**HIV/AIDS and Education: Biomarker Follow-up Study Survey**

**SECTION A: Before beginning**

**A1. Before Arriving at the House**

1. Fill in the following important information on the survey:
   * The nearest VCT center where the respondent can get tested for HIV
   * Whether the respondent is sampled for quality control on page 42
2. Make sure that you have all materials
   * HIV test kits (1 Determine, 1 Bioline, 1 Unigold) with each of the three types of buffer
   * Supplies for VCT/HIV testing (gloves, alcohol swabs, dry cotton, lancets, pipettes for each test kit, condoms, penis model, waste container)
   * Filter paper for dried blood spots
   * Card for STI clinic, CCC, and mobile clinic
   * Gift
   * VCT Protocol
   * Stickers with biomarker IDs

**A2. Identification Verification**

FO: *ask the respondent what school he/she attended for 2003 and what standard. If the information is incorrect, try to determine if there is another reason why our information does not match besides that he/she is not the target.*

**If the respondent is the target:**

1. FOR FEMALES: Ask if the respondent has ever had a pregnancy, including pregnancies that resulted in miscarriage/abortion/still-born
2. Stick the sticker with the relevant Biomarker ID number on the cover of the correct version
3. Put the checklist and the page with tracking information away in a separate envelope.

**To be completed at the time of data entry:**

|  |  |
| --- | --- |
|  | Data Entry Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Data Entry Person’s ID: *|\_\_|\_\_|\_\_|* |
|  | Comments on Data entry: |

|  |  |  |
| --- | --- | --- |
|  | Respondent ID information: |  |
|  | Field Officer: | |\_\_|\_\_|\_\_|\_\_| |
|  | Observer (other FO, VCT nurse) , if any | |\_\_|\_\_|\_\_|\_\_| |
|  | Date: | \_\_ / \_\_ / 20\_\_\_ |

**A3. Consent Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date and month of birth of the respondent:  *FO: use this grid:*   |  |  | | --- | --- | | **Age** | **Year of Birth** | | 19 | 1992 | | 20 | 1991 | | 21 | 1990 | | 22 | 1989 | | 23 | 1988 | | 24 | 1987 | | 25 | 1986 | | 26 | 1985 | | 19|\_\_|\_\_|   |  |  | | --- | --- | | 1. [ ] Jan 2. [ ] Feb 3. [ ] Mar 4. [ ] April 5. [ ] May 6. [ ] June 7. [ ] July | 1. [ ] Aug 2. [ ] Sep 3. [ ] Oct 4. [ ] Nov 5. [ ] Dec 6. [ ] Don’t Know | |
|  | Was the respondent born in 1994 or later (and is not a mature minor)? | 1. [ ] Yes **>> Parental Consent required** 2. [ ] No |

***FOs:*** *The respondent should fill in completely and sign two consent forms. One should be kept in your Consent Folder and returned to Busia. The other should be given to the respondent.*

**SECTION B: SURVEY**

#### *Let’s talk before starting*

*This questionnaire asks questions related to knowledge, attitudes and behavior on sensitive issues such as HIV/ AIDS and sexual experience. The purpose is to help us understand youth. Please provide accurate answers.*

*Your answers are confidential, and I will not tell your teachers, parents or anybody else.*

*Please listen and answer carefully. Answer accurately and do not worry about whether there is a correct answer. Your answers will have no affect on your personal life or study. As mentioned above, this information is confidential, only the researchers can access the data. Data will not be reported to individuals, only institutions. Honest answers will help in planning programs for Kenyan youth.*

*☺ … Thank you for your good cooperation … ☺*

**B1. Demographic/SES Information**

|  |  |  |
| --- | --- | --- |
|  | What year did you start class one? *Or formal primary school if class one was skipped.* ***Fill ONE only*** | |\_\_|\_\_|\_\_|\_\_| **OR**  |\_\_|\_\_| years old |
|  | Are you currently enrolled in school? What type of school? | 1. [ ] Not in school **>>>>>>skip to question 13**  2. [ ] In primary school  3. [ ] In secondary school  4. [ ] In a Polytechnic / Vocational school  5. [ ] College  6. [ ] University |
|  | How much are your school fees in total per year? | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Ksh **>>>> skip to 14**  |\_\_|\_\_| Don’t know  **>>>> skip to 14** |
|  | What year did you leave or finish school? ***Fill ONE only*** | |\_\_|\_\_|\_\_|\_\_| **OR**  |\_\_|\_\_| years old |
|  | Since you started school, are there any years you did not attend school? If so how many? | |\_\_\_|**.**|\_\_\_| (if none, write 0) |
|  | Have you ever been sponsored for school fees (bursary)? | 1. [ ] Yes 2. [ ] No **>>> skip to question 17** |
|  | From where did you receive this? | 1. [ ] MOE 2. [ ] CDF  3. [ ] NGO  4. [ ] MOE/CDF (unable to distinguish)  5. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the highest level of formal education you have completed? ***Circle highest class attended. If “polytechnic”, ask about primary/secondary*** | 6 7 8  F1 F2 F3 F4  College (specify type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ University |
|  | Have you ever attended a youth or national polytechnic school? | 1. [ ] YES.  2. [ ] NO **>>> skip to question 20** |
|  | How many years did you spend at the polytechnic? | |\_\_|**.**|\_\_| years |

**B2. Socioeconomic Outcomes**

|  |  |  |
| --- | --- | --- |
|  | How would you describe yourself financially? By “dependent” I mean you receive more money in support from people besides your spouse than you earn for yourself. ***READ Options*** | 1. [ ] Completely economically independent  2. [ ] Mostly economically independent-  3. [ ] Mostly economically dependent  4. [ ] Completely economically dependent |
|  | How many people besides yourself but including children depend on you for financial support? By "depend on you" I mean they primarily rely on you for food or financial assistance that they do not have to work for. | |\_\_|\_\_| |
|  | Do you currently live with your parents, guardian, or in-laws? | 1. [ ] Yes  2. [ ] No |
|  | The building that you sleep in currently – of what material are the walls made? ***Tick all that apply*** | 1. [ ] Stone, Solid Cement  2. [ ] Fired Brick  3. [ ] Sun-dried bricks  4. [ ] Mud, cement  5. [ ] Mud, sticks, reeds  6. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the roof of this building made of? | 1. [ ] Iron  2. [ ] Grass or reeds  3. [ ] Mud, branches  4. [ ] Palm leaves  5. [ ] Mud, cement  6. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the floor of your house made of? | 1. [ ] Cement  2. [ ] Mud  3. [ ] Cow dung and mud  4. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_ |
| 1. . | How many latrines do you have at your current home? | [ ]   **If 0 >>> skip to question 29** |
|  | Is the latrine you use the most indoors or outdoors? | 1. [ ] Indoors  2. [ ] Outdoors |
|  | Is it private to your household or shared with another household? (shared beyond those in the family) | 1. [ ] Private 2. [ ] Shared |
|  | If one walked at an average pace, approximately how many minutes would it take to walk from your home to the nearest place where you can catch a matatu/bus? | |\_\_|\_\_|\_\_| minutes |

***FO:*** *Now I would like to ask you about your income over the last 3 months. Your answers will not affect your eligibility for any other program, so please answer honestly.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | In the last 12 months, have you done any farming on your own? | | 1. [ ] Yes  2. [ ] No **>>> skip to question 34** | |
|  | Did you sell any of your crops? | | 1. [ ] Yes  2. [ ] No **>>> skip to question 33** | |
|  | Over the last 12 months, how much did you or your spouse get from the crops you sold? | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH  99. [ ] Don’t Know | |
|  | Did you buy chemical fertilizer last season? | | 1. [ ] Yes  2. [ ] No | |
|  | In the last 3 months, have you been paid for work on another person’s farm? | | 1. [ ] Yes  2. [ ] No **>>> skip to question 37** | |
|  | What is your average daily wage? ***Use time increment given by the respondent if possible. Fill ONE.*** | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **DAY**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **WEEK**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **MONTH** | |
|  | How often did you do this work? ***READ Options*** | | 1. [ ] At least 5 days per week  2. [ ] 2-4 days per week  3. [ ] Once per week  4. [ ] Once or twice per month  5. [ ] Less than once per month | |
|  | In the last 3 months, what type of businesses, jobs, or apprenticeships have you worked in? Please tell me about any activity for which you get money, even if casual or only occasionally ***Tick ALL that apply.*** | 1. [ ] None 2. [ ] Housemaid 3. [ ] Mechanic 4. [ ] Retail staff 5. [ ] Electrician 6. [ ] Plumber 7. [ ] Carpenter 8. [ ] Welder 9. [ ] Matatu/bus driver or tout 10. [ ] Restaurant/food kiosk 11. [ ] Tailoring shop 12. [ ] Boda boda | | 1. [ ] Barber 2. [ ] Mason 3. [ ] Saloonist 4. [ ] Shop attendant 5. [ ] Own store 6. [ ] Market Vendor 7. [ ] Own food/drink stall 8. [ ] Sell agricultural produce from home 9. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | In the last 3 months, have you worked for any other person or as a casual or an apprentice? ***Tick ALL that apply.*** | | 1. [ ] Paid Employee  2. [ ] Casual  3. [ ] Apprentice  4. [ ] Help relative with business  5. [ ] No **>>> skip to question** **42** | |
|  | What was your average daily wage from your most frequent job? ***Use time increment given by the respondent if possible. Fill ONE.*** | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **DAY**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **WEEK**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **MONTH** | |
|  | How often did you do this work? ***READ Options*** | | 1. [ ] At least 5 days per week  2. [ ] 2-4 days per week  3. [ ] Once per week  4. [ ] Once or twice per month  5. [ ] Less than once per month | |
|  | Are you currently working at this job? | | 1. [ ] Yes  2. [ ] No  3. [ ] Sometimes | |
|  | In the last 3 months, have you had any of your own business for which you get money even if only occasionally or if you work for it for only a few hours in a day? | | 1. [ ] Yes  2. [ ] No **>>> skip to question** **51**  ***FO Check: Questions 38 and 42 should not both be NO.*** | |
|  | How often did you do this work? ***READ Options*** | | 1. [ ] At least 5 days per week  2. [ ] 2-4 days per week  3. [ ] Once per week  4. [ ] Once or twice per month  5. [ ] Less than once per month | |
|  | What is your average weekly revenue from your most recent business? ***Use time increment given by the respondent if possible. Fill ONE.*** | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **DAY**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **WEEK**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **MONTH** | |
|  | What are your average weekly business costs from your most recent business? ***Use time increment given by the respondent if possible. Fill ONE.*** | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **DAY**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **WEEK**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **MONTH** | |
|  | What is your average weekly profit from your most recent business? ***This should be the difference between revenues and costs. Use time increment given by the respondent if possible. Fill ONE.*** | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **DAY**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **WEEK**  |\_\_|\_\_|\_\_|\_\_|\_\_| KSH per **MONTH** | |
|  | How much money did you need to start your most recent business? *Include costs of livestock or seeds if applicable* | | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH | |
|  | When did you start your business? | | |\_\_|\_\_| Month |\_\_|\_\_|\_\_|\_\_| Year | |
|  | Are you currently working in this business? | | 1. [ ] YES  2. [ ] NO **>>> skip to question 51** | |
|  | What is the value of your current inventory? | | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| KSH | |

|  |  |  |
| --- | --- | --- |
|  | Do you own a cell phone? | 1. [ ] Yes  2. [ ] Shared  3. [ ] No |
|  | Do you have a bank account? | 1. [ ] Individual  2. [ ] Joint  3. [ ] No |
|  | How many pairs of footwear do you own? *(Not including sandals or “slippers”)* | |\_\_|\_\_| |
|  | In the last 12 months, did you ever cut the size of your meals or skip meals because there were not enough resources for food? | 1. [ ] Yes  2. [ ] No **>>> Skip to question 56** |
|  | How often did this happen? ***READ Options*** | 1. [ ] Less than 3 months  2. [ ] Between 4 and 8 months  3. [ ] Between 9 and 11 months  4. [ ] Once or twice every month  5. [ ] At least once per week every month |
|  | In the last 12 months, did anyone in your immediate family (children, spouse, or parents) ever cut the size of their meals or skip meals because there were not enough resources for food? | 1. [ ] Yes  2. [ ] No **>>> Skip to question 58**  3. [ ] Don’t Know **>>> Skip to question 58** |
|  | How often did this happen? ***READ Options*** | 1. [ ] Less than 3 months  2. [ ] Between 4 and 8 months  3. [ ] Between 9 and 11 months  4. [ ] Once or twice every month  5. [ ] At least once per week every month |
|  | In case of emergency, do you have 500 Ksh of your own cash you could access without borrowing? | 1. [ ] Yes  2. [ ] No **>>>Skip to question 60** |
|  | In case of emergency, do you have 1000 Ksh of your own cash you could access without borrowing? | 1. [ ] Yes  2. [ ] No |
|  | In case of an emergency, how much of your own cash could you access without borrowing? | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| KSH |
| 60b. | In case of an emergency, could you easily convert any items into cash? (Livestock, inventory, etc.) What is the value of these items? | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| KSH |
|  | Are you a member of a ROSCA or self-help group? | 1. [ ] Yes  2. [ ] No |
|  | In the last three months, have you made any transaction using MPESA? | 1. [ ] Yes  2. [ ] No |
|  | Here is a picture of a ladder. Suppose we say that the top of the ladder represents the best possible financial situation for you and the bottom represents the worst possible financial situation for you. Where on the ladder do you personally feel you stand at the present time? | |\_\_|\_\_| |

