: 50px; text-align: center;">1</td> </tr> <tr> <td>Large town or city</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Small town</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Growth point</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Commercial estate/mine</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Roadside business centre</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Rural business centre</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Communal/resettlement area</td> <td></td> <td></td> </tr> </table>		1	1	Large town or city	2	2	Small town	3	3	Growth point	4	4	Commercial estate/mine	5	5	Roadside business centre	6	6	Rural business centre	7	7	Communal/resettlement area																					
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Communal/resettlement area																																													
Q234	<p>How long does it take you to travel from your home to this place?</p>	<p>Minutes</p> <table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> <td style="width: 50px; text-align: center;"><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">mins</td> <td style="text-align: center;">mins</td> </tr> </table>		<input type="text"/>	<input type="text"/>		mins	mins																																					
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Q235	<p>What mode of transport do you use to travel to this place?</p>	<table style="margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;">1</td> <td style="width: 50px; text-align: center;">1</td> </tr> <tr> <td>Foot</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Motor vehicle</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Other (specify)</td> <td></td> <td></td> </tr> </table>		1	1	Foot	2	2	Bicycle	3	3	Motor vehicle	8	8	Other (specify)																														
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Other (specify)																																													

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Q236	Who performs the circumcision?	Doctor/nurse - in hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		Doctor/nurse - stand alone centre	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		Doctor/nurse - mobile clinic	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		Traditional healer	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		Tribe elders	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		Other (specify) _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Q237	Have you ever been circumcised yourself? <u>Show respondent pictures to establish whether fully or partially circumcised.</u>	Yes - full	<input type="checkbox"/> 1	<input type="checkbox"/>
		Yes - partial	<input type="checkbox"/> 2	<input type="checkbox"/>
		No	<input type="checkbox"/> 3	- Q240
Q238	How old were you when this was done? <u>"0" if less than 1.</u>	Age in years	<input type="text"/>	ys
Q239	How much did you have to pay for the operation? <u>Repeat Q232 to Q236 for place where done.</u>	US\$	<input type="text"/>	
Q240	In which sector of employment do you work?	Estates: tea, coffee, forestry etc	<input type="checkbox"/> 1	<input type="checkbox"/>
		Manufacturing or building trade	<input type="checkbox"/> 2	<input type="checkbox"/>
		Police or army	<input type="checkbox"/> 3	<input type="checkbox"/>
		Teacher: primary school	<input type="checkbox"/> 4	<input type="checkbox"/>
		Teacher: secondary school	<input type="checkbox"/> 5	<input type="checkbox"/>
		Nurse	<input type="checkbox"/> 6	<input type="checkbox"/>
		Services or retail: shops	<input type="checkbox"/> 7	<input type="checkbox"/>
		Informal: petty trading (veg etc)	<input type="checkbox"/> 8	- Q243
		Informal: subsistence agriculture	<input type="checkbox"/> 9	- Q243
		Student	<input type="checkbox"/> 10	- Q243
		Unemployed: excl. agriculture	<input type="checkbox"/> 11	- Q243
		Other (specify)	<input type="checkbox"/> 12	<input type="checkbox"/>
Q241	What type of work do you do?	Professional or managerial	<input type="checkbox"/> 1	<input type="checkbox"/>
		Self-employed: small business	<input type="checkbox"/> 2	<input type="checkbox"/>
		Skilled labour	<input type="checkbox"/> 3	<input type="checkbox"/>
		Manual/unskilled labour	<input type="checkbox"/> 4	<input type="checkbox"/>
Q242	How many days is it since the last time you were paid?	Number of days	<input type="text"/>	days
Q243	How many times have you visited a bar or beer-hall in the last month?	Number of times	<input type="text"/>	- Q246 unless '0'
Q244	Did you ever drink alcohol at beer halls on a regular basis?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/>
		No	<input type="checkbox"/> 2	- Q246
Q245	What was the reason you stopped drinking at beer halls?	Church rules	<input type="checkbox"/> 1	<input type="checkbox"/>
		Got married	<input type="checkbox"/> 2	<input type="checkbox"/>
		Too ill	<input type="checkbox"/> 3	<input type="checkbox"/>
		Worried about HIV	<input type="checkbox"/> 4	<input type="checkbox"/>
		Too expensive	<input type="checkbox"/> 5	<input type="checkbox"/>
		Drink elsewhere (specify)	<input type="checkbox"/> 6	<input type="checkbox"/>
		Other (specify)	<input type="checkbox"/> 8	<input type="checkbox"/>
		Don't know	<input type="checkbox"/> 98	<input type="checkbox"/>
Q246	Do you drink alcohol on your own?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/>
		No	<input type="checkbox"/> 2	<input type="checkbox"/>
Q247	When you drink alcohol, do you usually have more than 3 beers / spirits etc. in one night?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/>
		No	<input type="checkbox"/> 2	<input type="checkbox"/>
Q248	Do you smoke cigarettes?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/>
		No	<input type="checkbox"/> 2	<input type="checkbox"/>
Q249	Do you take any drugs for pleasure?	Yes - by ingesting	<input type="checkbox"/> 1	<input type="checkbox"/>
		Yes - by injecting	<input type="checkbox"/> 2	<input type="checkbox"/>
		Yes - by smoking	<input type="checkbox"/> 3	<input type="checkbox"/>
		No	<input type="checkbox"/> 4	<input type="checkbox"/>
Q250	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>	Yes	<input type="checkbox"/> 1	<input type="checkbox"/>
		No	<input type="checkbox"/> 2	- Q278

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q251	How many such relationships have you experienced in your lifetime?	Include current relationships. <input style="width: 40px; height: 20px;" type="text"/>	
Q252	How old were you when you first entered such a relationship?	Age (Years) <input style="width: 40px; height: 20px;" type="text"/> <small>ys</small>	
Q253	How many times in your life have you broken up permanently with a marital partner?	<input style="width: 40px; height: 20px;" type="text"/>	- If none, go to Q256
Q254	Was it you or your spouse who ended this relationship?	Self 1 <input style="width: 20px; height: 20px;" type="text"/> Spouse 2 <input style="width: 20px; height: 20px;" type="text"/>	
Q255	What was the reason for the breakdown of this relationship?	Respondent thought to be unfaithful 1 <input style="width: 20px; height: 20px;" type="text"/> Spouse thought to be unfaithful 2 <input style="width: 20px; height: 20px;" type="text"/> Respondent HIV+ 3 <input style="width: 20px; height: 20px;" type="text"/> Spouse HIV+ 4 <input style="width: 20px; height: 20px;" type="text"/> Failure to have children 5 <input style="width: 20px; height: 20px;" type="text"/> Domestic violence 6 <input style="width: 20px; height: 20px;" type="text"/> Irreconcilable differences 7 <input style="width: 20px; height: 20px;" type="text"/> Respondent seriously ill 8 <input style="width: 20px; height: 20px;" type="text"/> Spouse seriously ill 9 <input style="width: 20px; height: 20px;" type="text"/> Other (specify) 10 <input style="width: 20px; height: 20px;" type="text"/>	
Q256	How many times in your life has a marital partner of yours passed away? <u>Check consistency with Q251 & Q253.</u>	<input style="width: 40px; height: 20px;" type="text"/>	- If none, go to Q258
Q257	The last time you had a spouse who died, what was the cause of death?	Accident / homicide 1 <input style="width: 20px; height: 20px;" type="text"/> HIV/AIDS-related 2 <input style="width: 20px; height: 20px;" type="text"/> TB 3 <input style="width: 20px; height: 20px;" type="text"/> Malaria 4 <input style="width: 20px; height: 20px;" type="text"/> Other (specify) 8 <input style="width: 20px; height: 20px;" type="text"/> Don't know 98 <input style="width: 20px; height: 20px;" type="text"/>	
Q258	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 <input style="width: 20px; height: 20px;" type="text"/> Divorced 2 <input style="width: 20px; height: 20px;" type="text"/> Separated 3 <input style="width: 20px; height: 20px;" type="text"/> Still in union 4 <input style="width: 20px; height: 20px;" type="text"/>	- Q278 - Q278 - Q278
Q259	How many spouses/regular partners do you have at present? <u>For women, ask how many wives her husband has INCLUDING herself.</u>	(Not zero!) <input style="width: 40px; height: 20px;" type="text"/> <u>Ask questions Q260 to Q277 for first spouse, then the second, and so on ...</u>	
Q260	How old was your partner at his/her last birthday?	Age in completed years <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> Don't know 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/>	
Q261	How old were you when this partnership started?	Age in completed years <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> <small>ys</small> <input style="width: 20px; height: 20px;" type="text"/> Don't know 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/> 98 <input style="width: 20px; height: 20px;" type="text"/>	
Q262	Did you and your spouse have an HIV test before you agreed to get married?	Self only tested 2 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> Partner only tested 3 <input style="width: 20px; height: 20px;" type="text"/> 3 <input style="width: 20px; height: 20px;" type="text"/> Neither tested 4 <input style="width: 20px; height: 20px;" type="text"/> 4 <input style="width: 20px; height: 20px;" type="text"/> Not yet 'married' 5 <input style="width: 20px; height: 20px;" type="text"/> 5 <input style="width: 20px; height: 20px;" type="text"/> Both tested seperately 11 <input style="width: 20px; height: 20px;" type="text"/> 11 <input style="width: 20px; height: 20px;" type="text"/> Both tested together 12 <input style="width: 20px; height: 20px;" type="text"/> 12 <input style="width: 20px; height: 20px;" type="text"/>	- Q264 - Q264 - Q264
Q263	Did you tell each other your results? <u>Ask equivalent if only one tested.</u>	Yes 1 <input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> No 2 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/>	
Q264	Has this person ever been widowed or divorced?	Yes: widowed 1 <input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> Yes: divorced 2 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> Yes: both 3 <input style="width: 20px; height: 20px;" type="text"/> 3 <input style="width: 20px; height: 20px;" type="text"/> No 4 <input style="width: 20px; height: 20px;" type="text"/> 4 <input style="width: 20px; height: 20px;" type="text"/>	- - If male, go to Q266 -

