

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																			
LOCALITY NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
PROVINCE																			
RURAL/URBAN (RURAL = 1, URBAN = 2)																			
LUSAKA = 1/ OTHER CITY = 2/TOWN = 3/VILLAGE = 4																			

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
TIME	_____	_____													
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
**LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
0	1														
**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA															
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

Introduction and Consent

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
							MARITAL STATUS			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE RECORD 95'	What is (NAME'S) current marital status? 1 = MARRIED/ COHABITING/ LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES → ADD TO TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = CO-WIFE
- 04 = SON OR DAUGHTER
- 05 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 06 = GRANDCHILD
- 07 = PARENT
- 08 = PARENT-IN-LAW
- 09 = BROTHER OR SISTER
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = NURSERY/
KINDERGATERN

1 = PRIMARY

2 = SECONDARY

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8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY. THIS
CODE IS NOT ALLOWED FOR Q.
19)

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

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(USE '00' FOR Q. 17 ONLY. THIS
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Q21. TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
106A	How do you store your drinking water?	CLOSED CONTAINER/JERRY CAN 1 OPEN CONTAINER/BUCKET 2 DOES NOT STORE WATER 3 OTHER _____ 6 (SPECIFY)																																																																									
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELS..... 14 FLUSH, DON'T KNOW WHERE..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110																																																																								
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																																																								
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																																									
110	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CUPBOARD</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>CLOCK</td><td>1</td><td>2</td></tr> <tr><td>FAN</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>CASSETTE PLAYER</td><td>1</td><td>2</td></tr> <tr><td>PLOUGH</td><td>1</td><td>2</td></tr> <tr><td>GRAIN GRINDER</td><td>1</td><td>2</td></tr> <tr><td>VCR/DVD</td><td>1</td><td>2</td></tr> <tr><td>TRACTOR</td><td>1</td><td>2</td></tr> <tr><td>HAMMER MILL</td><td>1</td><td>2</td></tr> <tr><td>COMPUTER</td><td>1</td><td>2</td></tr> <tr><td>INTERNET</td><td>1</td><td>2</td></tr> <tr><td>MICROWAVE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	BED	1	2	CHAIR	1	2	TABLE	1	2	CUPBOARD	1	2	SOFA	1	2	CLOCK	1	2	FAN	1	2	SEWING MACHINE	1	2	CASSETTE PLAYER	1	2	PLOUGH	1	2	GRAIN GRINDER	1	2	VCR/DVD	1	2	TRACTOR	1	2	HAMMER MILL	1	2	COMPUTER	1	2	INTERNET	1	2	MICROWAVE	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBRE (ASBESTOS) 33 CERAMIC TILES/HARVEY TILES ... 34 CEMENT 35 ROOFING SHINGLES 36 MUD TILES 37 OTHER _____ 96 (SPECIFY)																									
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 MUD 13 RUDIMENTARY WALLS BAMBOO/POLE WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS 35 OTHER _____ 96 (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? A banana boat?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANANA BOAT</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BANANA BOAT	1	2	
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CAR/TRUCK	1	2																									
BOAT WITH MOTOR	1	2																									
BANANA BOAT	1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How much lima, acres, or hectares of agricultural land do members of this household own?	LIMA 1 <input type="text"/> <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/> HECTARES 3 <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 995 DONT KNOW 998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Traditional cattle? Dairy cattle? Beef cattle? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? Rabbits/Other Poultry? Other Livestock?	TRADITIONAL CATTLE <input type="text"/> <input type="text"/> DAIRY <input type="text"/> <input type="text"/> BEEF <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES ... <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> PIGS <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/> RABBITS/OTHER POULTRY ... <input type="text"/> <input type="text"/> OTHER LIVESTOCK <input type="text"/> <input type="text"/>	
123	Does any member of this household have a bank account?	YES 1 NO 2	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DONT KNOW 8	→ 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGR/..... A PRIVATE COMPANY B NON GOVERNMENTAL ORGANISATION (NGO) C OTHER _____ X (SPECIFY) DONT KNOW Y	
126	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 136
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98
131	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8
132	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
133	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8

		NET #1	NET #2	NET #3
134	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
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		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
135		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 136.
136	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 139) ←		
137	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2		
138	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C		
139	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ←
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 209.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ←	YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 209) ←
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3
208	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 209.			