**B3. General Attitudes and Perceptions**

|  |  |  |
| --- | --- | --- |
|  | How do you get news most often? ***Tick one only.*** | 1. [ ] Newspaper  2. [ ] Radio  3. [ ] Television  4. [ ] Friends  5. [ ] Teachers  6. [ ] Family  7. [ ] Colleagues  8. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How often do you read, listen, watch, or talk about politics in the news? ***READ Options*** | 1. [ ] Everyday 2. [ ] Once per week 3. [ ] Several times per week 4. [ ] Once or twice per month 5. [ ] Once or twice per year 6. [ ] Never |
|  | How interested are you in political affairs? Very, somewhat, not very or not all? | 1. [ ] Very interested 2. [ ] Somewhat interested 3. [ ] Not very interested 4. [ ] Not at all interested 5. [ ] Don’t Know |
|  | How often do you attend religious services? ***READ Options.*** | 1. [ ] More than once per week  2. [ ] Once per week  3. [ ] Sometimes once per week  4. [ ] Less than once per month  5. [ ] Do not attend |

**B4. Health Knowledge**

|  |  |  |
| --- | --- | --- |
|  | What is the cause of mental illness? ***Tick all that are mentioned. Do NOT prompt for more than one answer.*** | 1. [ ] A curse/evil spirits/witchcraft  2. [ ] Heredity  3. [ ] Improper behavior/vice  4. [ ] Body dis-function/disease (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_)  5. [ ] Poor sanitation/ lack of cleanliness  6. [ ] Poor health care  7. [ ] Mosquito bite  8. [ ] Drug/alcohol use  9. [ ] Stress  10. [ ] Don’t Know  11. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***FO:*** *Now I would like to ask you a few questions about HIV/AIDS and what you already know about the virus, how it is spread, and how you can protect yourself.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Is there anything a person can do to avoid getting infected with HIV, the virus that causes AIDS? | 1. [ ] YES  2. [ ] NO **>>>> skip to question 73**  3. [ ] Don’t Know **>>>> skip to question 73** | | |
|  | Can you tell me all the ways you know of that people can protect themselves from HIV? ***Tick all that are mentioned. Do NOT prompt. If the respondent is silent for 5 seconds, move on to the next section.*** | 1. [ ] Abstinence  2. [ ] Being faithful  3. [ ] Using condoms  4. [ ] Using condoms correctly and consistently  5. [ ] Going for VCT before engaging in sex  6. [ ] Not sharing sharp objects  7. [ ] Avoiding drugs/alcohol/anything which hampers judgment  8. [ ] Avoiding bad company  9. [ ] Avoiding prostitution | | 10. [ ] Avoiding walking alone at night  11. [ ] Avoiding contact between bloody wounds and skin  12. [ ] Ensuring safe blood transfusions  13. [ ] Ensuring clean medical equipment  14. [ ] Avoiding circumcision with unsafe tools  15. [ ] Avoiding wife-inheritance  16. [ ] Avoiding sugar daddies/mummies  17. [ ] Avoiding multiple sexual partners  18. [ ] Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  19. [ ] Don’t know/ Don’t remember |
|  | If one has a sexually transmitted infection (STI), is the risk of getting infected with HIV increased, decreased, or unchanged? | | 1. [ ] Increased  2. [ ] Decreased  3. [ ] Unchanged  4. [ ] Don’t know | |
|  | Can a pregnant woman infected with HIV transmit the virus to her baby in the womb? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know | |
|  | Can a mother infected with HIV transmit the virus to her newborn baby through breastfeeding? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know | |
|  | Can the HIV virus be transmitted through mosquito bites? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know | |
|  | Do you personally know anyone who has HIV/AIDS or who died from AIDS? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know | |
|  | While you were in primary school, did any of your teachers discuss HIV in the classroom? | | 1. [ ] YES  2. [ ] NO **>>>>>> skip to** **80** | |
|  | Did you receive HIV education at least once per month while in primary school? | | 1. [ ] YES  2. [ ] NO | |
|  | Were any of the following topics discussed in any of your classes in primary school?  A. How pregnancy happens  B. Family planning/how to prevent pregnancy  C. Abstinence/say ‘no’ to sex  D. Sexual transmitted infections or diseases  E. How to prevent HIV  ***Tick ONE for each topic*** | | A. 1. [ ] YES 2. [ ] NO 3. [ ] Don’t Remember  B. 1. [ ] YES 2. [ ] NO 3. [ ] Don’t Remember  C. 1. [ ] YES 2. [ ] NO 3. [ ] Don’t Remember  D. 1. [ ] YES 2. [ ] NO 3. [ ] Don’t Remember  E. 1. [ ] YES 2. [ ] NO **>>skip to** 3. [ ] Don’t Remember **>>**  **84** **skip to 84** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FO: Read questions at right. Do NOT prompt with choices below.** | 1. What advice did your primary school teachers give you to prevent HIV? ***Do NOT prompt. Tick ALL that apply*** | 1. What advice did your secondary school teachers give you to prevent HIV? ***Do NOT prompt. Tick ALL that apply*** | 1. **FO DO NOT READ:** Record here if advice given in school, but respondent does not remember primary/secondary ***Tick ALL that apply*** |
| 1. Abstinence | 1. [ ] | 1. [ ] | 1. [ ] |
| 2. Abstinence until marriage | 2. [ ] | 2. [ ] | 2. [ ] |
| 3. Being faithful | 3. [ ] | 3. [ ] | 3. [ ] |
| 4. Using condoms | 4. [ ] | 4. [ ] | 4. [ ] |
| 5. Using condoms correctly and consistently | 5. [ ] | 5. [ ] | 5. [ ] |
| 6. Not using condoms | 6. [ ] | 6. [ ] | 6. [ ] |
| 7. Going for VCT before engaging in sex | 7. [ ] | 7. [ ] | 7. [ ] |
| 8. Not sharing sharp objects | 8. [ ] | 8. [ ] | 8. [ ] |
| 9. Avoiding drugs/alcohol/anything which hampers judgment | 9. [ ] | 9. [ ] | 9. [ ] |
| 10. Avoiding bad company | 10. [ ] | 10. [ ] | 10. [ ] |
| 11. Avoiding prostitution | 11. [ ] | 11. [ ] | 11. [ ] |
| 12. Avoiding walking alone at night | 12. [ ] | 12. [ ] | 12. [ ] |
| 13. Avoiding contact between bloody wounds and skin | 13. [ ] | 13. [ ] | 13. [ ] |
| 14. Ensuring safe blood transfusions | 14. [ ] | 14. [ ] | 14. [ ] |
| 15. Ensuring clean medical equipment | 15. [ ] | 15. [ ] | 15. [ ] |
| 16. Avoiding circumcision with unsafe tools | 16. [ ] | 16. [ ] | 16. [ ] |
| 17. Avoiding wife-inheritance | 17. [ ] | 17. [ ] | 17. [ ] |
| 18. Avoiding sugar daddies/mummies | 18. [ ] | 18. [ ] | 18. [ ] |
| 19. Avoiding multiple sexual partners | 19. [ ] | 19. [ ] | 19. [ ] |
| 20. Have faith / Go to church | 20. [ ] | 20. [ ] | 20. [ ] |
| 21. None/ Don’t know/ Don’t remember | 21. [ ] | 21. [ ] | 21. [ ] |
| 22. Other (specify) | 22. [ ] Specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 22. [ ] Specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 22. [ ] Specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 23. Didn’t go to secondary |  | 23. [ ] |  |

|  |  |  |
| --- | --- | --- |
|  | Did a teacher ever give you personal advice about HIV? | 1. [ ] YES  2. [ ] NO |
|  | Did a teacher ever give you personal advice about pregnancy? | 1. [ ] YES  2. [ ] NO |
|  | In your opinion, do you think that primary school children, when they are in grades 6 to 8, should be taught about using condoms to avoid getting HIV/AIDS? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |

|  |  |  |
| --- | --- | --- |
|  | Who do you think is more likely to be infected with HIV: a 20 year old woman or a 20 year old man? ***Do NOT read options. Tick only one.*** | 1. [ ] The woman  2. [ ] The man  3. [ ] The same  4. [ ] It depends  5. [ ] Don’t know |
|  | Who do you think is more likely to be infected with HIV: a 20 year old person or a 30 year old person? ***Do NOT read options. Tick only one.*** | 1. [ ] 20 year old  2. [ ] 30 year old  3. [ ] The same  4. [ ] It depends  5. [ ] Don’t know |
|  | Who do you think is more at risk of getting HIV: a 20 year old girl who is unmarried and having casual partners, or a 20 year old girl who is married? ***Do NOT read options. Tick only one.*** | 1. [ ] The unmarried one  2. [ ] The married one  3. [ ] The same  4. [ ] It depends on the husband  5. [ ] Don’t know |

**FO:** *Now I’m going to read out some different types of people from your community. Please tell me, out of 5, how many you think know how to read.*

|  |  |  |
| --- | --- | --- |
|  | Children ages 3 and below *(If the respondent does not say 0, explain the question again)* | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | People who are 20 years old | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | People ages 75 and above | |\_\_|\_\_| 999. [ ] Don’t Know |

|  |  |  |
| --- | --- | --- |
|  | Think of 50 people in your community over the age of 15 – people like your friends, family, neighbors, teachers, and shopkeepers who live in places like Bungoma, Mumias, and Busia. Out of 50, how many do you think would be infected with HIV? | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | According to a 2009 study, out of every 50 people in Kenya between the ages of 15 and 49, approximately 3 are infected with HIV. Does this statistic surprise you?  ***Do NOT read options. Tick ALL that apply.*** | 1. [ ] YES  2. [ ] NO  3. [ ] Respondent doubts statistic |

**FO:** *Now I’m going to read out some different groups of people in your community. Please tell me, out of 50, how many you think are infected with HIV.*

|  |  |  |
| --- | --- | --- |
|  | Children ages 3 and below  *(If the respondent says anything more than 5, please explain the question again)* | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | People older than 18 who have never had sex | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | Sex Workers | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | Females age 22 | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | Males ages 22 *(****FO:*** *Remind the respondent of their answer to question 87 if necessary)* | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | Married people age 22 | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | People age 22 who are not married | |\_\_|\_\_| 999. [ ] Don’t Know |
|  | People age 32 *(****FO:*** *Remind the respondent of their answer to question 88 if necessary)* | |\_\_|\_\_| 999. [ ] Don’t Know |

***FO:*** *The objective of the next section is to find out your opinions about HIV/AIDS. I will read a statement. Please tell me if you strongly agree/agree/neither agree nor disagree/ disagree or strongly disagree with each statement.*