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																														
Q265	<i>Did you marry this person because he was/is married to your sister and she died or is unable to have children?</i>	Inherited <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 Sister infertile <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 Neither <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3																																																																															
Q266	<i>Do you know the HIV status of this person now and whether it is the same as your own?</i>	Yes: same as mine <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 Yes: different to mine <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 Yes: don't know mine <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 No <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4																																																																															
Q267	<i>In the last few months has he/she been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 Recurring sickness <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 Serious illness <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3																																																																															
Q268	<i>Which of the following describes your and your spouse/partner's living arrangements best?</i> (1) Live together all of the time (2) Live together but occasionally apart for work reasons (3) Live together but separated for a period every year for work reasons (ie: seasonal employment). (4) Live apart but regular/frequent cohabitation (i.e.: return visits) (5) Live apart, infrequent cohabitation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>1</u></td> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>3</u></td> <td style="text-align: center;"><u>4</u></td> </tr> <tr> <td style="border: none;">(1) Live together all of the time</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> </tr> <tr> <td style="border: none;">(2) Live together but occasionally apart for work reasons</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: none;">(3) Live together but separated for a period every year for work reasons (ie: seasonal employment).</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="border: none;">(4) Live apart but regular/frequent cohabitation (i.e.: return visits)</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> </tr> <tr> <td style="border: none;">(5) Live apart, infrequent cohabitation</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> </table>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	(1) Live together all of the time	1	1	1	1	(2) Live together but occasionally apart for work reasons	2	2	2	2	(3) Live together but separated for a period every year for work reasons (ie: seasonal employment).	3	3	3	3	(4) Live apart but regular/frequent cohabitation (i.e.: return visits)	4	4	4	4	(5) Live apart, infrequent cohabitation	5	5	5	5																																																	
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(5) Live apart, infrequent cohabitation	5	5	5	5																																																																													
Q269	<i>How long has he/she been living in (NAME OF VILLAGE)?</i>	Years <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center; width: 20px;">ys</td> <td style="border: 1px solid black; text-align: center; width: 20px;">ys</td> <td style="border: 1px solid black; text-align: center; width: 20px;">ys</td> <td style="border: 1px solid black; text-align: center; width: 20px;">ys</td> </tr> <tr> <td style="border: none;">Since birth</td> <td style="border: 1px solid black; text-align: center;">995</td> <td style="border: 1px solid black; text-align: center;">995</td> <td style="border: 1px solid black; text-align: center;">995</td> <td style="border: 1px solid black; text-align: center;">995</td> </tr> <tr> <td style="border: none;">Stays elsewhere</td> <td style="border: 1px solid black; text-align: center;">996</td> <td style="border: 1px solid black; text-align: center;">996</td> <td style="border: 1px solid black; text-align: center;">996</td> <td style="border: 1px solid black; text-align: center;">996</td> </tr> </table>		ys	ys	ys	ys	Since birth	995	995	995	995	Stays elsewhere	996	996	996	996																																																																
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Q270	<i>In the last 12 months, has he/she lived outside this community for a period of one month or more?</i>	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 98 <input type="checkbox"/> 98 <input type="checkbox"/> 98																																																																															
Q271	<i>How many nights during the last month did he/she stay in each of the following places?</i> <u>Ask for and enter number of nights in each place.</u> <u>NB: last month only.</u> <u>Enter "98" if respondent doesn't know.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>1</u></td> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>3</u></td> <td style="text-align: center;"><u>4</u></td> </tr> <tr> <td style="border: none;">Large town or city</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Small town</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Growth point</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Estate/mine</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Roadside BC</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Rural BC</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Communal/resettlement</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Other areas</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	Large town or city					Small town					Growth point					Estate/mine					Roadside BC					Rural BC					Communal/resettlement					Other areas																																						
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Q272	<i>Which church denomination does he/she belong to?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">Traditional</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Methodist</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Anglican</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Roman Catholic</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">ZAOGA</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Apostolic Faith Mn.</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Marange Apostolic</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Zviratidzo Apostolic</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Other Apostolic (spec)</td> <td style="border: 1px solid black; text-align: center;">13</td> <td style="border: 1px solid black; text-align: center;">13</td> <td style="border: 1px solid black; text-align: center;">13</td> <td style="border: 1px solid black; text-align: center;">13</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Zionist</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Mughodi</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">Other (specify)</td> <td style="border: 1px solid black; text-align: center;">17</td> <td style="border: 1px solid black; text-align: center;">17</td> <td style="border: 1px solid black; text-align: center;">17</td> <td style="border: 1px solid black; text-align: center;">17</td> <td style="border: none;">-</td> </tr> <tr> <td style="border: none;">None</td> <td style="border: 1px solid black; text-align: center;">97</td> <td style="border: 1px solid black; text-align: center;">97</td> <td style="border: 1px solid black; text-align: center;">97</td> <td style="border: 1px solid black; text-align: center;">97</td> <td style="border: none;">-</td> </tr> </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	-	- For male respondents, go to Q274
Traditional	1	1	1	1	-																																																																												
Methodist	4	4	4	4	-																																																																												
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Other (specify)	17	17	17	17	-																																																																												
None	97	97	97	97	-																																																																												
Q273	<i>Has he been circumcised?</i> <u>Show respondent pictures to establish whether fully or partially circumcised.</u>	Yes - full <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 Yes - partial <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 No <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 98 <input type="checkbox"/> 98 <input type="checkbox"/> 98																																																																															

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO	
Q274	Has he/she visited a bar or beer-hall in the last month?	Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Don't know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q275	What is the highest grade of school your partner has completed?	None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q276	In which sector of employment does he/she work?	Estates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Manuf'trg/building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Police/army	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Teacher: primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Teacher: secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Services/retail: shops	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Informal: trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q278
		Informal: incl agric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q278
		Student	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q278
		Unemployed: excl. agr	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q278
		Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q277	What type of work does he/she do?	Prof/manage't	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Self-employed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Skilled labour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Manual/unskilled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q278	Do youth play any role in local community leadership and decision-making? <u>Repeat question for women.</u>	No role		<u>Youth</u>	<u>Women</u>		
		Minor role		<input type="text"/>	<input type="text"/>		
		Significant role		<input type="text"/>	<input type="text"/>		
Q279	Which of the following groups exist in your home area and which are you a member of? <u>For those where he/she is a member:</u> Would you say that this group functions: (1) well; (2) OK; or (3) poorly?		<u>Exist</u>	<u>Member</u>	<u>Rating</u>		
		Church groups	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Women's groups	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Co-operative	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Farmers group	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Burial society	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Savings club (RCS)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Youth group	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Sports club	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		AIDS group	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Political party	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q280	What is the principal activity of the group you spend the most time with?	Code from Q279				<input type="text"/>	
		None				99 <input type="text"/>	