WEIGHT, HEIGHT, AND HIV TESTING FOR WOMEN AGE 15-49

209	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 210. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
210	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
211	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
212	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
213	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙
214	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙
215	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
216	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. I will provide her with a list of [nearby] facilities offering counselling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood on a paper card for the HIV test?</p>		
217	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
218	ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>If you want (NAME OF ADOLESCENT) to know her HIV status, I can do a rapid test for her and I can tell her the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell her the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p>		
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)
220	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p>		
221	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)
222	CHECK 219 PARENTAL CONSENT FOR RAPID HIV TEST	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227)	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227)	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227)
223	ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT	<p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
225	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ←┘	15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ←┘	15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ←┘
226	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ←┘	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ←┘	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ←┘
227	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 215 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
228	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ←┘ (SIGN) (IF REFUSED, GO TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ←┘ (SIGN) (IF REFUSED, GO TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ←┘ (SIGN) (IF REFUSED, GO TO 231)
229	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
230	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ←┘ (SIGN) (IF GRANTED, GO TO 232)	GRANTED 1 RESPONDENT REFUSED 2 _____ ←┘ (SIGN) (IF GRANTED, GO TO 232)	GRANTED 1 RESPONDENT REFUSED 2 _____ ←┘ (SIGN) (IF GRANTED, GO TO 232)
231	ADDITIONAL TESTS	CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
232	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH VCT AND TEST(S)			
233	BAR CODE LABEL FOR FILTER PAPER	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
234	RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ←	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ←	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ←
235	RECORD RESULT OF THE DETERMINE HIV RDT	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6
235A	RECORD RESULT OF THE UNIGOLD HIV RDT	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6
236	CHECK 235 DETERMINE RESULT	CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2	CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2	CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2
236A	CHECK 235A UNIGOLD RESULT	CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ←	CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ←	CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ←
237	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ←
238	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←
239	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from her arm for the tests?</p>		
240	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM RESPONDENT	<p>We would like to collect more blood from your to do additional testing. The additional tests will see how many CD4 cells you have. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from your arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell you the CD4 test results. No one else will be able to know your test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood from your arm for the tests?</p>		
242	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 252)
243	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 247)	15-17 YEARS 1 18-49 YEARS 2 (GO TO 247)	15-17 YEARS 1 18-49 YEARS 2 (GO TO 247)
244	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247)	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247)	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247)
245	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 215 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
246	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249)
247	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
248	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250)

		WOMAN 1	WOMAN 2	WOMAN 3																																																
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																
249	ADDITIONAL TESTS	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.																																																
250	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED.																																																			
251	BAR CODE LABEL FOR BLOOD TUBE	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.																																																
251A	RECORD THE DATE OF THE VENOUS BLOOD COLLECTION	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
251B	RECORD THE TIME OF THE VENOUS BLOOD COLLECTION	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																
252	GO BACK TO 211 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 253.																																																			

HIV TESTING FOR MEN AGE 15-59

253	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
257	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←
258	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ←
259	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>
260	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. I will provide him with a list of [nearby] facilities offering counselling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood on a paper card for the HIV test?</p>		
261	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
262	ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>If you want (NAME OF ADOLESCENT) to know his HIV status, I can do a rapid test for him and I can tell him the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell him the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p>		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN)
264	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p>		
265	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)
266	CHECK 263 PARENTAL CONSENT FOR RAPID HIV TEST	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ←	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ←	CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ←
267	ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT	<p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p>		
268	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
269	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ←
270	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ←
271	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 259 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
272	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275)
273	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
274	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276)
275	ADDITIONAL TESTS	CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
276	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH VCT AND TEST(S)			
277	BAR CODE LABEL FOR FILTER PAPER	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
278	RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←	TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←
279	RECORD RESULT OF THE DETERMINE HIV RDT	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6
279A	RECORD RESULT OF THE UNIGOLD HIV RDT	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6
280	CHECK 279 DETERMINE RESULT	CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2	CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2	CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2
280A	CHECK 279A UNIGOLD RESULT	CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ←	CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ←	CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ←
281	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ←
282	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ←	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ←
283	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from his arm for the tests?</p>		
284	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
285	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM RESPONDENT	<p>We would like to collect more blood from your to do additional testing. The additional tests will see how many CD4 cells you have. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from your arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell you the CD4 test results. No one else will be able to know your test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood from your arm for the tests?</p>		
286	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 296)
287	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙	15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙	15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙
288	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙
289	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 259 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
290	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)
291	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
292	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)

		MAN 1	MAN 2	MAN 3																								
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																								
293	ADDITIONAL TESTS	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.																								
294	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED.																											
295	BAR CODE LABEL FOR BLOOD TUBE	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.																								
295A	RECORD THE DATE OF THE VENOUS BLOOD COLLECTION	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
295B	RECORD THE TIME OF THE VENOUS BLOOD COLLECTION	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
296	GO BACK TO 257 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.																											