***FO: Do not state “Don’t know” as an option.***

| **Do you agree with the following statement?**  *FO: put tick in correct column,*  *then enter code on the right* | | **1**  **Strongly**  **Agree** | **2**  **Agree** | **3**  **Neither Agree nor Disagree** | **4**  **Disagree** | **5**  **Strongly Disagree** | **6 Don’t Know** | **ENTER CODE** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Using condoms reduces sexual pleasure. |  |  |  |  |  |  |  |
|  | It is embarrassing to buy or ask for condoms. |  |  |  |  |  |  |  |
|  | Using a condom is a sign of not trusting your partner. |  |  |  |  |  |  |  |
|  | Men need to have more than one sexual partner, often at the same time. |  |  |  |  |  |  |  |
|  | It is necessary to have sex to keep one’s boyfriend or girlfriend. |  |  |  |  |  |  |  |
|  | There are times when a husband is justified in beating his wife. |  |  |  |  |  |  |  |
|  | When a wife knows her husband has a sexually transmitted disease, she is justified in asking her husband to use a condom. |  |  |  |  |  |  |  |
|  | There are times when a wife is justified in refusing to have sex with her husband. |  |  |  |  |  |  |  |
|  | HIV/AIDS is a punishment for bad behavior. |  |  |  |  |  |  |  |
|  | It is women prostitutes that spread HIV in our community. |  |  |  |  |  |  |  |
|  | It is promiscuous men that spread HIV in our community. |  |  |  |  |  |  |  |
|  | People with HIV/AIDS should be treated the same as people without HIV/AIDS. |  |  |  |  |  |  |  |

**B5. Behavioral Questions**

***FO****: Now I am going to ask you some more questions. These ones will be about some topics that may seem embarrassing. Again, this is totally confidential and I won’t share this information with your parents or teachers or anyone else around you.*

|  |  |  |
| --- | --- | --- |
|  | Are you married? | 1. [ ] Currently married 2. [ ] Divorced or separated **>>skip to 118** 3. [ ] Widowed **>>skip to 118** 4. [ ] Never been married **>>skip to 118** |
|  | For how long have you been married? | |\_\_|\_\_| years |\_\_|\_\_| months |
|  | How old is your spouse? | |\_\_|\_\_| years old |
|  | In the last 6 months, how many sexual partners have you had in total? | |\_\_|\_\_| partners |
|  | How many sexual partners have you had in your lifetime? | |\_\_|\_\_| partners  *If “Don’t know,” press for a guess.*  **>>>> If 0, skip to question 144** |
|  | Have you ever been paid for sex? | 1. [ ] YES **>>>> Skip to question** **122**  2. [ ] NO |
|  | Have you ever received money or gifts from a sexual partner (before you got married, if applicable)? | 1. [ ] YES  2. [ ] NO |
|  | How old were you when you had sex for the first time? | |\_\_|\_\_| years |
|  | Among the men/women with whom you played sex so far, how old was the oldest one at the time you played sex? | |\_\_|\_\_| years old  *If the respondent answers with “Don’t know,” press for a guess.* |
|  | Have you ever paid for sex? | 1. [ ] YES  2. [ ] NO **>> Skip to** **127** |
|  | When was the last time you paid for sex? | |\_\_|\_\_| Days ago  |\_\_|\_\_| Months ago  |\_\_|\_\_| Years ago |
|  | The last time that you paid for sex, did you use a condom on that occasion? | 1. [ ] YES **>> Skip to 128**  2. [ ] NO **>> Skip to 128** |
|  | Have you ever given a sexual partner money or gifts (before marriage, if applicable)? | 1. [ ] YES  2. [ ] NO |
|  | Have any of your sexual partners ever told you they were infected with an STI like HIV, syphilis, gonorrhea, chlamydia, or herpes? | 1. [ ] YES  2. [ ] NO **>> Skip to 132** |
|  | Have any of your sexual partners ever told you they were infected with HIV? | 1. [ ] YES  2. [ ] NO |
|  | Did you stop having sex with this partner because they were infected with this STI? ***Do NOT read options.*** | 1. [ ] YES, stopped sex completely **>> Skip to 132**  2. [ ] YES, played sex less often  3. [ ] NO, did not stop playing sex |
|  | Did you start using a condom with this partner because they were infected with this STI? ***Do NOT read options.*** | 1. [ ] YES, used a condom always  2. [ ] YES, used a condom sometimes  3. [ ] NO, did not use a condom  4. [ ] Was already using a condom with this partner |

***FO****: Now, I want to talk about the sexual partners that you have had throughout your life. We will start with your most recent partner and ask about the 3 most recent sexual partners you have had. Please do not share their names with me.*

|  |  | **Most Recent Partner** | **Second Most Recent Partner** | **Third Most Recent Partner** |
| --- | --- | --- | --- | --- |
|  | How old was s/he when you first had sex with this person? | |\_\_|\_\_| Years | |\_\_|\_\_| Years | |\_\_|\_\_| Years |
|  | How old were you when you first had sex with this person? | |\_\_|\_\_| Years | |\_\_|\_\_| Years | |\_\_|\_\_| Years |
|  | When you first had sex with this person, what was your relationship to this person? | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Currently, are you having sex with this person at least one time per month? | 1. [ ] Yes **>> Skip to 137**  2. [ ] No | 1. [ ] Yes **>> Skip to 137**  2. [ ] No | 1. [ ] Yes **>> Skip to 137**  2. [ ] No |
|  | How long was your sexual relationship with this person? | |\_\_|\_\_| Years **>> Skip to 138**  |\_\_|\_\_| Months **>> Skip to 138**  |\_\_|\_\_| Days **>> Skip to 138** | |\_\_|\_\_| Years **>> Skip to 138**  |\_\_|\_\_| Months **>> Skip to 138**  |\_\_|\_\_| Days **>> Skip to 138** | |\_\_|\_\_| Years **>> Skip to 138**  |\_\_|\_\_| Months **>> Skip to 138**  |\_\_|\_\_| Days **>> Skip to 138** |
|  | What is your relationship to this person currently? | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] Husband/Wife  2. [ ] Boyfriend/Girlfriend  3. [ ] Casual Acquaintance  4. [ ] Commercial Sex Worker  5. [ ] Relative  6. [ ] Family friend  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Have you ever given money or gifts to this person (before you got married, if applicable)? | 1. [ ] Yes  2. [ ] No | 1. [ ] Yes  2. [ ] No | 1. [ ] Yes  2. [ ] No |
|  | Have you ever received money or gifts from this person (before you got married, if applicable)? | 1. [ ] Yes  2. [ ] No | 1. [ ] Yes  2. [ ] No | 1. [ ] Yes  2. [ ] No |
|  | Do you think this partner was having sex with other partners during your sexual relationship? *Consider the preceding month if relationship was less than one week.* | 1. [ ] Yes  2. [ ] No  3. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  3. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  3. [ ] Don’t Know |
|  | How often did you use a condom during sex with this person?***READ Options*** | 1. [ ] Every time  2. [ ] Usually  3. [ ] Sometimes  4. [ ] Not usually  5. [ ] Never | 1. [ ] Every time  2. [ ] Usually  3. [ ] Sometimes  4. [ ] Not usually  5. [ ] Never | 1. [ ] Every time  2. [ ] Usually  3. [ ] Sometimes  4. [ ] Not usually  5. [ ] Never |
|  | In your opinion, what is the likelihood this person was infected with HIV/AIDS before or during your relationship? Low, medium, or high? | 1. [ ] No Chance  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know | 1. [ ] No Chance  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know | 1. [ ] No Chance  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know |
|  | What do you think your risk of HIV infection is from this partner? Low, medium, high, or no risk? *Respondents can consider how often they used a condom.* | 1. [ ] No risk  2. [ ] Low risk  3. [ ] Medium risk  4. [ ] High risk  5. [ ] Don’t know | 1. [ ] No risk  2. [ ] Low risk  3. [ ] Medium risk  4. [ ] High risk  5. [ ] Don’t know | 1. [ ] No risk  2. [ ] Low risk  3. [ ] Medium risk  4. [ ] High risk  5. [ ] Don’t know |

**B6. Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | If HIV/AIDS did not exist, would your sexual behavior be different? | | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 146** |
|  | What behavior have you adopted to prevent HIV infection? ***Do not read options. Do not prompt. Tick all that are mentioned*** | | 1. [ ] I’m not having sex / abstaining  2. [ ] Use condoms when having sexual intercourse  3. [ ] Restricted sex to one partner/ monogamy  4. [ ] Reduced number of partners  5. [ ] Talked to partner about their HIV status  6. [ ] Got an HIV test  7. [ ] Ask partner(s) to get HIV test  8. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How worried are you that you are infected with HIV right now? ***READ Options*** | | 1. [ ] Not worried at all  2. [ ] A little worried  3. [ ] Somewhat worried  4. [ ] Very worried |
|  | Why do you think your risk is [Answer from 146]? ***Do not read options. Do not prompt. Tick all that are mentioned.*** | 1. [ ] Got tested (know status)  2. [ ] Abstinent/no sex  3. [ ] Have only one partner  4. [ ] Always use condoms  5. [ ] Because of my age  6. [ ] HIV is transmitted in many ways  7. [ ] Partner is faithful | 8. [ ] Partner is/may be unfaithful  9. [ ] Have multiple partners  10. [ ] Partner is infected  11. [ ] Have unprotected sex  12. [ ] Sleep under net to protect from mosquito bites 13. [ ] Has had sex  14. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B7. Fertility**

**SECTION A. PREGNANCY**

***FO****: This module asks questions related to pregnancy, your children’s health, and your health. The purpose of this portion is to help us understand pre-natal and post-natal care. .*

***FO INSTRUCTIONS: YOU SHOULD ASK THESE QUESTIONS FOR ONE CHILD AT A TIME***

|  |  |  |
| --- | --- | --- |
|  | How many pregnancies have you had that resulted in giving birth to a live baby, still born or with miscarriage? | └─┴─┘ pregnancies  **If 0 >> skip to question 158** |
|  | At the time you/your partner first became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all? | 1. [ ] THEN  2. [ ] LATER  3. [ ] NOT AT ALL |

**FO reads**: *Now, I want to talk about all the pregnancies that you have had. We would start with questions about the first time you were pregnant and then continue with all your following pregnancies. We will consider all the pregnancies you ever had, even those that did not come to term.*

***COMMENTS****: If you come across a mother with twins, please fill in info separately for first twin and then for the second twin (as P1 and P2, respectively).*

|  | **FIRST PREGNANCY**  **(P1)** | **SECOND PREGNANCY**  **(P2)** | **THIRD PREGNANCY**  **(P3)** | **FOURTH PREGNANCY**  **(P4)** | **FIFTH PREGNANCY**  **(P5)** | **SIXTH PREGNANCY (P6)** |
| --- | --- | --- | --- | --- | --- | --- |
| **A2. Type of pregnancy. What was the result of the pregnancy?** | 1.[ ] Currently pregnant for the first time  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** | 1.[ ] Currently pregnant  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** | 1.[ ] Currently pregnant  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** | 1.[ ] Currently pregnant  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** | 1.[ ] Currently pregnant  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** | 1.[ ] Currently pregnant  2.[ ] Miscarriage  3.[ ] Abortion  4.[ ] Still born  5.[ ] Alive **>> Skip to question A4** |
| **A3. What age is your pregnancy now/ when miscarried/ aborted?** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** | └─┴─┘ months  └─┴─┘ weeks  **>>> If pregnant, skip to 150** |
| **A4. In what month and year was this child born/ miscarried/aborted?** | └─┴─┘ month  └─┴─┴─┴─┘ year  **>>> If preg type is 2,3, or 4, skip to P2 or 150** | └─┴─┘ month  └─┴─┴─┴─┘ year  **>> If preg type 2,3, or4, skip to P2, 150** | └─┴─┘ month  └─┴─┴─┴─┘ year  **>> If preg type 2,3, or4, skip to P2, 150** | └─┴─┘ month  └─┴─┴─┴─┘ year  **>> If preg type 2,3, or4, skip to P2, 150** | └─┴─┘ month  └─┴─┴─┴─┘ year  **>> If preg type 2,3, or4, skip to P2, 150** | └─┴─┘ month  └─┴─┴─┴─┘ year |
| **A5. What name was given to your baby?** |  |  |  |  |  |  |
| **A6. Sex of the baby** | 1. [ ] Male 2. [ ] Female | 1. [ ] Male 2. [ ] Female | 1. [ ] Male 2. [ ] Female | 1. [ ] Male 2. [ ] Female | 1. [ ] Male 2. [ ] Female | 1. [ ] Male 2. [ ] Female |
| **A7. Is (NAME) still alive?** | 1. [ ] Yes 2. [ ] No**>>skip to A11** | 1. [ ] Yes 2. [ ] No**>>skip to A11** | 1. [ ] Yes 2. [ ] No**>> skip to A11** | 1. [ ] Yes 2. [ ] No**>>skip to A11** | 1. [ ] Yes 2. [ ] No**>>skip to A11** | 1. [ ] Yes 2. [ ] No**>>skip to A11** |
| **A8. IF ALIVE: is (NAME) living with you?** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** | 1. [ ] Yes **>>skip to 150**  2. [ ] No **>>skip to 150** |
| **A11. IF DEAD: How old was (NAME) when he/she died??**  **If 0,1,2 years, you should probe: How many days/months old was (NAME)?** | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years | └─┴─┘Days  └─┴─┘ Months  └─┴─┘ Years |