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

Skip section for 15-17 year-olds since covered in children's questionnaire.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
<i>"In the past week ...</i>				
Q401	<i>Were you having headaches?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q402	<i>Was your appetite poor?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q403	<i>Were you having problems sleeping?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q404	<i>Did you have nightmares or bad dreams?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q405	<i>Were you easily frightened?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q406	<i>Did your hands shake?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q407	<i>Did you feel tense, nervous or worried?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q408	<i>Were you having digestion (tummy) problems?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q409	<i>Did you have trouble thinking clearly?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q410	<i>Did you sometimes think deeply or think about many things?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q411	<i>Did you cry more than usual?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q412	<i>Did you sometimes see or hear things which others could not see or hear?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q413	<i>Did you feel more unhappy than usual?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q414	<i>Did you have trouble enjoying your daily activities?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q415	<i>Did you find it difficult to make decisions?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q416	<i>Was your daily work suffering?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q417	<i>Did you find yourself sometimes failing to concentrate?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q418	<i>Did you lose your temper or get annoyed over trivial matters?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q419	<i>Were you able to play a useful part in life?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q420	<i>Did you lose interest in things?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q421	<i>Did you feel a worthless person?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q422	<i>Has the thought of ending your life been on your mind?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q423	<i>Did you have uncomfortable feelings in your stomach?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q424	<i>Were you feeling tired all the time?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q425	<i>Did you feel able to cope with most of the problems in your life?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q501	<p><u>10-15 minutes of informal discussion first to build rapport, trust & stress absence of prejudice.</u> <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></p>		
Q502	<p><i>How old were you when you had sex for the first time?</i> <u>Explain what we mean by "having sex".</u></p>	<p>Age in years</p> <p>Not yet had sex</p>	<p><input type="text"/> yrs - Q504</p> <p>99 <input type="text"/></p>
Q503	<p><i>What is the main reason you have not yet started to have sexual relations?</i></p>	<p>Too young</p> <p>Not met partner</p> <p>Not yet married</p> <p>Risk of pregnancy</p> <p>Risk of HIV/AIDS</p> <p>Other (specify)</p>	<p>1 <input type="text"/> - Q551</p> <p>2 <input type="text"/> - Q551</p> <p>3 <input type="text"/> - Q551</p> <p>4 <input type="text"/> - Q551</p> <p>5 <input type="text"/> - Q551</p> <p>8 <input type="text"/> - Q551</p>
Q504	<p><i>How many days is it since you last had sex?</i> <u>Skip to Q506 if less than one month.</u></p>	<p>More than one year</p>	<p><input type="text"/> days</p> <p>99 <input type="text"/></p>
Q505	<p><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></p>	<p>Current pregnancy</p> <p>Recent birth</p> <p>Terminal abstinence</p> <p>Self or partner has an STD</p> <p>Currently living apart</p> <p>Risk of catching HIV/AIDS</p> <p>Risk of passing on HIV/AIDS</p> <p>Religious reasons</p> <p>Not currently married</p> <p>Self or partner has HIV/AIDS</p> <p>Ill-health</p> <p>Under 1 year since spouse died</p> <p>Other (specify)</p> <p>Don't know</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>10 <input type="text"/></p> <p>11 <input type="text"/></p> <p>12 <input type="text"/></p> <p>20 <input type="text"/></p> <p>98 <input type="text"/></p>
Q506	<p><i>Did you use condoms THROUGHOUT the last time you had sex?</i></p>	<p>Yes</p> <p>No</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p>
Q507	<p><i>Did you know the HIV status of the last person you had sex with and whether it was the same as your own?</i></p>	<p>Yes: same as mine</p> <p>Yes: different to mine</p> <p>Yes: don't know mine</p> <p>No</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>
Q508	<p><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></p>	<p>Number of partners</p> <p><u>"Married" here includes long-term and cohabiting unions - ie: as in Q250.</u></p>	<p><input type="text"/></p>
Q509	<p><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></p>	<p>Number of non-regular partners</p>	<p><input type="text"/></p>
Q510	<p><u>Indicate data collection method used.</u> <u>For secret voting:</u> (i) explain the procedure and the confidentiality safeguards carefully. (ii) enter fieldwork code on voting slips.</p>	<p>Secret voting</p> <p>Interview*</p> <p><u>*Follow-up interviews MUST be conducted using the same method as in Round 4.</u></p>	<p>R4 R5</p> <p><input type="text"/> 1 <input type="text"/> 1</p> <p><input type="text"/> 2 <input type="text"/> 2</p>
Q511	<p><i>How many different REGULAR sexual partners have you had in your LIFETIME?</i> <i>By REGULAR, I mean someone you have been having sex with for a year or more.</i></p>	<p>Number of partners</p>	<p><input type="text"/> 1</p>
Q512	<p><i>For how many years have you been using condoms EVERY TIME you have sex with a REGULAR partner?</i></p>	<p>Years</p> <p><u>Ask respondent to write "0" if he/she does not use condoms with current regular partner(s).</u></p>	<p><input type="text"/> 2</p>
Q513	<p><i>How many different NON-REGULAR sex partners have you had in your LIFETIME?</i></p>	<p>Number of partners</p>	<p><input type="text"/> 3</p>
Q514	<p><i>For how many years have you been using condoms EVERY TIME you have sex with a NON-REGULAR sexual partner?</i></p>	<p>Years</p> <p><u>Ask respondent to write "0" if he/she doesn't use condoms with non-regular sexual partner(s) now.</u> <u>Ask respondent to write "P" if he/she has never had a non-regular sexual partner.</u></p>	<p><input type="text"/> 4</p>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO												
Q515	How many different REGULAR sexual partners have you had in the last three years? <u>For follow-up respondents ...</u> <i>In other words, since we came last time.</i>	Number of regular partners	<input style="width: 30px; height: 20px;" type="text"/> 1												
Q516	How many different NON-REGULAR sexual partners have you had in the last three years? <u>For follow-up respondents ...</u> <i>In other words, since we came last time.</i>	Number of non-regular partners	<input style="width: 30px; height: 20px;" type="text"/> 2												
Q517	How many different sexual partners have you had in the LAST 12 MONTHS ?	Number of partners	<input style="width: 30px; height: 20px;" type="text"/> 3												
Q518	How many of these partners were you having sex with for the first time?	Number of new partners in last 12 months (STRESS)	<input style="width: 30px; height: 20px;" type="text"/> 4												
Q519	How many of these new partners did you meet at a bar or beer hall?	STRESS still talking about the last 12 months	<input style="width: 30px; height: 20px;" type="text"/> 5												
Q520	How many sexual relationships do you consider yourself to be involved in at the moment?	Number of current relationships	<input style="width: 30px; height: 20px;" type="text"/> 6												
Q521	How many different partners have you had sex with in the last month?	Number of partners in last month (total)	<input style="width: 30px; height: 20px;" type="text"/> 7												
Q522	<p><u>Explain that you now wish to ask some questions about the last 3 persons the respondent had sex with.</u> <u>Note: NO time restriction. Stress that these may be people he/she had sex with only once.</u> <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 the minimum required number of partners in his/her lifetime.</u></p>														
Q523	How many times have you had sexual intercourse with this partner in the last 2 weeks?	Number of times	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">LAST</td> <td style="text-align: center; font-size: 8px;">PREVIOUS ...</td> <td></td> </tr> </table>				LAST	PREVIOUS ...							
LAST	PREVIOUS ...														
Q524	On how many of these occasions did you and your partner use condoms THROUGHOUT ?	Number of times	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q525	What was the month and year when you LAST 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; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr						
mth	mth	mth													
yr	yr	yr													
Q526	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; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">mth</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr						
mth	mth	mth													
yr	yr	yr													
Q527	Where were you when you had sex with this person for the first time? <u>If secret voting is being used, show respondent the picture codes. (Code numbers as for Q224).</u>	Code	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q528	How many years old is this person?	Age in years	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yrs</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yrs</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">yrs</td> </tr> </table>	yrs	yrs	yrs									
yrs	yrs	yrs													
Q529	Are you still having sex with this person?	Yes No	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q530	Is this person married to someone other than yourself?	Yes No Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q531	Have you given or received money in exchange for sex with this person in the last month?	Yes No	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q532	Did this person ever attend secondary school?	Yes No Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q533	Does this person often drink alcohol at bars or beer-halls?	Yes No	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>												
Q534	<u>Record details of others present at this point.</u>	Children under 10 Husband/wife Other males Other females	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">Y(1)</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">N(2)</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">Y(1)</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">N(2)</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">Y(1)</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">N(2)</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">Y(1)</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center; font-size: 8px;">N(2)</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Y(1)	N(2)		Y(1)	N(2)		Y(1)	N(2)		Y(1)	N(2)	
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Y(1)	N(2)														
Y(1)	N(2)														

Q535	<p>For men: Have you EVER been involved in a non-marital relationship of any kind where you gave anything in exchange for sex?</p>	<p>Yes No</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	- Q551																																																												
Q536	<p>Have you had sex in exchange for groceries, goods, services or money in the ...? <u>Ask for ages at the first & last time.</u></p>	<p>Yes (1) No (2)</p>	<table border="1"> <tr> <td><u>Last yr</u></td> <td><u>Lifetime</u></td> <td><u>First</u></td> <td><u>Last</u></td> </tr> <tr> <td>1 2</td> <td>1 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2"></td> <td>yrs</td> <td>yrs</td> </tr> </table>	<u>Last yr</u>	<u>Lifetime</u>	<u>First</u>	<u>Last</u>	1 2	1 2	<input type="text"/>	<input type="text"/>			yrs	yrs	- Q551																																																
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		yrs	yrs																																																													
Q537	<p>For women: Have you EVER been involved in a non-marital relationship of any kind where you received anything in exchange for sex?</p>	<p>Yes No</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	- Q551																																																												
Q538	<p>"In the past year and in your lifetime, have you ..." "Had sex with a man solely for the purpose of receiving a payment in any form (groceries, goods, services, money) in the last 12 months / your lifetime?" "Been unmarried but had a partner who provides for your general upkeep and/or maintenance in exchange for sex?" "Been married but supplemented your income through sexual relationships with other men?" "Been to a beer hall or other public drinking place to meet men to have sex with?" "Had sex with someone other than a husband solely or mostly for pleasure?" "Been in a situation where you would have had sex with a man if he had offered a form of payment (groceries, goods, services, money)?" "Considered yourself to be a sex worker or a prostitute?" <u>Ask for ages at the first & last time.</u></p>	<p>Yes No</p> <p>Yes No Married all year</p> <p>Yes No Unmarried / never married</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	<table border="1"> <tr> <td><u>Last yr</u></td> <td><u>Lifetime</u></td> <td><u>First time</u></td> <td><u>Last time</u></td> </tr> <tr> <td>1 2</td> <td>1 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2"></td> <td>yrs</td> <td>yrs</td> </tr> </table> <table border="1"> <tr> <td>1</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>2</td> <td>yrs</td> <td>yrs</td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>1</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>2</td> <td>yrs</td> <td>yrs</td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>1</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>2</td> <td>yrs</td> <td>yrs</td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>1</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>2</td> <td>yrs</td> <td>yrs</td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> </table>	<u>Last yr</u>	<u>Lifetime</u>	<u>First time</u>	<u>Last time</u>	1 2	1 2	<input type="text"/>	<input type="text"/>			yrs	yrs	1	1	<input type="text"/>	<input type="text"/>	2	2	yrs	yrs	9				1	1	<input type="text"/>	<input type="text"/>	2	2	yrs	yrs	9				1	1	<input type="text"/>	<input type="text"/>	2	2	yrs	yrs	9				1	1	<input type="text"/>	<input type="text"/>	2	2	yrs	yrs	9				- Q551 if ALL "No"
<u>Last yr</u>	<u>Lifetime</u>	<u>First time</u>	<u>Last time</u>																																																													
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Q539	<p>What caused you to sell sex for the FIRST time? <u>Do not prompt.</u></p>	<p>Fun or curious Encouraged to by friends For sexual experience Divorced Separated from husband (not divorced) Widowed Asked by relative Asked by non-relative Ngozi Needed money - support children Needed money - hair, clothes ... Needed money - other (specify) Other (specify)</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 20 <input type="checkbox"/></p>																																																													
Q540	<p>What caused you to stop selling sex? <u>Do not prompt.</u></p>	<p>Got married Husband stopped me Husband providing for me adequately Sufficient income from other earnings Illness Old age Reduction in income from selling sex Not enough male partners Discouraged by family / friends Fear of AIDS I only did it once Other (specify)</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 20 <input type="checkbox"/></p>																																																													