|  |  |  |
| --- | --- | --- |
|  | **If multiple pregnancies:** Is the biological mother/father the same for all pregnancies? | 1. [ ] YES  2. [ ] NO **>>skip to 152**  3. [ ] N/A **>>skip to 152** |
|  | How many different men/women have you had children with? | |\_\_|\_\_| *Write 99 for Don’t Know* |
|  | Just to double-check, you have had \_\_\_\_\_ children in your life. Is that correct? | Total : |\_\_| |
|  | How many sons are living with you? And how many daughters? | Sons : |\_\_| Daughters: |\_\_| |
|  | How many sons are alive, but not living with you? And how many daughters? | Sons : |\_\_| Daughters: |\_\_| |
|  | How many sons were born alive, but have since died? And how many daughters? | Sons : |\_\_| Daughters: |\_\_| |
|  | How many pregnancies died before birth (miscarriages, abortions, or stillborn)? | Total : |\_\_| |
|  | **If FEMALE:** Are you currently pregnant?  **If MALE:** Are any of your sexual partners currently pregnant with your child? | 1. [ ] Yes   2. [ ] No |

|  |
| --- |
| **FO Check:** The totals from 150 through 157 should match P1-P6. If they do not, clarify with the respondent and correct the appropriate questions. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **FIRST PREGNANCY**  **(P1)** | **SECOND PREGNANCY**  **(P2)** | **THIRD PREGNANCY**  **(P3)** | **FOURTH PREGNANCY**  **(P4)** | **FIFTH PREGNANCY**  **(P5)** | **SIXTH PREGNANCY**  **(P6)** |
| A12 | During your pregnancy, who did you see for antenatal care?  **Do NOT read aloud these options or prompt.**  **Tick all that apply.** | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A13 | Where did you receive antenatal care for this pregnancy?  **Do NOT read aloud these options or prompt.**  **Tick all that apply.** | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A14 | How many times did you receive antenatal care during pregnancy? | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** | └─┴─┘ times  99.[ ] Don’t know  **Move to A15** |

**o"wer "may say nongineer, journalist, tailorendant.common for "ts use?"tion to say they would work for less.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **FIRST PREGNANCY**  **(P1)** | **SECOND PREGNANCY**  **(P2)** | **THIRD PREGNANCY**  **(P3)** | | | **FOURTH PREGNANCY**  **(P4)** | | | **FIFTH PREGNANCY**  **(P5)** | | | **SIXTH PREGNANCY**  **(P6)** | |
| A15. During your pregnancy, was any of the following measurements taken at least once? Did you take any of the following? | | | | | | | | | | | | | | |
| 1.Your weight | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 2.Your height | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 3.Blood pressure | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 4.Glucose test | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 5.Urine sample | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 6.Blood sample | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 7.HIV test | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 8.TT injection | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| 9.Iron pills /syrup | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | 1.[ ]Yes 2.[ ]No 99. [ ]D.K. | | |
| A.16 During pregnancy did you have \_\_ ?  **Ask each option and mark all that apply** | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to P2 if there was another pregnancy or to SECTION B if this was the first and only pregnancy** | | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to P3 if there was another pregnancy or to SECTION B if this was last** | | | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to P4 if there was another pregnancy or to SECTION B if this was the last** | | | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to P5 if there was another pregnancy or to SECTION B if this was the last** | | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to P6 if there was another pregnancy or to SECTION B if this was the last** | | | A.Convulsions  1.[ ]Yes 2.[ ]No  B.Headaches  1.[ ]Yes 2.[ ]No  C.Swelling of legs, body or face  1.[ ]Yes 2.[ ]No  D.Excessive fatigue  1.[ ]Yes 2.[ ]No  E.Vaginal bleeding  1.[ ]Yes 2.[ ]No  F. Vaginal infection(discharge/ pruritus) 1.[ ]Yes 2.[ ]No  G.Fever 1.[ ]Yes 2.[ ]No  I.Night blindness  1.[ ]Yes 2.[ ]No  J.Difficulty with vision during daylight 1.[ ]Yes 2.[ ]No  **Move to SECTION B** |

**SECTION B. DELIVERY**

*Now I would like to ask you some questions about what happened when you were delivering your child[ren]. We will consider your pregnancies that resulted in a live birth.*

***INSTRUCTIONS:*** *Should be filled out for each live birth.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **1. FIRST LIVE BIRTH** | **2. SECOND LIVE BIRTH** | **3. THIRD LIVE BIRTH** | **4. FOURTH LIVE BIRTH** | **5. FIFTH LIVE BIRTH** |
| B1 | Name of the baby |  |  |  |  |  |
| B2 | Pregnancy Number | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** |
| B3 | Where did you give birth?  **Do not read aloud these options or prompt** | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D.. [ ] Mission hospital/Clinic  E.. [ ] Private Hospital/Clinic  F.. [ ]Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D.. [ ] Mission hospital/Clinic  E.. [ ] Private Hospital/Clinic  F.. [ ]Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D.. [ ] Mission hospital/Clinic  E.. [ ] Private Hospital/Clinic  F.. [ ]Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D.. [ ] Mission hospital/Clinic  E.. [ ] Private Hospital/Clinic  F.. [ ]Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D.. [ ] Mission hospital/Clinic  E.. [ ] Private Hospital/Clinic  F.. [ ]Own house/relative house  G. [ ] Mobile clinic  H. [ ] Shop/kiosk  I. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B4 | Who assisted in the delivery process?  **Do not read aloud these options or prompt**  **Tick all that apply** | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Relative/friend  H.[ ] Medical student  I.[ ]Nurse/Midwife student  J.[ ] Nobody, the respondent was alone  K. [ ] Other, | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Relative/friend  H.[ ] Medical student  I.[ ]Nurse/Midwife student  J.[ ] Nobody, the respondent was alone  K. [ ] Other, | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Relative/friend  H.[ ] Medical student  I.[ ]Nurse/Midwife student  J.[ ] Nobody, the respondent was alone  K. [ ] Other, | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Relative/friend  H.[ ] Medical student  I.[ ]Nurse/Midwife student  J.[ ] Nobody, the respondent was alone  K. [ ] Other, | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional birth attendant/traditional practitioner  F. [ ] Community health worker  G. [ ] Relative/friend  H.[ ] Medical student  I.[ ]Nurse/Midwife student  J.[ ] Nobody, the respondent was alone  K. [ ] Other, |
| B5 | Was NAME delivered by caesarean section? | 1. [ ]Yes  2. [ ]No | 1. [ ]Yes  2. [ ]No | 1. [ ]Yes  2. [ ]No | 1. [ ]Yes  2. [ ]No | 1. [ ]Yes  2. [ ]No |

**SECTION C. BREASTFEEDING.** *Now I would like to ask you some questions about breastfeeding. We will still consider your pregnancies that resulted in a live birth.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **1. FIRST LIVE BIRTH** | **2. SECOND LIVE BIRTH** | **3. THIRD LIVE BIRTH** | **4. FOURTH LIVE BIRTH** | **5. FIFTH LIVE BIRTH** |
| C1 | Name of the baby |  |  |  |  |  |
| C2 | Pregnancy Number  **(verify with pregnancy table A2-9)** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** |
| C3 | Has [NAME OF CHILD] ever been breastfed? | 1. [ ] Yes  2. [ ] No **>> skip to SECTION D or to next column if another live birth** | 1. [ ] Yes  2. [ ] No **>>skip to SECTION D or to next column if another live birth** | 1. [ ] Yes  2. [ ] No **>>skip to SECTION D or to next column if another live birth** | 1. [ ] Yes  2. [ ] No **>>skip to SECTION D or to next column if another live birth** | 1. [ ] Yes  2. [ ] No **>>skip to SECTION D or to next column if another live birth** |
| C4 | How long after [NAME OF CHILD] was born, was he/she breastfed? | 1. └─┴─┘ minutes  2. └─┴─┘ hours  3. └─┴─┘ days  99.[ ] Don’t Know | 1. └─┴─┘ minutes  2. └─┴─┘ hours  3. └─┴─┘ days  99.[ ] Don’t Know | 1. └─┴─┘ minutes  2. └─┴─┘ hours  3. └─┴─┘ days  99.[ ] Don’t Know | 1. └─┴─┘ minutes  2. └─┴─┘ hours  3. └─┴─┘ days  99.[ ] Don’t Know | 1. └─┴─┘ minutes  2. └─┴─┘ hours  3. └─┴─┘ days  99.[ ] Don’t Know |
| C5 | For how long was [NAME OF CHILD] breastfed? | 1.└─┴─┘ Months  2. [ ] Still being breastfed  99.[ ] Don’t know  **Move to SECOND LIVE BIRTH if there is another pregnancy that resulted in a live birth or to SECTION D if there is none** | 1.└─┴─┘ Months  2. [ ] Still being breastfed  99.[ ] Don’t know  **Move to THIRD LIVE BIRTH if there is another pregnancy that resulted in a live birth or to SECTION D if there is none** | 1.└─┴─┘ Months  2. [ ] Still being brestfed  99.[ ] Don’t know  **Move to FOURTH LIVE BIRTH if there is another pregnancy that resulted in a live birth or to SECTION D if there is none** | 1.└─┴─┘ Months  2. [ ] Still being breastfed  99.[ ] Don’t know  **Move to FIFTH LIVE BIRTH if there is another pregnancy that resulted in a live birth or to SECTION D if there is none** | 1.└─┴─┘ Months  2. [ ] Still being breastfed  99.[ ] Don’t know  **Move SECTION D** |