Q551	<p><u>Explain that you would now like to collect some samples so that tests for HIV and other sexually transmitted infections can be carried out.</u> <u>Explain that these tests are being done for research purposes only. However, free VCT for HIV and free treatment for STIs is available at the local health centre.</u> <u>Stress that strict confidentiality will be maintained.</u></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
Q552	<p><u>Blood spot sample obtained.</u></p> <p>Yes No - note reason.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q601	<i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health	1	<input type="text"/>		
		Recurring sickness	2	<input type="text"/>		
		Serious illness	3	<input type="text"/>		
Q602	<i>In the last 3 years, how many times have you had an injection for medical purposes?</i>			<input type="text"/>		
Q603	<i>How long is it since you last experienced an illness?</i>	Days/weeks	<input type="text"/>	<input type="text"/>		
		More than one year ago	97	<input type="text"/>	- Q608	
Q604	<i>What was the main symptom of the illness?</i>	Fever - malaria (incl. cerebral)	1	<input type="text"/>		
		Fever - non-malaria	2	<input type="text"/>		
		Sickness/vomiting	3	<input type="text"/>		
		Diarrhoea/weight loss	4	<input type="text"/>		
		Swollen lymph nodes	5	<input type="text"/>		
		Skin complaints/rashes	6	<input type="text"/>		
		Genital conditions: incl. STDs	7	<input type="text"/>		
		Flu/pneumonia	8	<input type="text"/>		
		Accident/wound	9	<input type="text"/>		
		Tuberculosis	10	<input type="text"/>		
		Other (specify)	12	<input type="text"/>		
Q605	<i>Do you think this illness might have been caused by HIV or AIDS?</i>	Yes	1	<input type="text"/>		
		No	2	<input type="text"/>		
		Don't know	98	<input type="text"/>		
Q606	<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"/>	<input type="text"/>		
		Did not seek assistance	97	<input type="text"/>	- Q608	
Q607	<i>What is the main reason you have not sought treatment?</i>	Costs of treatment/travel too high	1	<input type="text"/>	- Q616	
		Too little time to travel / wait for treatment	2	<input type="text"/>	- Q616	
		Do not feel that anyone can help	3	<input type="text"/>	- Q616	
		Able to cope myself / illness not serious	4	<input type="text"/>	- Q616	
		Fear of stigma	5	<input type="text"/>	- Q616	
		Other (specify)	8	<input type="text"/>	- Q616	
Q608	<i>Where did you seek assistance? <u>Check whether assistance sought from more than one source.</u></i>	Hospital/clinic only	1	<input type="text"/>	- Q611	
		Clinic & n'anga	3	<input type="text"/>		
		Clinic & faith healer	5	<input type="text"/>		
		N'anga only	7	<input type="text"/>	- Q610	
		Faith healer only	8	<input type="text"/>	- Q610	
		Other (specify)	10	<input type="text"/>	- Q611	
Q609	<i>Did you visit the n'anga (faith healer) before or after going to the clinic?</i>	Before	1	<input type="text"/>		
		Same time	2	<input type="text"/>		
		After	3	<input type="text"/>		
Q610	<i>Why did you seek assistance from the n'anga (or faith healer)?</i>		Yes	No		
		Clinic treatment not effective	1	2	- Q616	
		Spiritual cure needed	1	2	- if did	
		Witchcraft suspected	1	2	- not also	
		Holy water/bath or prayer	1	2	- visit	
		More confidential	1	2	- clinic/	
		More convenient to visit	1	2	- hospital	
		Less expensive to visit	1	2	-	
		Other (specify)	1	2	-	
Q611	<i>How long does it take to travel from your home to the clinic/hospital? <u>Convert hours to minutes if necessary.</u></i>	Minutes		<input type="text"/>		
				mins		
Q612	<i>What mode of transport did you use to travel to the clinic/hospital?</i>	Foot	1	<input type="text"/>		
		Bicycle	2	<input type="text"/>		
		Motor vehicle	3	<input type="text"/>		
		Other (specify)	8	<input type="text"/>		
Q613	<i>How long did you have to wait before you were seen by a doctor or nurse? <u>Convert hours to minutes if necessary.</u></i>	Minutes		<input type="text"/>		
				mins		
Q614	<i>Were you asked to return to the clinic for follow-up checks to monitor your condition, and did you do so?</i>	Yes - and did so	1	<input type="text"/>		
		Yes - but did not	2	<input type="text"/>		
		Not asked to return	3	<input type="text"/>		
Q615	<i>How did you feel about that first consultation? Practitioner was sympathetic & tried their best to help me I am confident the practitioner will not discuss details of my HIV infection publicly Practitioner helped me understand how to stay healthy with HIV After the consultation, I was confident the practitioner was best placed to help me to live with HIV</i>		Agree	Disagree	Neither	NA
			1	2	3	
			1	2	3	98
		<u>NA if answer to Q605 is No or DK.</u>	1	2	3	98
			1	2	3	98

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																		
Q616	<p>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?</p> <p>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?</p>	<p>Yes - discharge & pain (both) 1 <input type="checkbox"/></p> <p>Yes - discharge only 2 <input type="checkbox"/></p> <p>Yes - pain only 3 <input type="checkbox"/></p> <p>No 4 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p> <p><u>Clarify which & tick boxes as appropriate.</u></p>																			
Q617	Some (wo)men experience sores in the genital area. During the last 12 months, have you noticed any such sores?	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																			
Q618	When you last experienced a pain, discharge or sores in the genital area, did you seek assistance from any of the following?	<p>Hospital/clinic only 1 <input type="checkbox"/></p> <p>Clinic & n'anga 2 <input type="checkbox"/></p> <p>Clinic & faith healer 3 <input type="checkbox"/></p> <p>N'anga only 4 <input type="checkbox"/></p> <p>Faith healer only 5 <input type="checkbox"/></p> <p>Other (specify) 8 <input type="checkbox"/></p> <p>No-one 97 <input type="checkbox"/></p> <p>Never had such symptoms 98 <input type="checkbox"/></p>	<p>- Q623</p> <p>- Q623</p> <p>- Q623</p> <p>- Q623</p> <p>- Q623</p>																		
Q619	How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?	<p>Days and weeks</p> <p style="text-align: right;"> <input style="width: 30px;" type="text"/> days <input style="width: 30px;" type="text"/> weeks </p>																			
Q620	Did you seek treatment at the nearest health centre or somewhere else?	<p>Nearest 1 <input type="checkbox"/></p> <p>Somewhere else 2 <input type="checkbox"/></p>	- Q622																		
Q621	Why did you not seek treatment at the nearest health centre?	<p>Staying elsewhere at the time 1 <input type="checkbox"/></p> <p>Better quality of care 2 <input type="checkbox"/></p> <p>Lower cost 3 <input type="checkbox"/></p> <p>More confidential 4 <input type="checkbox"/></p> <p>Stigma (staff unfriendly etc.) 5 <input type="checkbox"/></p> <p>Other (specify) _____ 8 <input type="checkbox"/></p>																			
Q622	<p>What happened when you were treated at the health centre?</p> <p><u>Read the options and tick all that apply.</u></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>Physical symptoms were inspected</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Samples taken & tests done</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Counseling provided</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Free condoms provided</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Symptoms went away</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	Physical symptoms were inspected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Samples taken & tests done	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Counseling provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Free condoms provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Symptoms went away	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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Q623	<p>Have you thought about having an HIV test?</p> <p><u>If 'yes', probe for any follow-up action taken.</u></p>	<p>No 1 <input type="checkbox"/></p> <p>Yes: but not done anything 2 <input type="checkbox"/></p> <p>Yes: and found out how to get one 3 <input type="checkbox"/></p> <p>Yes: and planning to have a test 4 <input type="checkbox"/></p> <p>Had a test 5 <input type="checkbox"/></p>	- Q625																		
Q624	Has increased availability of cheap treatment for HIV/AIDS made you more likely to have an HIV test?	<p>Yes 1 <input type="checkbox"/></p> <p>No - no difference 2 <input type="checkbox"/></p> <p>No - cheap treatment not available 3 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																			
Q625	<p>What were - or would be - your reason(s) for going for a test?</p> <p><u>Probe - may be several reasons.</u></p>	<p>Ill & want to get best treatment 1 <input type="checkbox"/></p> <p>Partner sick or died 2 <input type="checkbox"/></p> <p>Past risky behaviour 3 <input type="checkbox"/></p> <p>Partner's risky behaviour 4 <input type="checkbox"/></p> <p>Past transfusion/injections 5 <input type="checkbox"/></p> <p>General concern 6 <input type="checkbox"/></p> <p>Contemplating marriage 8 <input type="checkbox"/></p> <p>Contemplating having a child 9 <input type="checkbox"/></p> <p>Insurance policy 10 <input type="checkbox"/></p> <p>Avoid infecting partner(s) 11 <input type="checkbox"/></p> <p>Life planning 12 <input type="checkbox"/></p> <p>Child sick or died 14 <input type="checkbox"/></p> <p>Spouse/partner tested HIV+ 15 <input type="checkbox"/></p> <p>Wanted re-assurance not infected 16 <input type="checkbox"/></p> <p>Prevent mother-to-child infection 17 <input type="checkbox"/></p> <p>Doctor/nurse suggested it 18 <input type="checkbox"/></p> <p>Other (specify) _____ 20 <input type="checkbox"/></p>																			
Q626	<p>What factors deter(ed) you from having an HIV test?</p> <p><u>ie: possible implications of finding out he/she is HIV+.</u></p> <p><u>Probe - may be several reasons.</u></p>	<p>Psychological effects 1 <input type="checkbox"/></p> <p>Stigma & discrimination 2 <input type="checkbox"/></p> <p>Possible divorce/separation 3 <input type="checkbox"/></p> <p>Job loss 4 <input type="checkbox"/></p> <p>Fatalism - no cure/treatment 5 <input type="checkbox"/></p> <p>Positive result accelerates death 6 <input type="checkbox"/></p> <p>Treatment not yet available 16 <input type="checkbox"/></p> <p>Fear - of being HIV+ 11 <input type="checkbox"/></p> <p>Fear - of violence 12 <input type="checkbox"/></p> <p>Lack of confidentiality 14 <input type="checkbox"/></p> <p>Too expensive 15 <input type="checkbox"/></p> <p>Other (specify) _____ 10 <input type="checkbox"/></p>																			

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO	
Q627	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.				
Q628	Do you know of any place where you can go for voluntary counselling and testing (VCT) for HIV/AIDS? <u>i.e. other than the temporary service in Q627.</u>	Yes - certain Yes - maybe Unsure No	1 2 3 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q635 - Q635
Q629	How far is it from this place to the nearest voluntary counselling and testing centre?		Nearest Last kms kms	<input type="text"/> <input type="text"/>	
Q630	What type of place is this? <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 2 3 4 5 6 7	1 2 3 4 5 6 7	
Q631	How long does it take to travel from your home to this place? <u>Convert hours to minutes if necessary.</u>	Minutes		<input type="text"/> mins <input type="text"/> mins	
Q632	What mode of transport do you use to travel to this place?	Foot Bicycle Motor vehicle Other (specify)	1 2 3 8	1 2 3 8	
Q633	What is the setting in which this VCT service is provided?	At home Hospital / clinic Stand alone office / shop Mobile unit Other (specify)	1 2 3 4 8	1 2 3 4 8	
Q634	What is the name of the organisation that provides this service? <u>Note facility survey ref.</u> <u>If respondent has not had test (Q623) go to Q670.</u> <u>Go to Q641 after asking for last test.</u>	PSI - New Start FACT BRTI Hospital/clinic (ANC/PMTCT) Hospital/clinic (other) Arise Don't know Other (specify) _____	2 3 4 5 6 7 98 8	2 3 4 5 6 7 98 8	
Q635	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="text"/> <input type="text"/>	- If "0" go to Q670
Q636	How long is it since you last had an HIV test?	Period		<input type="text"/> mths <input type="text"/> yrs	
Q637	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"/>	
Q638	Did you have this test done at your nearest VCT centre or somewhere else?	Nearest Somewhere else	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q641
Q639	Why did you not have the test done at the nearest VCT centre?	Staying elsewhere at the time Better quality of care Lower cost More confidential Stigma (staff unfriendly etc.) Tested when seeking treatment ('opt-out') Other (specify) _____	1 2 3 4 5 6 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q641 - Q641 - Q641 - Q641 - Q641 - Q641 - Q641
Q640	<u>Repeat questions Q629 to Q634 for the place where the respondent last had an HIV test.</u>				
Q641	How much did you have to pay for your HIV test?		US\$	<input type="text"/>	
Q642	Did you receive counselling before you agreed to have the test? <u>Explain what is meant by counselling.</u>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q647

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIPTO	
Q643	<i>Did you receive pre-test counselling on your own, with your partner, or in a group?</i>	Single Couple Group	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q644	<i>How long did the pre-test counselling take?</i>	Time	<input type="text"/>	<input type="text"/>	hrs mins		
Q645	<i>How satisfied were you with the pre-test counselling?</i>	Very satisfied Satisfied Not satisfied	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q646	<i>After the pre-test counselling, did you feel fully prepared for having the test?</i>	Fully prepared Partly prepared Unprepared	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q647	<i>Did you collect your test results?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		- Q669	
Q648	<i>Did you receive counselling after receiving the results?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		- Q653	
Q649	<i>Did you receive post-test counselling on your own, with your partner, or in a group?</i>	Single Couple Group	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q650	<i>How long did the post-test counselling take?</i>		<input type="text"/>	<input type="text"/>	hrs mins		
Q651	<i>How satisfied were you with the post-test counselling?</i>	Very satisfied Satisfied Not satisfied	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q652	<i>How would you rate the counselling you were given on how to protect yourself (or your partners) from HIV in the future?</i>	Good OK Poor	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q653	<i>Do you feel you can protect yourself (or your partners) from getting HIV in the future?</i>	Yes No Not sure	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q654	<i>Do you feel able to inform current and future sexual partners about your HIV infection status?</i>	Yes No Not sure	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Q655	<i>Did you feel pleased that you had decided to get tested?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>			
Q656	<i>After the HIV test, did you:</i> (1) Use condoms more or less than before? (2) Start having more or fewer sexual partners? (3) Increase or reduce the number of times you speak about HIV/AIDS with others?		<u>More</u> 1 1 1	<u>Same</u> 2 2 2	<u>Less</u> 3 3 3		
Q657	<i>Was the result of this HIV test positive?</i> <u>Stress that do not have to answer these questions but information is confidential.</u>	Yes No Don't know Prefers not to say	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		- Q662 - Q662	
Q658	<i>With whom have you shared your HIV test result?</i> <u>Read through list and tick all that apply. For each person shared, ask whether this person was supportive.</u>	Spouse/regular partner Father Mother Employer Other relative (specify) Other (specify) No one		<u>Shared</u> 1 2 1 2 1 2 1 2 1 2 1 2 8	<u>Supportive</u> 1 2 1 2 1 2 1 2 1 2 1 2	- - Q662 if - test result - was - negative -	
Q659	<i>After getting your HIV test result, how many times have you?</i> (1) Received follow-up counselling (2) Received medical treatment (3) Received legal or welfare support (4) Experienced stigma or discrimination (5) Experienced violence or aggression		<u>Many</u> <u>times</u> 1 1 1 1 1	<u>Several</u> <u>times</u> 2 2 2 2 2	<u>Once</u> 3 3 3 3 3	<u>None</u> 8 8 8 8 8	
Q660	<i>Did you join a post-test club or a group for people living with HIV/AIDS and, if so, are you still a member?</i>	Post-test club PLWHA Neither		<u>Still</u> 1 1	<u>Was</u> 2 2	<u>Never</u> 3 3 8	- Q662
Q661	<i>How would you rate the helpfulness of this group in regard to:</i> (1) very helpful, (2) helpful, (3) not helpful	Emotional/social support Protecting others from infection Advice on keeping healthy		<u>P-TC</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>PLWHA</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES					SKIP TO
Q662	When you went for this HIV test, did you go together with a spouse or someone you were thinking of getting married to?	Yes: spouse	1	<input type="checkbox"/>			
		Yes: prospective spouse	2	<input type="checkbox"/>			
		No	3	<input type="checkbox"/>		- Q664	
		N/A: no regular partner	8	<input type="checkbox"/>		- Q669	
Q663	Was the result of your partner's HIV test the same as the result of your own test?	Yes	1	<input type="checkbox"/>		- Q665	
		No	2	<input type="checkbox"/>		- Q665	
Q664	Did you give the result of your HIV test to the person you were married to at the time you had the test?	Yes	1	<input type="checkbox"/>			
		No	2	<input type="checkbox"/>			
		N/A: no marital partner	8	<input type="checkbox"/>		- Q669	
Q665	Did you and your partner separate after you received your test results?	Yes	1	<input type="checkbox"/>			
		No	2	<input type="checkbox"/>		- Q667	
Q666	Whose decision was it to separate?	Own decision	1	<input type="checkbox"/>		- Q669	
		Partner's decision	2	<input type="checkbox"/>		- Q669	
		Joint decision	3	<input type="checkbox"/>		- Q669	
		Other (specify) _____	8	<input type="checkbox"/>		- Q669	
Q667	How often have you had sex with this partner since you got your (latest) HIV test results?	Never	1	<input type="checkbox"/>		- Q669	
		Occasionally	2	<input type="checkbox"/>			
		Frequently	3	<input type="checkbox"/>			
Q668	How often have you used condoms with this partner since you got these HIV test results?	Never	1	<input type="checkbox"/>			
		Sometimes	2	<input type="checkbox"/>			
		Always	3	<input type="checkbox"/>			
Q669	Have you thought about having another HIV test?	Yes	1	<input type="checkbox"/>			
		No or don't know	2	<input type="checkbox"/>			
Q670	Have you ever heard of drugs for treating people who have HIV/AIDS?	Yes	1	<input type="checkbox"/>			
		No	2	<input type="checkbox"/>		- Q701	
Q671	Do drugs exist now that: (a) provide a complete cure for HIV/AIDS? (b) stop HIV from causing AIDS?	Name of drugs	Yes	No	DK	Work?	
			1	2	98	<input type="checkbox"/>	
			1	2	98	<input type="checkbox"/>	
Q672	Do you know the names of these drugs?	<u>Enter responses under Q671.</u>					
Q673	Do you think these drugs work? (1) yes; (2) no; (98) don't know.	<u>Enter responses under Q671.</u> <u>Go to Q701 unless knows of ARVs.</u>					
Q674	Are there any unpleasant side effects or do you have other concerns about these drugs? <u>Record details.</u>	Yes: side effects	1	<input type="checkbox"/>			
		Yes: other concerns	2	<input type="checkbox"/>			
		No	3	<input type="checkbox"/>			
		Don't know	98	<input type="checkbox"/>			
Q675	For how long does someone with HIV need to take these drugs?			<input type="text"/>	<input type="text"/>		
		Rest of life	3	<input type="checkbox"/>			
		Don't know	98	<input type="checkbox"/>			
Q676	Do you know a relative, friend or neighbour who has received drugs that stop HIV from causing AIDS? <u>*Note relationship of closest relative.</u>	Relative*	1	<input type="checkbox"/>			
		Friend/neighbour	2	<input type="checkbox"/>			
		Work colleague	3	<input type="checkbox"/>			
		Someone else	4	<input type="checkbox"/>			
		No one	8	<input type="checkbox"/>		- Q678	
Q677	Is this person now in good health?	Yes	1	<input type="checkbox"/>			
		No	2	<input type="checkbox"/>			
		Don't know	98	<input type="checkbox"/>			
Q678	Do you think you would be able to get these drugs if you ever needed them?	Yes	1	<input type="checkbox"/>		- Q680	
		No or don't know	2	<input type="checkbox"/>			
Q679	What is the main reason you would not be able to get these drugs?	Too expensive	1	<input type="checkbox"/>			
		Not available locally	2	<input type="checkbox"/>			
		Other (specify)	8	<input type="checkbox"/>			
		Don't know	98	<input type="checkbox"/>			
Q680	Do you think these drugs are available in your area or will be available soon?	Yes - already available	1	<input type="checkbox"/>			
		Yes - will be available soon	2	<input type="checkbox"/>			
		No or don't know	3	<input type="checkbox"/>			
Q681	How far is it from here to the nearest place where these drugs can be obtained?			<input type="text"/>	<input type="text"/>		
		Nearest		<input type="text"/>	<input type="text"/>		
		Usual		<input type="text"/>	<input type="text"/>		
		Don't know a place	98	<input type="checkbox"/>			
Q682	What type of place is this?	<u>Enter code from Q630.</u>					
Q683	How long does it take to travel from your home to this place? <u>Convert hours to minutes if necessary.</u>	Minutes		<input type="text"/>	<input type="text"/>		
				<input type="text"/>	<input type="text"/>		
Q684	What mode of transport do you use to travel to this place?	Foot	1	<input type="checkbox"/>	1	<input type="checkbox"/>	
		Bicycle	2	<input type="checkbox"/>	2	<input type="checkbox"/>	
		Motor vehicle	3	<input type="checkbox"/>	3	<input type="checkbox"/>	
		Other (specify)	8	<input type="checkbox"/>	8	<input type="checkbox"/>	