**SECTION D. CHILD ACUTE MORBIDITY**

***Now I would like to ask you some questions about the health of your children. These questions are related to your children under age 5 years old only.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D0 | How many children do you have who are under age 5? | | | | └─┴─┘ children | | |
|  | **FO CHECK: Check to make sure that D0 is less than or equal to the number of children reported in question 148, and that it is consistent with pregnancy table (A2-A9)** | | | | | | |
|  | | **1. OLDEST CHILD under the age of 5** | **2. SECOND OLDEST CHILD under the age of 5** | **3. THIRD OLDEST CHILD under the age of 5** | | **4. FOURTH OLDEST CHILD under the age of 5** | **5. FIFTH OLDEST CHILD under the age of 5** |
| D1 | Name of the baby |  |  |  | |  |  |
| D2 | Pregnancy Number  **(verify with pregnancy table A2-9)** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** |
| D3 | Did [NAME OF CHILD] sleep under a bednet last night? What type of bednet? | 1. [ ] Yes, Non-treated net  2. [ ] Yes, ITN  3. [ ] Yes, Long-lasting ITN  4. [ ] Yes, Don’t know type  5. [ ] Don’t know (DK)  6. [ ] None | 1. [ ] Yes, Non-treated net  2. [ ] Yes, ITN  3. [ ] Yes, Long-lasting ITN  4. [ ] Yes, Don’t know type  5. [ ] Don’t Know  6. [ ] None | 1. [ ] Yes, Non-treated net  2. [ ] Yes, ITN  3. [ ] Yes, Long-lasting ITN  4. [ ] Yes, Don’t know type  5. [ ] Don’t Know  6. [ ] None | | 1. [ ] Yes, Non-treated net  2. [ ] Yes, ITN  3. [ ] Yes, Long-lasting ITN  4. [ ] Yes, Don’t know type  5. [ ] Don’t Know  6. [ ] None | 1. [ ] Yes, Non-treated net  2. [ ] Yes, ITN  3. [ ] Yes, Long-lasting ITN  4. [ ] Yes, Don’t know type  5. [ ] Don’t Know  6. [ ] None |
| D4 | Has [NAME OF CHILD] ever suffered from diarrhea during this last month? | 1. [ ]Yes  2. [ ]No >> **skip to D12**  99. [ ] Don’t Know>> **skip to D12** | 1. [ ]Yes  2. [ ]No >> **skip to D12**  99. [ ] Don’t Know>> **skip to D12** | 1. [ ]Yes  2. [ ]No >> **skip to D12**  99. [ ] Don’t Know>> **skip to D12** | | 1. [ ]Yes  2. [ ]No >> **skip to D12**  99. [ ] Don’t Know>> **skip to D12** | 1. [ ]Yes  2. [ ]No >> **skip to D12**  99. [ ] Don’t Know>> **skip to D12** |
| D5 | How much was NAME given to drink during the diarrhea? Was he/she given less than usual to drink, about the same amount, or more than usual to drink? | 1. [ ] Much less  2. [ ] Somewhat less  3. [ ] About the same  4. [ ] More than usual  5. [ ] Nothing to drink  99. [ ] Don’t Know | 1. [ ] Much less  2. [ ] Somewhat less  3. [ ] About the same  4. [ ] More than usual  5. [ ] Nothing to drink  99. [ ] Don’t Know | 1. [ ] Much less  2. [ ] Somewhat less  3. [ ] About the same  4. [ ] More than usual  5. [ ] Nothing to drink  99. [ ] Don’t Know | | 1. [ ] Much less  2. [ ] Somewhat less  3. [ ] About the same  4. [ ] More than usual  5. [ ] Nothing to drink  99. [ ] Don’t Know | 1. [ ] Much less  2. [ ] Somewhat less  3. [ ] About the same  4. [ ] More than usual  5. [ ] Nothing to drink  99. [ ] Don’t Know |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **1. OLDEST CHILD under the age of 5** | **2. SECOND OLDEST CHILD under the age of 5** | | **3. THIRD OLDEST CHILD under the age of 5** | | **4. FOURTH OLDEST CHILD under the age of 5** | | **5. FIFTH OLDEST CHILD under the age of 5** | |
| D6 | How many days did [NAME] suffer from diarrhea during the last illness? | | └─┴─┘ days  99.[ ] Don’t know | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | |
| D8 | In case the baby was taken to a health facility, Where did he/she go?  **Do not prompt or read aloud these options** | | A.[ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Mobile clinic  G.[ ] Shop/kiosk.  H. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I.[ ] Stayed at home/relative house | A.[ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Mobile clinic  G.[ ] shop/kiosk.  H. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I.[ ] Stayed at home/relative house | | A.[ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Mobile clinic  G.[ ] shop/kiosk.  H. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I.[ ] Stayed at home/relative house | | A.[ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Mobile clinic  G.[ ] shop/kiosk.  H. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I.[ ] Stayed at home/relative house | | A.[ ] Govt Hospital  B. [ ] Govt. Health Center  C. [ ] Govt Dispensary  D. [ ] Mission Hospital/Clinic  E. [ ] Private Hospital/Clinic  F. [ ] Mobile clinic  G.[ ] shop/kiosk.  H. [ ] Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I.[ ] Stayed at home/relative house | |
| D9 | Who treated the baby to obtain cure for the diarrhea during the last illness?  **Do not prompt or read aloud these options** | | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | A. [ ] Doctor  B. [ ] Nurse/male nurse  C. [ ] Doctor/Nurse  ( respondent is not able to distinguish)  D. [ ]Midwife  E. [ ] Traditional practitioner  F. [ ] Community health worker  G. [ ] Friend/relative  H. [ ] Medical student  I. [ ] Nurse/Midwife student  J. [ ] Other,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| D10 | During diarrhea, Did [NAME] get ORS or other additional liquids (Oral Rehydration therapy)? | | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | | | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | |
|  |  | | **1. OLDEST CHILD under the age of 5** | **2. SECOND OLDEST CHILD under the age of 5** | | **3. THIRD OLDEST CHILD under the age of 5** | | | **4. FOURTH OLDEST CHILD under the age of 5** | | **5. FIFTH OLDEST CHILD under the age of 5** | |
| D11 | Did [NAME OF CHILD] get anything of the following \_\_\_\_\_ besides ORS or additional liquids?  **Tick all that apply** | | A. Antibiotics  1.[ ] Yes 2.[ ] No  B. Herbs/traditional remedy  1.[ ] Yes 2.[ ] No  C. Antidiarrhea drugs  1.[ ] Yes 2.[ ] No  E. Zinc  1.[ ] Yes 2.[ ] No  99. [ ] Don’t Know  If respondent gives you the name of the drug, please write it:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A. Antibiotics  1.[ ] Yes 2.[ ] No  B. Herbs/traditional remedy  1.[ ] Yes 2.[ ] No  C. Antidiarrhea drugs  1.[ ] Yes 2.[ ] No  E. Zinc  1.[ ] Yes 2.[ ] No  99. [ ] Don’t Know  If respondent gives you the name of the drug, please write it:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | A. Antibiotics  1.[ ] Yes 2.[ ] No  B. Herbs/traditional remedy  1.[ ] Yes 2.[ ] No  C. Antidiarrhea drugs  1.[ ] Yes 2.[ ] No  E. Zinc  1.[ ] Yes 2.[ ] No  99. [ ] Don’t Know  If respondent gives you the name of the drug, please write it:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | A. Antibiotics  1.[ ] Yes 2.[ ] No  B. Herbs/traditional remedy  1.[ ] Yes 2.[ ] No  C. Antidiarrhea drugs  1.[ ] Yes 2.[ ] No  E. Zinc  1.[ ] Yes 2.[ ] No  99. [ ] Don’t Know  If respondent gives you the name of the drug, please write it:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | A. Antibiotics  1.[ ] Yes 2.[ ] No  B. Herbs/traditional remedy  1.[ ] Yes 2.[ ] No  C. Antidiarrhea drugs  1.[ ] Yes 2.[ ] No  E. Zinc  1.[ ] Yes 2.[ ] No  99. [ ] Don’t Know  If respondent gives you the name of the drug, please write it:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| D12 | Has [NAME OF THE CHILD] ever suffered from high fever during the last month? | | 1.[ ] Yes  2.[ ] No **>> skip to D14**  99.[ ] Don’t know **>> skip to D14** | 1.[ ] Yes  2.[ ] No **>> skip to D14**  99.[ ] Don’t know **>> skip to D14** | | 1.[ ] Yes  2.[ ] No **>> skip to D14**  99.[ ] Don’t know **>> skip to D14** | | | 1.[ ] Yes  2.[ ] No **>> skip to D14**  99.[ ] Don’t know **>> skip to D14** | | 1.[ ] Yes  2.[ ] No **>> skip to D14**  99.[ ] Don’t know **>> skip to D14** | |
| D13 | For how many days did [NAME] suffer from high fever? | | └─┴─┘ days  99.[ ] Don’t know  **Go to D14** | └─┴─┘ days  99.[ ] Don’t know  **Go to D14** | | └─┴─┘ days  99.[ ] Don’t know  **Go to D14** | | | └─┴─┘ days  99.[ ] Don’t know  **Go to D14** | | └─┴─┘ days  99.[ ] Don’t know  **Go to D14** | |
| D14 | | Has [NAME OF THE CHILD] ever suffered from coughing during the last month? | 1.[ ] Yes  2.[ ] No **>> move to next**  99.[ ] Don’t know **>> move to next** | | 1.[ ] Yes  2.[ ] No **>> move to next**  99.[ ] Don’t know **>> move to next** | | 1.[ ] Yes  2.[ ] No **>> move to next**  99.[ ] Don’t know **>> move to next** | | 1.[ ] Yes  2.[ ] No **>> move to next**  99.[ ] Don’t know **>> move to next** | | 1.[ ] Yes  2.[ ] No **>> move**  99.[ ] Don’t know **>> move to next** | |
| D15 | | For how many days did [NAME] suffer from coughing during the last month? | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | | └─┴─┘ days  99.[ ] Don’t know | |

**SECTION E. IMMUNIZATION (we are still considering her children under 5 years)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **1. OLDEST CHILD under 5** | **2. SECOND OLDEST CHILD under 5** | **3. THIRD OLDEST CHILD under 5** | **4. FOURTH OLDEST CHILD under 5** | **5. FIFTH OLDEST CHILD under 5** |
| E1 | Name of the baby |  |  |  |  |  |
| E2 | Pregnancy Number  **(verify with pregnancy table A2-9)** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** |
| E3 | Does [NAME] have a Clinic Card, a Vaccine card or a Hospital Book?  (**even if at home)** | 1. [ ]Yes  2. [ ]No **>> skip to E5**  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No **>> skip to E5**  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No **>> skip to E5**  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No **>> skip to E5**  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No **>> skip to E5**  99. [ ] Don’t Know |
| E4 | May I see the Clinic Card, Vaccination card or Hospital Book for [NAME]? | 1. [ ]Shown and there are records  2. [ ]Shown but it is empty  3. [ ] Not shown, because  4. [ ] Does not have | 1. [ ]Shown and there are records  2. [ ]Shown but it is empty  3. [ ] Not shown, because  4. [ ]Does not have | 1. [ ]Shown and there are records  2. [ ]Shown but it is empty  3. [ ] Not shown, because  4. [ ] Does not have | 1. [ ]Shown and there are records  2. [ ]Shown but it is empty  3. [ ] Not shown, because  4. [ ] Does not have | 1. [ ]Shown and there are records  2. [ ]Shown but it is empty  3. [ ] Not shown, because  4. [ ] Does not have |
| E5 | How many times has [NAME] ever taken Vitamin A?  **Write the mother’s response in option A and then the card record in B, even if it is zero times.** | A. └─┴─┘ times (source: respondent)  B. └─┴─┘ times (source: CARD)  99. [ ] Don’t know | A. └─┴─┘ times (source: respondent)  B. └─┴─┘ times (source: CARD)  99. [ ] Don’t know | A. └─┴─┘ times (source: respondent)  B. └─┴─┘ times (source: CARD)  99. [ ] Don’t know | A. └─┴─┘ times (source: respondent)  B. └─┴─┘ times (source: CARD)  99. [ ] Don’t know | A. └─┴─┘ times (source: respondent)  B. └─┴─┘ times (source: CARD)  99. [ ] Don’t know |
| E6 | Has NAME taken any drug to get rid of intestinal worms in the past 6 months? | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know | 1. [ ]Yes  2. [ ]No  99. [ ] Don’t Know |
| E7 | Did [NAME] receive any vaccinations that are not recorded on the card? | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Please tell me if [Name] received the following vaccinations: | **1. OLDEST CHILD under 5** | **2. SECOND OLDEST CHILD under 5** | **3. THIRD OLDEST CHILD under 5** | **4. FOURTH OLDEST CHILD under 5** | **5. FIFTH OLDEST CHILD under 5** |
| E8 | A BCG vaccination against tuberculosis, that is an injection in the left arm that usually causes a scar. | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know |
| E9 | Polio vaccine, that is drops in the mouth? | 1. [ ] Yes  2. [ ] No**>>skip to E12**  99. [ ] Don’t Know**>>skip to E12** | 1. [ ] Yes  2. [ ] No**>>skip to E12**  99. [ ] Don’t Know**>>skip to E12** | 1. [ ] Yes  2. [ ] No**>>skip to E12**  99. [ ] Don’t Know**>>skip to E12** | 1. [ ] Yes  2. [ ] No**>>skip to E12**  99. [ ] Don’t Know**>>skip to E12** | 1. [ ] Yes  2. [ ] No**>>skip to E12**  99. [ ] Don’t Know**>>skip to E12** |
| E10 | When was the first polio vaccine received, just after birth or later? | 1. [ ] Just after birth  2. [ ] later  99. [ ] Don’t know | 1. [ ] Just after birth  2. [ ] later  99. [ ] Don’t know | 1. [ ] Just after birth  2. [ ] later  99. [ ] Don’t know | 1. [ ] Just after birth  2. [ ] later  99. [ ] Don’t know | 1. [ ] Just after birth  2. [ ] later  99. [ ] Don’t know |
| E11 | How many times was the polio vaccine received? | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know |
| E12 | A DPT vaccination, that is an injection in the thigh, sometimes at the same time as the polio drops? | 1. [ ] Yes  2. [ ] No**>>skip to E14**  99. [ ] Don’t Know**>>skip to E14** | 1. [ ] Yes  2. [ ] No**>>skip to E14**  99. [ ] Don’t Know**>>skip to E14** | 1. [ ] Yes  2. [ ] No**>>skip to E14**  99. [ ] Don’t Know**>>skip to E14** | 1. [ ] Yes  2. [ ] No**>>skip to E14**  99. [ ] Don’t Know**>>skip to E14** | 1. [ ] Yes  2. [ ] No**>>skip to E14**  99. [ ] Don’t Know**>>skip to E14** |
| E13 | How many times was DPT received? | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know | └─┴─┘ times  99. [ ] Don’t know |
| E14 | An injection in the arm to prevent measles? | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know | 1. [ ] Yes  2. [ ] No  99. [ ] Don’t Know |
| E15 | Other vaccination? (specify) | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know | 1.[ ] Yes, \_\_\_\_\_\_\_\_\_\_  2.[ ] Yes, don’t know name  3.[ ] No  99. [ ] Don’t know |

**o"wer "may say nongineer, journalist, tailorendant.common for "ts use?"tion to say they would work for less.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Copy Vaccination date for each vaccine from card | | **1. OLDEST CHILD** | **2. SECOND OLDEST CHILD** | **3. THIRD OLDEST CHILD** |
| F1 | Name of the child |  |  |  |
| F2 | Pregnancy Number **(verify with pregnancy table A2-9)** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** | **P \_\_\_\_\_\_** |
| F3 | BCG  DPT\Hepatitis\influenza 1st dose  DPT\Hepatitis\influenza 2nd dose  DPT\Hepatitis\influenza 3rd dose  Oral polio vaccine birth dose (OPV0)  Oral polio vaccine 1st dose (OPV1)  Oral polio vaccine 2nd dose (OPV2)  Oral polio vaccine 3rd dose (OPV3)  Measles  Vitamin A capsule (most recent date) | BCG └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPVO└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Measles└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Vit A └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ | BCG └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPVO└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Measles└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Vit A └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ | BCG └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPVO└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Measles└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Vit A └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **4. FOURTH OLDEST CHILD** | | **5. FIFTH OLDEST CHILD** | |
| F1 | Name of the child |  | |  | |
| F2 | Pregnancy Number **(verify with pregnancy table A2-9)** | **P \_\_\_\_\_\_** | | **P \_\_\_\_\_\_** | |
| F3 | Copy Vaccination date for each vaccine from card | BCG └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPVO└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ | OPV1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Measles└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Vit A └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ | BCG └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  DPT3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPVO└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ | OPV1└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV2└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  OPV3└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Measles└─┴─┘/└─┴─┘/ └─┴─┴─┴─┘  Vit A └─┴─┘/└─┴─┘/ └─┴─┴─┴─┘ |

|  |  |  |
| --- | --- | --- |
|  | Would you like to have a/another child/children (after the child you are expecting now if applicable) or would you prefer not to have any (more) children?  ***Do NOT read options.*** | * 1. [ ] Have a(nother) child   2. [ ] No more/none   3. [ ] Says she/girlfriend/wife cannot get pregnant   4. [ ] Undecided/Don’t know and she/girlfriend/wife currently pregnant   5. [ ] Undecided/Don’t know and she/girlfriend/wife currently not pregnant or unsure |
|  | If you could go back to the time you did not have any children (if applicable), what is the ideal number of children that you would like to have by the time you are 50? ***Write -99 for don’t know*** | |\_\_|\_\_| |
|  | How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter? | |\_\_|\_\_| Boys  |\_\_|\_\_| Girls  |\_\_|\_\_| Either |
|  | What is the ideal number of children that your spouse would like to have by the time he/she is 50? ***Write -99 for don’t know and -97 for Non/Applicable*** | |\_\_|\_\_| |
|  | According to you, in a couple, how should the number of children be decided? Should it be primarily the husband's decision, the wife's decision, or a joint decision? | 1. [ ] The wife  2. [ ] The husband  3. [ ] Both should have an equal say |

**B8. Contraception**

***FO:*** *Now I would like to talk about family planning - the various ways or methods that men or women can use to delay or avoid a pregnancy*

|  | **FO: Ask b, c, and d for each method mentioned spontaneously. Then ask a, b, c, & d for the remaining methods not mentioned by the respondent.** | **a. Which ways of family planning have you heard about?** *For methods not mentioned, ask:*  **Have you ever heard of (METHOD)?** | **b. Do you know where you could get (METHOD)?** | **c. Have you ever used (METHOD)?**  *Include if partner used the method* | **d. How old were you when you first used (METHOD)?**  *Write 99 if Don’t Know* |
| --- | --- | --- | --- | --- | --- |
|  | Male Condom - Men can put a rubber sheath on their penis before sexual intercourse. | 1. [ ] BEFORE PROMPT **>> Prompt for another method**  2. [ ] AFTER PROMPT **>> Prompt for another method**  3. [ ] NO **>> Prompt for another method** | | | |
|  | Male Sterilization - Men can have an operation to avoid having any more children. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Female Condom - Women can place a sheath in their vagina before sexual intercourse. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Female Sterilization - Women can have an operation to avoid having any more children. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Pill - Women can take a pill every day to stop them from becoming pregnant | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | IUCD - Women can have a loop or coil placed inside them by a doctor or a nurse | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Injections - Women can have an injection by a health provider which stops them from becoming pregnant for one or more months. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Implants, Norplant - Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Emergency Contraception - Women can take pills up to three days after sexual intercourse to avoid becoming pregnant. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | 1. [ ] YES  2. [ ] NO **>> Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Rhythm or Natural Methods (Calendar Method)- Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | N/A | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Withdrawal - Men can be careful and pull out before climax. | 1. [ ] BEFORE PROMPT  2. [ ] AFTER PROMPT  3. [ ] NO **>>Next method** | N/A | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |
|  | Other  (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] BEFORE PROMPT  2. [ ] NO | 1. [ ] YES  2. [ ] NO **>>**  **Next Method** | 1. [ ] YES  2. [ ] NO **>> Next Method**  3. [ ] Don’t Know **>> Next Method**  4. [ ] N/A **>> Next Method** | |\_\_|\_\_| Years |

|  |
| --- |
| **FO Check:**  Make sure all methods were either mentioned spontaneously or asked about. |

|  |  |  |
| --- | --- | --- |
|  | In the last 12 months, have you been visited by a field worker who talked to you about family planning? | 1. [ ] YES  2. [ ] NO |
|  | Do you know where you could get a condom? | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 178** |
|  | Can you tell me all of the places you can get condoms? ***DO NOT PROMPT***. **Tick all that are mentioned. If the respondent is silent for 10 seconds, move on to the next section.** | 1. [ ] Health worker  2. [ ] Clinic/hospital  3. [ ] School  4. [ ] Chemist  5. [ ] Friends  6. [ ] Street vendor  7. [ ] Restaurant/bar/club  8. [ ] Duka/kiosk  9. [ ] NGO office  10. [ ] VCT Centers  11. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Would you like to use a condom next time/the first time you play sex? | 1. [ ] YES  2. [ ] NO **>>>skip to question 180**  3. [ ] Don’t Know (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **>>>skip to question 180** |
|  | Why would you like to use a condom next time? | 1. [ ] To protect from STI’s  2. [ ] As a form of family planning/to prevent pregnancy 3. [ ] Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | **FO Check question 119: Has this person ever had sex?** | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 195** |
|  | Are you or your partner currently doing anything or using any method to delay or avoid pregnancy? | 1. [ ] YES  2. [ ] NO  3. [ ] Not currently having sex |
|  | Have you ever used a male condom? | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 189** |
|  | How old were you when you first used a condom? | |\_\_|\_\_| years |
|  | Have you ever had problems using a condom? | 1. [ ] YES  2. [ ] NO **>>> skip to question 186** |
|  | What type of problems? ***DO NOT read options. Do not prompt. Wait 10 seconds before moving on to the next question. Tick all that are mentioned.*** | 1. [ ] Expensive  2. [ ] Embarrassing to buy  3. [ ] Difficult to dispose of  4. [ ] Difficult to put on/take off  5. [ ] Spoils the mood  6. [ ] Diminishes pleasure  7. [ ] Partner won’t trust me  8. [ ] Partner objects  9. [ ] Got pregnant  10. [ ] Inconvenient to use/messy  11. [ ] Condom Broke  12. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did you use a condom the last time you had sex? | 1. [ ] YES  2. [ ] NO **>>>>>>>>skip to question 189** |
|  | What were the reasons you used a condom?***DO NOT read options.*** | 1. [ ] Own concern to prevent pregnancy  2. [ ] Own concern to prevent STI/HIV  3. [ ] Partner insisted/ Partner’s choice  4. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Who suggested using a condom? | 1. [ ] Respondent **>>>>>>> skip to 190**  2. [ ] Partner **>>>>>>> skip to 190**  3. [ ] Joint decision **>>>>>>> skip to 190** |
|  | What were the reasons you did not use a condom? ***DO NOT read options. Do not prompt. Wait 10 seconds before moving on to the next question. Tick all that are mentioned.*** | 1. [ ] Condoms are uncomfortable  2. [ ] Embarrassing to use condoms  3. [ ] Unable to get condoms  4. [ ] Had sex with a partner who was not a sex worker  5. [ ] Had sex with my regular partner/spouse  6. [ ] Partner did not want  7. [ ] Knew that partner did not have HIV  8. [ ] Condoms are dangerous  9. [ ] Didn’t know about condoms  10. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FO:** *Think about your husband/wife or most frequent sexual partner.*

|  |  |  |
| --- | --- | --- |
|  | Do you think that your partner approves or disapproves of couples using a condom? ***READ options***. | 1. [ ] Approves  2. [ ] Disproves  3. [ ] Indifferent  4. [ ] Don’t know |
|  | How often have you talked to him/her about using a condom in the past year? ***READ options***. | 1. [ ] Never  2. [ ] Once or twice  3. [ ] More than twice  4. [ ] Don’t know |
|  | If there’s a disagreement about whether to use a condom, who will make the decision about whether to use a condom? | 1. [ ] Self  2. [ ] Partner  3. [ ] Both  4. [ ] Not sure |
|  | How confident are you that you could convince your partner to use a condom if you wanted to use one? ***READ options***. | 1. [ ] Not confident at all  2. [ ] Somewhat confident  3. [ ] Confident  4. [ ] Very confident |
|  | What would you do if your partner refused or declined to use a condom? ***DO NOT read options***. | 1. [ ] Have sex without condom  2. [ ] Talk it over and use condom  3. [ ] Talk it over and not use condom  4. [ ] Would not have sex  5. [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. [ ] Don’t Know |

|  |  |  |
| --- | --- | --- |
|  | Right now, do you have any condoms with you or at your house? | 1. [ ] YES  2. [ ] NO |
|  | In the last 12 months, have you bought condoms? | 1. [ ] YES  2. [ ] NO **>>>skip to question 199** |
|  | Where did you buy condoms? ***Tick all that apply.*** | 1. [ ] Health worker  2. [ ] Clinic/hospital  3. [ ] School  4. [ ] Chemist  5. [ ] Friends  6. [ ] Street vendor  7. [ ] Restaurant/bar/club  8. [ ] Duka/kiosk  9. [ ] NGO office  10. [ ] VCT Centers  11. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | In a regular month, how many packets of condoms do you buy on average? | |\_\_|\_\_|\_\_|\_\_| |
|  | Do you know where you can get condoms for free? | 1. [ ] YES  2. [ ] NO |
|  | Have you ever received condoms for free? | 1. [ ] YES  2. [ ] NO **>>>skip to question 204**  3. [ ] Don’t Know |
| 200b. | Over the last two years, how many packets have you received? | |\_\_|\_\_|\_\_|\_\_| boxes  |\_\_|\_\_|\_\_|\_\_| packets |
|  | Where did you get the condoms? ***Do NOT PROMPT.***  ***Tick all that apply.*** | 1. [ ] IPA  2. [ ] Bar  3. [ ] Public restroom  4. [ ] VCT Counselor  5. [ ] Friend  6. [ ] Government  7. [ ] Hospital  8. [ ] Other NGO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 201b. | **IF IPA:** Did you receive the condoms directly from an IPA employee, or from a friend who received them from IPA? ***(Tick all that apply)*** | 1. [ ] IPA employee  2. [ ] Friend |
|  | What did you do with the condoms? ***DO NOT read options. Do not prompt. Wait 10 seconds before moving on to the next question. Tick all that are mentioned.*** | 1. [ ] Used all of them during sex  2. [ ] Used some of them during sex  3. [ ] Sold them to a friend  4. [ ] Sold them to a stranger  5. [ ] Gave them to a friend  6. [ ] Gave them to family  7. [ ] Threw them away  8. [ ] Still have them  9. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How many packets of condoms do you have remaining? | |\_\_|\_\_|\_\_|\_\_| |

**B9. VCT**

|  |  |  |
| --- | --- | --- |
|  | I don’t want to know your results, but have you ever received Voluntary Counseling and Testing for HIV (VCT)? | 1. [ ] YES  2. [ ] NO **>>>>>>skip to 213** |
|  | How many times have you received VCT? | |\_\_|\_\_| |
|  | Where have you received VCT? ***(Tick all that apply)*** | 1. [ ] IPA  2. [ ] Antenatal Clinic  3. [ ] Government facility  4. [ ] Private facility  5. [ ] Home (specify provider) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. [ ] Mobile VCT  7. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **IF IPA:** What happened during the VCT session? ***(Tick all that apply)***  ***FO:*** *Please capture the respondent’s actual answers. If the respondent has confused anonymous HIV with VCT, please explain the difference but do not change their answers.* | 1. [ ] Discussed ways to prevent HIV  2. [ ] Demonstrated how to use a condom  3. [ ] Tested for HIV  4. [ ] Instructed to test in 3 months  5. [ ] Asked for consent  6. [ ] Asked for any HIV-related questions  7. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **IF IPA:** Where was the blood sample for HIV taken? ***(Tick all that apply)*** | 1. [ ] Finger  2. [ ] Elbow joint  3. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **IF IPA:** When did you receive your result? ***(Tick all that apply)*** | 1. [ ] Immediately / During the VCT session  2. [ ] Over the phone / After 2 months  3. [ ] Have not yet received my result  4. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | When was the last time you received VCT? | |\_\_|\_\_| Month |\_\_|\_\_|\_\_|\_\_| Year |
|  | Have you ever told anyone your results? | 1. [ ] YES  2. [ ] NO **>>>>>>skip to 213**  3. [ ] Declined HIV test **>>>>>>skip to 213** |
|  | Who did you share your result with? ***Tick ALL that apply.*** | 1. [ ] Partner / Spouse  2. [ ] Parent  3. [ ] Sibling  4. [ ] Other relative  5. [ ] Friend  6. [ ] Medical worker  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If applicable, has your husband/wife/sexual partner ever received VCT? | 1. [ ] YES  2. [ ] NO **>>>>>>skip to 215**  3. [ ] DON’T KNOW **>>>>>>skip to 215**  4. [ ] N/A **>>>>>>skip to 215** |
|  | Did he/she tell you the result? | 1. [ ] YES  2. [ ] NO |
|  | Have you ever attended any talk given by a health practitioner or NGO (health talk) where HIV/AIDS was discussed? | 1. [ ] YES  2. [ ] NO |
|  | Have you received any other support or information from an NGO on HIV prevention? | 1. [ ] YES (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. [ ] NO |

**B10. STI Symptoms**

***FO:*** *Now I would like to ask you some questions about your health in the last 12 months*

|  |  |  |
| --- | --- | --- |
|  | During the last 12 months, have you had a sexually transmitted infection (i.e. syphilis, gonorrhea, Chlamydia, herpes)? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t know |
|  | Sometimes (men/women) experience an abnormal discharge. During the last 12 months, have you had an abnormal genital discharge? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Sometimes (women experience a genital sore or ulcer/ men experience a sore or ulcer on or near their penis). During the last 12 months, have you had a genital sore or ulcer? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | *FO: Check: Has the respondent ever had an STI (Did the respondent answer Yes to 217, 218, OR 219?)* | *1. [ ] YES* ***>>>> Continue to question 221***  *2. [ ] NO* ***>>>>>> skip to question 226*** |
|  | The last time you had an infection/discharge/ulcer did you seek any kind of treatment or help? | 1. [ ] YES  2. [ ] NO **>>>>>>>>skip to question 223** |
|  | What kind of treatment or help did you seek? | 1. [ ] Went to a clinic, hospital or doctor  2. [ ] Went to a traditional healer  3. [ ] Went to buy medicine from chemist  4. [ ] Asked advice from friends or relatives  5. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | The last time you had an infection/discharge/ulcer did you tell the person(s) with whom you were playing sex? | 1. [ ] YES  2. [ ] NO  3. [ ] Some/not all |
|  | The last time you had an infection/discharge/ulcer did you stop playing sex when you had the symptoms? | 1. [ ] YES, stopped playing sex completely  2. [ ] YES, played sex less often  3. [ ] NO, did not stop playing sex |
|  | The last time you had an infection/discharge/ulcer did you use a condom when playing sex when you had the symptoms? | 1. [ ] YES, used a condom always  2. [ ] YES, used a condom sometimes  3. [ ] NO, did not use a condom |

**B11. General Well-being**

***FO:*** *Now I want to know more about your well being and how you have been feeling. Remember, there are no right and wrong answers because I just want to know how you feel.*

|  |  |  |
| --- | --- | --- |
|  | To what extent do you agree or disagree with this statement "my life is at least as good as that of others living around here"? ***READ aloud these options. Let the respondent answer, and indicate his/her response. SINGLE response only.*** | 1. [ ] Completely agree  2. [ ] Agree to some extent  3. [ ] Neutral  4. [ ] Disagree to some extent  5. [ ] Completely disagree  6. [ ] Don’t Know |
|  | During the last month, how often have you felt depressed, or let things bother you that don't usually bother you? ***READ aloud these options. Let the respondent answer, and indicate his/her response. SINGLE response only.*** | 1. [ ] Always  2. [ ] Usually  3. [ ] Sometimes  4. [ ] Not Usually  5. [ ] Never |
|  | If you would want to change your life, do you feel you could change it?  ***READ aloud these options. Let the respondent answer, and indicate his/her response. SINGLE response only.*** | 1. [ ] Certainly  2. [ ] To some extent  3. [ ] Probably not  4. [ ] No  5. [ ] Don’t Know |

***FO:*** *Here is a picture of a ladder.*

*The bottom of the ladder represents the worst possible life – you worry everyday about where your next meal will come from, are sick very often, and are not able to support a family. You are an outcast and have no hope for the future.*

*The top of the ladder represents the best possible life – you live in a nice house, always have enough food and money, and you’re famous. You are respected and healthy and excited about your future.*

*The middle of the ladder, #5, represents an average life – you have a secure shelter and no problems feeding your family, and, if you need to borrow money, you are sure you can eventually pay it back. You would like some more money and to have better relationships with others, but you are usually hopeful about the future.*

|  |  |  |
| --- | --- | --- |
|  | Where on the ladder were you 3 years ago? | |\_\_|\_\_| |
|  | Where on the ladder do you feel you personally stand at the present time? | |\_\_|\_\_| |
|  | Where on the ladder do you expect to be in 3 years? | |\_\_|\_\_| |
|  | Where on the ladder do you expect to be in 10 years? | |\_\_|\_\_| |

**B12. Risk**

|  |  |  |
| --- | --- | --- |
|  | How often do you use bhang (marijuana)?  ***READ OPTIONS*** | 1. [ ] Several times per week  2. [ ] Once per week  3. [ ] Once or twice per month  4. [ ] Once or twice per year  5. [ ] Never |
|  | Can bhang (marijuana) cause health problems now or later in life? | 1. [ ] Yes 2. [ ] No |
|  | How often do you smoke cigarettes? ***READ OPTIONS*** | 1. [ ] Several times per week  2. [ ] Once per week  3. [ ] Once or twice per month  4. [ ] Once or twice per year  5. [ ] Never |
|  | If cigarettes were free, would you smoke more often? | 1. [ ] Yes 2. [ ] No |
|  | Can smoking cause health problems? | 1. [ ] Yes 2. [ ] No |
|  | How often do you drink chang’aa? ***READ Options*** | 1. [ ] Several times per week 2. [ ] Once per week 3. [ ] Once or twice per month 4. [ ] Once or twice per year 5. [ ] Never |
|  | Can you tell me all the possible effects of chang’aa on a person’s health? Please tell me any positive or negative effects that can occur, even for a few people. ***Do NOT read options. Tick ALL that apply.*** | 1. [ ] Blindness 2. [ ] Dehydration 3. [ ] Reduce stress 4. [ ] Damage to the liver 5. [ ] Death 6. [ ] Cure typhoid 7. [ ] Don’t know 8. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Which statement best describes your views on chang’aa? ***READ Options*** | 1. [ ] Chang’aa is not dangerous. 2. [ ] Chang’aa is dangerous, but I drink it anyway. 3. [ ] Sometimes I drink chang’aa, but I usually avoid it because it is dangerous. 4. [ ] Changaa is too dangerous. I do not drink it. 5. [ ] I do not drink chang’aa for other reasons. |
|  | When riding in a matatu or other vehicle where a seatbelt is available, how often do you wear a seatbelt? ***READ Options*** | 1. [ ] Always 2. [ ] Sometimes 3. [ ] Rarely 4. [ ] Never |
|  | How often do you use piki pikis? ***READ Options*** | 1. [ ] Several times per week 2. [ ] Once per week 3. [ ] Once or twice per month 4. [ ] Less than once or twice per month 5. [ ] I do not use piki pikis |
|  | How do you choose which piki piki driver to use? ***Do NOT read options. Tick ALL that apply.*** | 1. [ ] Familiarity 2. [ ] Helmet availability 3. [ ] Completed training course 4. [ ] Age of driver 5. [ ] Other - safety related \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. [ ] Speed 7. [ ] Price 8. [ ] Doesn’t matter/Don’t know 9. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Imagine you need to travel 5 km and you are not in a hurry. Would you choose a piki piki or a boda boda? | 1. [ ] Piki piki 2. [ ] Boda boda |
|  | Why did you choose ***[Answer from 253]? Do NOT read options. Tick ALL that apply.*** | 1. [ ] Safety 2. [ ] Speed 3. [ ] Comfort / enjoyment 4. [ ] Price 5. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | When using a piki piki who has an extra helmet, how often do you wear the helmet? ***READ Options*** | 1. [ ] Always 2. [ ] Sometimes 3. [ ] Rarely 4. [ ] Never |
|  | Do you ever ride a piki piki with more than one passenger? | 1. [ ] Yes 2. [ ] No |
|  | How dangerous are piki pikis? ***READ Options*** | 1. [ ] Very dangerous 2. [ ] Somewhat dangerous 3. [ ] Not very dangerous 4. [ ] Not dangerous at all |
|  | Have you ever been a passenger on a piki piki while you were drunk? | 1. [ ] Yes 2. [ ] No |
|  | Have you ever asked a piki piki or matatu driver to slow down or drive safer? ***READ Options*** | 1. [ ] Yes 2. [ ] No |
|  | How often do you walk alone at night? ***READ Options*** | 1. [ ] At least once per week 2. [ ] Once or twice per month 3. [ ] Less than once per month 4. [ ] Never |
|  | Imagine you are traveling around midnight and have to walk 2 hours to arrive home. Will you walk alone or stay at a guesthouse? | 1. [ ] Walk alone 2. [ ] Stay at a friend’s house or guesthouse |

**B13. Water Management Module**

***FO:*** I would like to ask you a few questions about how you manage your drinking water. We are trying to understand what people around here think is most appropriate for their needs. Some people prefer not to purify their water at all, some people like to boil, some people like to use chlorine, and now there is also a new technology called the LifeStraw. There are pros and cons to all these technologies and we want to know what YOU think about them. Is this ok if I ask your opinions about these things? I will not share the information you give me with anyone

**In your view, what are the pros/cons of [method]?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **a. Boiling** | **b. Chlorine** | **c. LifeStraw** |
| 1. Pros | 1. [ ] Cheap  2. [ ] Effective (cleans water well/treats germs)  3. [ ] Water tastes good  4. [ ] Simple to use  5. [ ] Quick  6. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used | 1. [ ] Cheap  2. [ ] Effective (cleans water well/treats germs)  3. [ ] Water tastes good  4. [ ] Simple to use  5. [ ] Quick  6. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used | 1. [ ] Cheap  2. [ ] Effective (cleans water well/treats germs)  3. [ ] Water tastes good  4. [ ] Simple to use  5. [ ] Quick  6.[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used |
| 1. Cons | 1. [ ] Expensive  2. [ ] Not effective (does not clean water well)  3. [ ] Water tastes bad  4. [ ] Complicated to use  5. [ ] Takes time to collect firewood  6. [ ] Takes time to boil and cool  7. [ ] Smoke is bad for health  8. [ ] Children can get burned  9. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used | 1. [ ] Expensive  2. [ ] Not effective (does not clean water well)  3. [ ] Water tastes bad  4. [ ] Complicated to use  5. [ ] Takes time for water to be ready to drink  6.[ ] Dangerous if children drink chlorine  7. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used | 1. [ ] Expensive  2. [ ] Not effective (does not clean water well)  3. [ ] Water tastes bad  4. [ ] Complicated to use  5. [ ] Takes time for water to be ready to drink  6. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -88 [ ] Never used |

|  |  |  |  |
| --- | --- | --- | --- |
|  | At the beginning of this year (around January 2011), were you doing anything to purify your water on a regular basis? | 1. [ ] Yes 2. [ ] No **>> Skip to 266** | |
|  | What methods were you doing to purify your water? | 1. [ ] Chlorine (Water Guard) at home 2. [ ] Chlorine (Water Guard) dispenser at source 3. [ ] Boiling 4. [ ] Filter (Other than LifeStraw) 5. [ ] LifeStraw 6. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Have you or someone in your household received a LifeStraw water filter? | 1. [ ] Yes **>> Skip to 269** 2. [ ] No | |
|  | Were LifeStraw filters distributed in your village? | 1. [ ] Yes 2. [ ] No **>> Skip to** 269 | |
|  | Why did you not receive a filter? | 1. [ ] Was traveling / busy during the distribution 2. [ ] Did not know about / was not visited by the distribution 3. [ ] Did not want a LifeStraw filter 4. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Did you ever try using the LifeStraw? | 1. [ ] Yes **>> 271** 2. [ ] No | |
|  | If no, why not? | **>> 277** | |
|  | If yes, what did you think of the LifeStraw the first time you tried it? ***(Do NOT read options) Tick ALL that apply*** | 1. [ ] Effective/ cleans water well 2. [ ] Slow 3. [ ] Complicated 4. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Did you think it was effective? | 1. [ ] Yes, very effective 2. [ ] Yes, somewhat effective 3. [ ] Not sure 4. [ ] No, not effective | |
|  | Did you think it was complicated to use? | 1. [ ] Yes, very complicated 2. [ ] Yes, somewhat complicated 3. [ ] No, it wasn’t bad 4. [ ] No, not complicated at all | |
|  | Did you decide to continue using it after that? | 1. [ ] Yes **>>Skip to 276** 2. [ ] No | |
|  | If no, why not? | **>> Skip to 277** | |
|  | How often do you use it, per week, on average? | 1. [ ] Every day 2. [ ] A few times a week 3. [ ] Once a week 4. [ ] Only when water is particularly dirty 5. [ ] Only in special occasions (guests at home, sick child, etc.) 6. [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Are you currently doing anything to purify your water on a regular basis? | 1. [ ] Yes 2. [ ] No **>> Skip to 281** | |
|  | What methods are you currently using to purify your water on a regular basis?  ***(Do NOT read options)***  ***Tick ALL that apply*** | 1. [ ] Chlorine at home 2. [ ] Chlorine dispenser at source 3. [ ] Boiling 4. [ ] Filter (other than LifeStraw) 5. [ ] Lifestraw 6. [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Last time you drank water at home, how had this water been purified?  ***(TICK ALL THAT APPLY)*** | 1. [ ] Chlorine at home 2. [ ] Chlorine dispenser at source 3. [ ] Boiling 4. [ ] Filter (other than LifeStraw) 5. [ ] Lifestraw 6. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | What do you like (if anything) about the Lifestraw? ***(Do NOT read options. Tick all that apply)*** | 1. [ ] N/A, never tried it 2. [ ] N/A, do not like it 3. [ ] Easy to use 4. [ ] Faster than chlorine/ gathering firewood 5. [ ] Cheaper than chlorine / charcoal 6. [ ] Water doesn’t have a taste 7. [ ] Water looks clean 8. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | What may prevent you from using the Lifestraw regularly? / How should the LifeStraw be changed? ***(Do NOT read options. Tick all that apply.)*** | 1. [ ] Nothing 2. [ ] The filter broke 3. [ ] Complicated to use the filter 4. [ ] Slow to filter drinking water 5. [ ] Difficult to reach the top of the container 6. [ ] Does not treat the water well / look as clean 7. [ ] Complicated to clean 8. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Does the water taste better after using the LifeStraw? | 1. [ ] Yes 2. [ ] No, tastes the same 3. [ ] No, tastes worse 4. [ ] Don’t know | |
|  | Does the water taste better using the LifeStraw or chlorine? | 1. [ ] LifeStraw 2. [ ] Chlorine 3. [ ] The same 4. [ ] Don’t know | |
|  | Does the water look cleaner after using the LifeStraw? | 1. [ ] Yes 2. [ ] No, looks the same 3. [ ] No, looks worse 4. [ ] Don’t know | |
|  | Does the water look cleaner using the Lifestraw or chlorine? | 1. [ ] LifeStraw 2. [ ] Chlorine 3. [ ] The same 4. [ ] Don’t know | |
|  | Have you seen an improvement in your or your children’s health since you started using the LifeStraw? | 1. [ ] Yes 2. [ ] No 3. [ ] Things have gotten worse 4. [ ] Don’t know | |
|  | Do you have friends or neighbors who have told you they have seen an improvement in their or their children’s health since they started using the LifeStraw? | 1. [ ] Yes 2. [ ] No 3. [ ] Told things have gotten worse 4. [ ] Don’t know | |
|  | Have you or your friends ever used chlorine for something else than purifying drinking water? For example to clean? | 1. [ ] Yes 2. [ ] No | |
|  | If yes, what did you use it for? |  | |
|  | Is there anything about drinking water management that you would like to share with me, or any questions you may have? I’m not an expert but if you have concerns feel free to share with me and I will do my best to advise you. | |  |

**C1. VCT Protocol**

*FO: Because this part of the visit is sensitive, it is important that you have the VCT protocol in your head (or at your fingertips) so that you do not make the respondent uncomfortable by constantly referring to notes. If you feel unprepared, talk to someone – either a supervisor or EC - about getting time to practice*:

This is just a summary. Refer regularly to your protocol from the training and talk to the EC if you need another copy.

* + - 1. Pre-test Counseling (Introduction, Risk Assessment, Risk Reduction Strategies, Preparation for Testing)
      2. Serial testing (This chart is just a reminder but you should *know* this at all times).
         1. Determine
         2. Bioline (If Determine is positive)
         3. Unigold (If Determine and Bioline results are discordant)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Determine | Bioline | Unigold |
| Drops of Blood | 2 | 1 | 2 |
| Drops of Diluent | 1 | 4 | 4 |
| Diluent | Chase buffer | Assay diluents | Wash solution |
| Timing | 15 minutes | 10 minutes **(do not read after 20 mins)** | 10 minutes **(do not read after 12 mins)** |

* + - 1. Post-test Counseling (Giving results, Making risk reduction plan or identifying sources of support, Closure)

**C2. Respondent’s Test Results:**

|  |  |  |
| --- | --- | --- |
|  | Did the respondent consent to VCT? | 1. [ ] Yes  2. [ ] No **>>>> End of survey, continue with measurements or blood draw** |

|  |  |  |
| --- | --- | --- |
|  | What was the result of the Determine HIV test? | 1. [ ] Positive  2. [ ] Negative**>>>>skip to question 236**  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the Bioline HIV Test? | 1. [ ] Positive **>>>>skip to question 236**  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the Unigold HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the final result? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Inconclusive (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did the respondent take the condoms? | 1. [ ] YES, all of them  2. [ ] YES, some: \_\_\_\_\_\_\_\_\_\_ packets  3. [ ] NO, none of them |

**C3. Partner’s Test Results (if applicable):**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent’s partner tested for HIV? | 1. [ ] Yes  2. [ ] No **>>>>>>>>>skip to question 243** |
|  | What was the result of the partner’s Determine HIV test? | 1. [ ] Positive  2. [ ] Negative **>>>>skip to question 242**  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the partner’s Bioline HIV Test? | 1. [ ] Positive **>>>>skip to question 242**  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the partner’s Unigold HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the final result of the partner’s HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Inconclusive (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**C4. Collection of Dry Blood Sample for Quality Control**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent sampled for quality control? | 1. [ ] Yes – continue with specimen collection  2. [ ] No **>>>> End of survey, continue with measurements and blood draw** |

* 1. **Specimen collection**

Carefully apply 2 drops of blood with a pipette onto filter paper. The blood should be allowed to thoroughly saturate the paper and then the paper should be allowed to air dry for a minimum of 3 hours. Caked or clotted specimens are not acceptable.

* 1. **Labeling**

Affix a sticker with the biomarker ID # to the filter paper.

* 1. **Specimen storage and transportation**

Place the filter paper in a quick drying rack. Once dry, wrap in manila paper and store in high quality bond envelopes. The samples should then be transported to the laboratory for analysis. The dried blood spot can be stored for a maximum of 30 days.

|  |  |  |
| --- | --- | --- |
|  | Did the respondent provide a dried blood sample? | 1. [ ] Yes  2. [ ] No, respondent refused |

**Section I: WOMAN’S HEMOGLOBIN MEASUREMENT**

***READ CONSENT FORM FOR TAKING HEMOGLOBIN MEASUREMENTS FOR WOMAN AND CHILDREN.***

|  |  |
| --- | --- |
| FO ID: |  |
| HEMOCUE MACHINE label: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I2. Age | I3. Hemoglobin level  (G/DL) | I4. RESULT   1. MEASURED 2. NOT PRESENT 3. REFUSED 4. OTHER | I5. REFERRAL FORM GIVEN?  Yes or No |
|  |  |  |  |

**Section J: CHILDREN UNDER 5 YEARS OLD HEMOGLOBIN MEASUREMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| J1. Pregnancy Number  (P1-P6) | J2. NAME | J3. Age | J4. Hemoglobin level  (G/DL) | J5. RESULT   1. MEASURED 2. NOT PRESENT 3. REFUSED 4. OTHER | J6. REFERRAL FORM GIVEN?  Yes or No |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION G. MEASUREMENTS & INSTRUCTIONS**

WOMAN’S MEASUREMENT

**READ CONSENT FORM FOR TAKING HEIGHT AND WEIGHT MEASUREMENTS FOR WOMAN AND CHILDREN. RECORD THE STADIOMETRE AND SCALE THAT YOU ARE GOING TO USE**

|  |  |
| --- | --- |
| FO ID: |  |
| STADIOMETRE label: |  |
| WEIGHING SCALE label: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| G2. AGE | G3. CURRENTLY PREGNANT? | G4. WEIGHT (KG) | G5. HEIGHT (CM) | G6. Mid Upper Arm Circumference  (MUAC) (cm) | G7. RESULT  1. MEASURED  2. NOT PRESENT  3. REFUSED  4. OTHER |
|  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurement 3  |\_\_| |\_\_| . |\_\_| |  |

Section H: CHILDREN UNDER 5 MEASUREMENT(we will only take measurements for children above 6 months and below 5 years old)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| H1. Pregnancy Number  (P1-P6) | H2. Name | H3. AGE | H4. Date of Birth | H5. WEIGHT (KG)  ***Record mother and child together if applicable*** | H5a. Was the weight taken with the mother? | H6. LENGTH/ HEIGHT (CM) | H7. Height measure taken:  1. Lying  2. Standing | H8. Mid Upper Arm Circumference  (MUAC) (cm) | H9. RESULT  1. MEASURED  2. NOT PRESENT  3. REFUSED  4. OTHER |
|  |  |  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| | 1. [ ] YES  2. [ ] NO | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| |  | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| . |\_\_| |  |
|  |  |  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| | 1. [ ] YES  2. [ ] NO | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| |  | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| . |\_\_| |  |
|  |  |  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| | 1. [ ] YES  2. [ ] NO | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| . |\_\_| |  | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| . |\_\_| |  |
|  |  |  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| .|\_\_| | 1. [ ] YES  2. [ ] NO | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| .|\_\_| |  | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| .|\_\_| |  |
|  |  |  |  | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| .|\_\_| | 1. [ ] YES  2. [ ] NO | Measurement 1  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| |\_\_| .|\_\_| |  | Measurement 1  |\_\_| |\_\_| . |\_\_|  Measurement 2  |\_\_| |\_\_| . |\_\_|  Measurment 3  |\_\_| |\_\_| .|\_\_| |  |