INDIVIDUAL QUESTIONNAIRE:		HEALTH & ACCESS TO TREATMENT		Q. No:		
REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO	
Q685	Who supplies these drugs? <u>Go to Q689 after asking for usual source.</u>	Traditional healer Hospitals/clinics/pharmacies Other (specify) Don't know of anyone	Nearest 1 2 8 98	Usual 1 2 8 98		
Q686	Have you ever taken any drugs yourself that stop HIV causing AIDS?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q688	
Q687	What is the main reason you have not started taking these drugs?	Too expensive Not available locally Not permitted by church Side effects Not needed: HIV- Not needed: in good health Other (specify) Don't know	1 2 3 4 6 5 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q6991 - Q6991 - Q6991 - Q6991 - Q701 - Q6991 - Q6991 - Q6991	
Q688	<u>Repeat questions Q681 to Q685 for the place where the respondent usually obtains drugs.</u>					
Q689	How long is it since you first took these drugs?		weeks years			
Q690	Have you stopped taking the drugs?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q692	
Q691	Why have you stopped taking the drugs?	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"/>	- Q697 - Q697 - Q697 - Q697 - Q697 - Q697 - Q697	
Q692	Are there particular times when you take the drugs?	All the time When feeling unwell When can afford or paid for Other (specify)	1 2 3 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q693	Do you sometimes forget to take the drugs?	Never Occasionally Quite often	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q694	Do you know the name for the type of drugs you are taking?	ARVs Cotrimoxazole Other (specify) Don't know	1 3 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q695	How much is one month's supply of drugs?		US\$	<input type="text"/>		
Q696	Who pays for these drugs?	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"/>		
Q697	Since you started taking the drugs, have you recovered from your illness?	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"/>		
Q698	After you started taking the drugs, did you: (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? (5) Did you work more or less frequently?		More 1 1 1 1 1	Same 2 2 2 2 2	Less 3 3 3 3 3	
Q699	Have you experienced any unpleasant side effects since you started the treatment?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		
Q6991	Have you received any of the following as part of your treatment for HIV/AIDS? <u>Read through the list.</u> <u>Tick "NA" if never needed.</u> <u>Note name of organisation providing pain relief.</u>	Change in ARVs due to complications TB treatment Treatment for other opportunistic infections Cotrimoxazole Traditional medicine / treatment Faith healing Nutrition help / advice Home-based care kit Home visit from VCW Home visit from nurse/doctor Home visit from nanga or faith healer Hospital admission Hospice care Treatment to relieve severe pain	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2 2 2	NA 3 3 3 3 3 3 3 3 3 3 3 3 3	- Q701 if 2/3
Q6992	Was this treatment for pain relief effective?	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q701	<i>Now I would like to ask you some questions about HIV and AIDS.</i>		
Q702	<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 style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/> Spont <input style="width: 20px;" type="text"/> Probed</p> <p>Touching a person with AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Mosquito bites <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Blood transfusion <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Injection with a dirty needle <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Sharing utensils with a person with HIV/AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Ritual scarification <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	
Q703	<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 Q702.</u></p>	<p>Sex with a prostitute <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/> Spont <input style="width: 20px;" type="text"/> Probed</p> <p>Many sex partners <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Not being circumcised (for men) <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other STDs present <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Using condoms <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Witchcraft or spiritual curse <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	
Q704	<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 Q702.</u></p>	<p>At birth - if mother infected <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/> Spont <input style="width: 20px;" type="text"/> Probed</p> <p>Witchcraft or spiritual curse <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Mosquito bites <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Injection with a dirty needle <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Breastfed by infected woman <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Blood transfusion <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	
Q705	<i>Are ALL babies born to women who have HIV born with the infection?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q706	<i>Can all people infected with HIV be identified by looking at them?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q707	<i>Would you be willing to take care of a family member with AIDS?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q708	<i>How long does it usually take for a person infected with HIV to develop symptoms?</i>	<p>Number of years or months <input style="width: 30px;" type="text"/> yrs <input style="width: 30px;" type="text"/> mths</p> <p>Don't know <input style="width: 20px;" type="text"/> 998 <input style="width: 20px;" type="text"/></p>	
Q709	<i>How many people do you know who either died from AIDS or have the disease now?</i>	<p>Number (> 0) <input style="width: 40px;" type="text"/></p> <p>Doesn't know of any <input style="width: 20px;" type="text"/> 998 <input style="width: 20px;" type="text"/></p>	- Q713
Q710	<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 style="width: 20px;" type="text"/></p> <p>Village/town <input style="width: 20px;" type="text"/></p> <p>Somewhere else <input style="width: 20px;" type="text"/></p> <p><u>Check that these sum to the same as in Q709.</u></p>	
Q711	<i>What was your relationship to each of these people? Enter numbers of people in each category.</i>	<p>Spouse/partner <input style="width: 20px;" type="text"/></p> <p>Father or mother <input style="width: 20px;" type="text"/></p> <p>Son or daughter <input style="width: 20px;" type="text"/></p> <p>Other relative <input style="width: 20px;" type="text"/></p> <p>Friend or neighbour <input style="width: 20px;" type="text"/></p> <p>Work colleague <input style="width: 20px;" type="text"/></p> <p>Someone else <input style="width: 20px;" type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO	
Q712	<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"/>	
Q713	<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"/>	- Q715 - Q715
Q714	<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"/> 8 <input type="checkbox"/> 98 <input type="checkbox"/>	
Q715	<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"/>	- Q717
Q716	<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"/>	
Q717	<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"/>	
Q718	<i>Is there discrimination in the community against people with AIDS?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Q719	<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"/>	
Q720	<i>Which of the following statements would you say was true?</i>		<u>True</u> <u>Not true</u>	
	(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	
	(17) There will always be people who stand by me in difficult times		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(18) People who have AIDS should be ashamed		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	<u>Read out each in turn.</u>			

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Q721	<p><i>Which of these factors play the biggest role in causing people to get AIDS?</i></p> <p><u>Read out the options.</u></p>	<p>Poverty 1 <input type="checkbox"/></p> <p>Powerlessness of women 2 <input type="checkbox"/></p> <p>Ignorance 3 <input type="checkbox"/></p> <p>Bad behaviour 4 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																																																							
Q722	<p><i>Is there anything people in this community can do to tackle the AIDS epidemic or is this something that can only be done by outsiders from government or overseas?</i></p>	<p>Yes: community can tackle AIDS 1 <input type="checkbox"/></p> <p>No: outsiders must tackle AIDS 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																																																							
Q723	<p><i>In the past week, have you yourself spoken to any of the following about AIDS?</i></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>Family member</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Friend / neighbour</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Work colleague</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Health professional (doctor/nurse)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Traditional healer</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Community leader</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	Family member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Friend / neighbour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Work colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Health professional (doctor/nurse)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Traditional healer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Community leader	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																		
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Q724	<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>																																																							
Q725	<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>	- Q727																																																						
Q726	<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>Taking ARVs 18 <input type="checkbox"/></p> <p>Other (specify) 20 <input type="checkbox"/></p>																																																							
Q727	<p><i>Do you know of any place where male and female condoms are available locally?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Available:</th> <th colspan="2" style="text-align: center;">Obtained</th> </tr> <tr> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Male condoms</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>Female condoms</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>		Available:		Obtained		Y	N	Y	N	Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Female condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<p>- Q729 if</p> <p>- ALL "No"</p>																																			
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Q728	<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><i>From what place or person was the last condom (femidom) you used obtained?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Available:</th> <th rowspan="2"></th> </tr> <tr> <th style="text-align: center;">Charge</th> <th style="text-align: center;">Free</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Shop/pharmacy</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hospital/clinic</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Family planning centre</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Community based distributor</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bar/beerhall/hotel</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Peer educator</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>FACT employee/volunteer</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Africare</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(Only) outside the area</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Never obtained a condom</td> <td colspan="2"></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Available:			Charge	Free	Partner	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Shop/pharmacy	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Hospital/clinic	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Family planning centre	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Community based distributor	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Bar/beerhall/hotel	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Peer educator	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	FACT employee/volunteer	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Africare	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	(Only) outside the area	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	11 <input type="checkbox"/>	12 <input type="checkbox"/>	<input type="checkbox"/>	Never obtained a condom			<input type="checkbox"/>	
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Q729	<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>	- Q733																																																						

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO	
Q730	<i>Have you and your regular partner started, changed or stopped your method of family planning in the last 3 years?</i>	Yes - started Yes - changed Yes - stopped No	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q733
Q731	<i>Which of the following reasons led you to make this change?</i>	Previous method not effective Avoid having HIV+ baby PMTCT - now safe to have baby On ART - now safe to have baby	Yes 1 1 1 1 No 2 2 2 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q732	<i>Which method(s) were you using before you heard about ARVs and which are you using now?</i>	Pill Condoms Femidoms Sterilization Other (specify) _____ No methods being used	Before <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Now <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q733	<i>Have you heard about any meetings or other activities about HIV and AIDS?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q736
Q734	<i>Have you attended any meetings or other activities about HIV and AIDS?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q736
Q735	<i>Were any of these activities held locally or only somewhere else?</i>	Local area Elsewhere only - specify location.	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q736	<i>Have you heard about any 11-12 week training programmes on HIV prevention organised by community leaders, FACT or DAAC/NAC in your area?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q738
Q737	<i>Have you attended such a programme?</i> <u>Probe for whether completed full course.</u>	Yes - completed full course Yes - attended some sessions No	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q738	<i>Have you ever heard about the following HIV prevention activities in your area?</i> <u>For those known, ask whether ever attended.</u>	Peer education - workplace Peer education - beer halls Peer education - students / youth Community Popular Opinion Leaders Youth-friendly HIV/AIDS corners	Heard Yes No 1 2 1 2 1 2 1 2 1 2	Attended Yes No 1 2 1 2 1 2 1 2 1 2	
Q739	<i>How many times in the last month have you heard HIV/AIDS mentioned ...</i> 1. On television 2. On the radio 3. In a newspaper 4. In informal conversations	TV Radio Newspaper Conversations	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q743 if age 30+
Q740	<i>Did you have lessons about HIV/AIDS when you were in school?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q743
Q741	<i>Did the HIV/AIDS lessons in school cover:</i> 1. How HIV is contracted? 2. How to use a condom? 3. Other ways to avoid HIV/AIDS? 4. How to care for someone with HIV/AIDS? 5. Anti-retroviral drugs for AIDS?		Yes No 1 2 1 2 1 2 1 2 1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q742	<i>Did the students take these lessons about HIV/AIDS seriously?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q743	<u>Record details of others present at this point in the interview.</u>	Children under 10 Husband/wife Other males Other females	Yes No 1 2 1 2 1 2 1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q801	<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"/> - Q806
Q802	<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"/> - Q804
Q803	<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"/>
Q804	<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"/> - Q806
Q805	<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"/>
Q806	<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"/> - Q808
Q807	<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"/>
Q808	<u>Sum answers to Q803, Q805 and Q807.</u> <u>Enter total.</u>	Total	<input type="checkbox"/>
Q809	<i>In total, then, how many live births have you had (fathered)?</i> <u>Compare response with total in Q808.</u> <u>If numbers are different, probe and correct Q801-Q808, as necessary.</u>		
Q810	<u>If no births (Q808):</u>		- Q822

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

Q811

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

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

Record names of all births in Q812. If died before given a name, enter "NOT NAMED".

Record multiple births (twins etc) on separate lines.

Q812	Q813	Q814	Q815	Q816	Q817	Q818	Q819	Q820
<p><i>What name was given to your (first/next) baby?</i></p>	<p><u>Record single (S) or multiple (M) birth status.</u></p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month/year was (NAME) born?</i></p> <p><u>Ask for Child Health Card (CHC) as evidence of date of birth.</u></p> <p><u>Tick CHC box if date confirmed.</u></p>	<p><i>Was PMTCT received?</i></p> <p><u>If yes ask which type.</u></p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p><u>Record age in completed years.</u></p>	<p><u>If alive:</u> <i>Is (NAME) living with you?</i></p>	<p><u>If dead:</u> <i>How old was (NAME) when he/she died?</i></p> <p><u>If "1 year":</u> <i>How many months old was (NAME) when he/she died?</i></p> <p><u>Record days, if < 1 month; months, if < 2 years.</u></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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
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"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> NVP <input type="checkbox"/> Other <input type="checkbox"/> No/Df <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(Goto Q820).</u>	Age <input type="text"/> in yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>

Q812	Q813	Q814	Q815	Q816	Q817	Q818	Q819	Q820
<p><i>What name was given to your (first/next) baby?</i></p>	<p><u>Record single (S) or multiple (M) birth status.</u></p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month/year was (NAME) born?</i></p> <p><u>Ask for Child Health Card (CHC) as evidence of date of birth.</u></p> <p><u>Tick CHC box if date confirmed.</u></p>	<p><i>Was PMTCT received?</i></p> <p><u>If yes ask which type.</u></p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p><u>Record age in completed years.</u></p>	<p><u>If alive:</u> <i>Is (NAME) living with you?</i></p>	<p><u>If dead:</u> <i>How old was (NAME) when he/she died?</i></p> <p><u>If "1 year":</u> <i>How many months old was (NAME) when he/she died?</i></p> <p><u>Record days, if < 1 month; months, if < 2 years.</u></p>

09	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	Boy <input type="checkbox"/> 1 Girl <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/Df <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 <u>(Goto Q820).</u>	Age <input type="text"/> in <input type="text"/> yrs	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
(NAME)								
10	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	Boy <input type="checkbox"/> 1 Girl <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/Df <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 <u>(Goto Q820).</u>	Age <input type="text"/> in <input type="text"/> yrs	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
(NAME)								
11	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	Boy <input type="checkbox"/> 1 Girl <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/Df <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 <u>(Goto Q820).</u>	Age <input type="text"/> in <input type="text"/> yrs	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
(NAME)								
12	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	Boy <input type="checkbox"/> 1 Girl <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/Df <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 <u>(Goto Q820).</u>	Age <input type="text"/> in <input type="text"/> yrs	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place (Q224) <input type="text"/> <u>(Go to next birth).</u>	Days <input type="text"/> Month: <input type="text"/> Years <input type="text"/>
(NAME)								

Q821	<u>Tick here, if further sheet used:</u> <input type="checkbox"/>	<u>Total.</u>	<input type="text"/>
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Q822	<p><u>Compare Q808 with total number of births in history above (Q821).</u></p> <p><u>If numbers are different, probe and reconcile.</u></p> <p><u>If numbers are the same, check:</u></p> <p><u>For each birth: year of birth is recorded.</u></p> <p><u>For each living child: current age is recorded.</u></p> <p><u>For each dead child: age at death is recorded.</u></p> <p><u>For age at death 12 months: probe to determine exact number of months.</u></p>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Q823	<p><u>For men: go to Q938.</u></p> <p><u>For women: check follow-up checklist for pregnancy at time of Round 4 visit.</u></p>	Pregnant - self-report <input type="checkbox"/> 1	
		Not pregnant <input type="checkbox"/> 3	- Q827

Q824	<p><i>At the time we saw you last you were pregnant, what was the outcome of that pregnancy?</i></p>	Live birth <input type="checkbox"/> 1	- Q826
		Miscarriage/still birth <input type="checkbox"/> 2	

Q825	<p><i>After how many months of the pregnancy did the miscarriage/stillbirth occur?</i></p>	Months <input type="text"/>	- Q827
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Q826	<p><i>What name was given to this baby?</i></p> <p><u>Check whether this name appears on the list above at the appropriate time. If not, investigate.</u></p>	<input type="text"/>
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Q827	<p><i>How many pregnancies have you had in the last 3 years including any current pregnancy?</i></p>	One or more <input type="text"/>	
		None <input type="checkbox"/>	- Q941 & Q943.

REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q901	Are you pregnant now?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not sure 98 <input type="checkbox"/>	- Q903 - Q903		
Q902	For how many months have you been pregnant?	Number <input style="width: 40px; height: 20px;" type="text"/>	- Q904		
Q903	When did your most recent (or "this" for previous pregs) pregnancy end? <u>Stress: including miscarriages.</u>	<input style="width: 20px; height: 20px;" type="text"/> mnth <input style="width: 20px; height: 20px;" type="text"/> yr	<input style="width: 20px; height: 20px;" type="text"/> mnth <input style="width: 20px; height: 20px;" type="text"/> yr	<input style="width: 20px; height: 20px;" type="text"/> mnth <input style="width: 20px; height: 20px;" type="text"/> yr	<input style="width: 20px; height: 20px;" type="text"/> mnth <input style="width: 20px; height: 20px;" type="text"/> yr
Q904	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"/> Not at all 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"/>
Q905	Have you seen anyone for antenatal care during this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q916) 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"/>
Q906	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"/>			
Q907	How far is it from this place to the ANC clinic you attended?	<input style="width: 40px; height: 20px;" type="text"/> kms Don't know 98 <input type="checkbox"/>			
Q908	What type of place is 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"/>			
Q909	How long does it take to travel from your home to this clinic?	<u>Convert hours to mins if necessary.</u> <input style="width: 40px; height: 20px;" type="text"/> mins			
Q910	What mode of transport do you use to travel to this place?	Foot 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Motor vehicle 3 <input type="checkbox"/> Other (specify) 4 <input type="checkbox"/>			
Q911	Is this clinic the nearest ANC clinic to where you USUALLY live that provides PMTCT services?	Yes (Go to Q917) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not sure (Go to Q917) 98 <input type="checkbox"/>			
Q912	Why didn't you use the nearest clinic with PMTCT services?	Wanted PMTCT 1 <input type="checkbox"/> Didn't want HIV test 2 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>			
Q913	How far is it from this place to the nearest ANC clinic where PMTCT services are available?	<input style="width: 40px; height: 20px;" type="text"/> kms Don't know 98 <input type="checkbox"/>			
Q914	What type of place is this clinic (nearest with PMTCT) located in?	<u>Use code from Q908.</u> <input style="width: 40px; height: 20px;" type="text"/>			
Q915	How long does it take to travel from your home to this clinic?	<u>Convert hours to mins if necessary.</u> <input style="width: 40px; height: 20px;" type="text"/> mins			
Q916	What mode of transport do you use to travel to this clinic?	Foot 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Motor vehicle 3 <input type="checkbox"/> Other (specify) 4 <input type="checkbox"/>			
Q917	Were PMTCT services available at the clinic you visited at the time you attended for this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q919) 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"/>
Q918	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 Q925) 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"/>
Q919	Did you have HIV infection at the time of this pregnancy? <u>Stress confidential but voluntary.</u>	Yes 1 <input type="checkbox"/> No (Go to Q925) 2 <input type="checkbox"/> Don't know (Go Q925) 8 <input type="checkbox"/> No response (Go Q925) 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
Q920	Did the clinic provide you with any counselling on family planning for people with HIV?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't recall 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q921	Do you plan to have another baby? <u>For previous pregnancy, "Did you plan ..?"</u>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
Q922	Did you receive any treatment to take YOURSELF to prevent the baby from getting infected? If so, what type? <u>Stress that this is treatment taken by the mother herself.</u>	Yes: MER 1 <input type="checkbox"/> Yes: NVP single dose 2 <input type="checkbox"/> Yes: other (specify) 3 <input type="checkbox"/> No 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Q923	Did the baby receive any of these forms of treatment?	MER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NVP syrup <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ART (i.e. continuous) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q924	Did you or the baby ever stop or miss taking the treatment you were given?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Baby died before completed 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"/>
Q925	Was the baby delivered at a clinic/hospital or at home?	Clinic 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Still pregnant (Go to Q932) 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"/>
Q926	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes 1 <input type="checkbox"/> No (Go to Q929) 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"/>
Q927	How many months pregnant were you when this pregnancy ended?	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths
Q928	Was this pregnancy ended intentionally because you knew or suspected you might have HIV?	Yes (Go to Q932) 1 <input type="checkbox"/> No (Go to Q932) 2 <input type="checkbox"/> Rather not say (Go Q932) 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"/>
Q929	Did the baby ever have an HIV test? <u>If yes, ask for result.</u> <u>Stress confidential but voluntary.</u>	Yes: infected 1 <input type="checkbox"/> Yes: uninfected 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK or rather not say 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"/>
Q930	Is the baby still alive?	Yes (Go to Q932) 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"/>
Q931	How old was the baby when he/she passed away?	<u>Convert to months.</u> <u><1m = '0' months.</u> <input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths
Q932	Has your period returned since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q934) 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"/>
Q933	For how many months after this pregnancy ended did you not have a period?	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths
Q934	Have you resumed sexual relations since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q937) 2 <input type="checkbox"/>			
Q935	For how many months after this pregnancy ended did you not have sexual relations? <u>If 4 months or more, go to Q937.</u>	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths
Q936	Why did you resume having sex early after this pregnancy ended? <u>If pregnancy ended in miscarriage etc (check Q926), go to Q941.</u>	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"/>
Q937	Did you ever feed this baby at the breast?	Yes 1 <input type="checkbox"/> No (Go to Q940) 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"/>
Q938	Are you still breastfeeding?	Yes (Go to Q941) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Child has died 98 <input type="checkbox"/>			
Q939	For how long did you breastfeed this baby: Exclusively? (i.e. no liquids or solids) In total? <u>If total > 6 mnths, go to Q941.</u>	Months <input type="text"/> Months <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q940	Why did you not breastfeed this baby (for longer)?	Baby sick or died 4 <input type="checkbox"/> Mother sick 5 <input type="checkbox"/> Risk of HIV 6 <input type="checkbox"/> Pregnant 7 <input type="checkbox"/> Resumed sex 8 <input type="checkbox"/> Other 12 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>
Q941	How long ago did your last menstrual period start? <u>If less than one month, record answer as "0" months.</u>	Months <input type="text"/> Years <input type="text"/> Before last birth 95 <input type="checkbox"/> Never menstruated 96 <input type="checkbox"/>	<input type="text"/> <input type="text"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/>		
Q942	Ask for date when the pregnancy before this one ended: if less than 3 years ago, go to next column and Q903.				

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REF.	QUESTIONS & FILTERS				
Q943	<p><i>For how much of the last 3 years have you and your regular partner been using a method of contraception?</i></p>	<p>None Some of the time Most/all of the time Not sure</p>	<p>1 2 3 98</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	- Q1001
Q944	<p><i>Which were the main methods you used?</i></p> <p><u>Tick maximum of two methods.</u></p>	<p>Pill Injections Condoms Femidoms Sterilization Safe period Withdrawal Other (specify)</p>	<p>1 2 3 4 5 6 7 9</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
Q945	<p><i>What were your main reasons for wanting to delay or prevent another pregnancy?</i></p> <p><u>Probe for other reasons, but do not prompt.</u></p>	<p>Enough children Birth spacing Child HIV+ risk Child orphan risk Mother HIV+: accelerate AIDS Not yet ready to have children Other (specify)</p>	<p>1 2 3 4 5 6 9</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

Q1001	<u>Record current time.</u>	Hour and minutes			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">hr</td> <td style="width: 50%; text-align: center;">mins</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	hr	mins		
hr	mins								
Q1002	<i>What are your views of the value of this research?</i>	<p>Useful Do not see the point No opinion</p>	<p>1 2 98</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>					
Q1003	<p><u>Record respondent's comments and your own observations in the space below.</u></p> <p><u>Give respondent a copy of the research results sheet and ask if he/she has any questions.</u></p> <p><u>Remind respondent of arrangements for HIV VCT and STD treatment.</u></p>								

RESPONDENT'S COMMENTS:

On the research?

Further HIV prevention, care and support activities needed?

ENUMERATOR'S OBSERVATIONS:
