

# unicef



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<b>ENUMID.</b> Questionnaire number [assigned at the office]	_ _ _
<b>USAGE:</b> Type of data entry (Choose one)	Field Data Entry  _  Retrospective Data Entry  _
<b>PROV.</b> Province : _____	PROV_COD  _ _
<b>DISTRITO.</b> District: _____	DIST_COD  _ _
<b>POST</b> Administrative Post _____	POST_COD  _ _ _
<b>LOC</b> Location _____	LOC_COD  _ _ _
<b>VILLAGE</b> Community (rural area) or <b>BAR</b> District (in urban area)	_ _ _
<b>ENUM</b> Enumeration Area [CLUSTER, Final sampling unit, or sampling point]: _____	
<b>IDIOMAQ.</b> Questionnaire language: 1. Portuguese 2. Elomwe 3. Echuabo 4. Cisená 5. Cinyanja 6. Emakhuwa	
<b>SLAT:</b> SURVEY LATITUDE (GPS)	
<b>SLONG:</b> SURVEY LONGITUDE (GPS)	
<b>SURVEYSTARTTIME:</b> ____:____	_ _ _
<b>SURVEYDATE.</b> Interview Date: Day: ____ Month:____ Year: 2014	_ _ _

**NOTE: IT IS COMPULSORY TO READ THE STATEMENT OF INFORMED CONSENT AND THE SIGNATURE OF THE RESPONDENT BEFORE STARTING THE INTERVIEW.**

Mozambique Health Survey, 2013 English Version #1 (from PORT X)  
Mozambique IRB Approval Letter Reference Number: **233/CNBS/10**  
Vanderbilt IRB Approval Number:

**DEMOGRAPHICS:** Thank you for agreeing to answer this questionnaire. First I would like to gather some information about the people in your family who normally live in this household.

I will ask you some basic information about their age and education level. Let's start with you, and then go on to all of the other members of your family.

**FAMSIZE.** How many people are there in your family, that live in your household?

Number of people: \_\_\_\_\_

Pers on number	P. What is your FIRST name [for the respondent]  What is the first name? [for all other members of the family]	Pa. Does [NAME] live in your household?	Pb. What is [NAME]'s relationship to you? 1. Spouse/partner 2. Child 3. Sibling 4. Parent 5. Other relative 6. Unrelated	Pc. What is [NAME]'s gender? [for all other members of the family]	Pd. What is your age? [for the respondent; Note: the minimum age for the head of household is 16 years]  For Family Members: Pd_Prime_fam. Is this person over 2 years old? For younger than 2 years, ask how many months old the child is]	PdH. Were you born in a hospital? [for respondent]	Pe. [Only for those older than 12] What is your marital status? [for respondent]  And [NAME]'s? 1. Single 2. Married 3. Common law union 4. Divorced / separated. 5. Widowed 88. DK 99. N/A	Pe children Do you have children?	Pf. [Only for those older than 5]  How many years of education have you completed? [for respondent]  (NAME OF FAMILY MEMBER) [For the other family members] } {Mark 1 to 12 for each course; mark 13 for professional training: 14 for non-college degree: 15 for college	Pg. Are you still attending school?  [After recording the response go to Pk if the person is older than 17]	Ph. [Only for children ages 5-17]  What is the most important reason [NAME] is not attending school? (1) Illness (2) Money (3) Does not matter (4) Work (88) DK (98) DA (99) Inap	Pk. [For the respondent] Do you have a pair of shoes, sandals, flip-flops, baby boots?  Does [NAME] have a pair of shoes, sandals, flip-flops, baby boots?	Pl. What is your native language [for the respondent]?  What is the native language of (NAME)?  [If Portuguese go to Po; if not continue. For family members less than 1 year old, go to Po.]  [PDA should pop up a list of languages]	Pm. [For those who are not native Portuguese speakers]  Do you understand Portuguese well?	Po. Is there another member of your family who lives in this household?  88=NS [Go to IDIOMAQ1] 98=NR [Go to IDIOMAQ1]
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1	P1. [Go to P1d]	P1a. 99. Inap	P1b. 99. Inap	P1c. 2 (F)	P1d.	PdH1 1. Yes 2. No	P1e.		P1f.	P1g. 1. Yes [Go to Pk] 2. No [Continue]	P1h.	P1k.	P1l.	P1m. 1. Yes. No. 99. Inap	P1o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
2	P2.	P2a. 1. Yes 2. No.	P2b.	P2c. 1. M 2. F	P2d.	1. Yes 2. No	P2e.		P2f.	P2g. 1. Yes [Go to Pk] 2. No [Continue]	P2h.	P2k. 1. Yes 2. No	P2l.	P2m. 1. Yes. No. 99. Inap	P2o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
3	P3.	P3a. 1. Yes 2. No.	P3b.	P3c. 1. M 2. F	P3d.	1. Yes 2. No	P3e.		P3f.	P3g. 1. Yes [Go to Pk] 2. No [Continue]	P3h.	P3k. 1. Yes 2. No	P3l.	P3m. 1. Yes. No. 99. Inap	P3o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
4	P4.	P4a. 1. Yes 2. No.	P4b.	P4c. 1. M 2. F	P4d.	1. Yes 2. No	P4e.		P4f.	P4g. 1. Yes [Go to Pk] 2. No [Continue]	P4h.	P4k. 1. Yes 2. No	P4l.	P4m.1. Yes. No. 99. Inap	P4o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
5	P5	P5a. 1. Yes 2. No.	P5b.	P5c. 1. M 2. F	P5d.	1. Yes 2. No	P5e.		P5f.	P5g. 1. Yes [Go to Pk] 2. No [Continue]	P5h.	P5k. 1. Yes 2. No	P5l.	P5m. 1. Yes. No. 99. Inap	P5o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
6	P6.	P6a. 1. Yes 2. No.	P6b.	P6c. 1. M 2. F	P6d.	1. Yes 2. No	P6e.		P6f.	P6g. 1. Yes [Go to Pk] 2. No [Continue]	P6h.	P6k. 1. Yes 2. No	P6l.	P6m. 1. Yes. No. 99. Inap	P6o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
7	P7.	P7a. 1. Yes 2. No.	P7b.	P7c. 1. M 2. F	P7d.	1. Yes 2. No	P7e.		P7f.	P7g. 1. Yes [Go to Pk] 2. No [Continue]	P7h.	P7k. 1. Yes 2. No	P7l.	P7m. 1. Yes. No. 99. Inap	P7o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
8	P8.	P8a. 1. Yes 2. No.	P8b.	P8c. 1. M 2. F	P8d.	1. Yes 2. No	P8e.		P8f.	P8g. 1. Yes [Go to Pk] 2. No [Continue]	P8h.	P8k. 1. Yes 2. No	P8l.	P8m. 1. Yes. No. 99. Inap	P8o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
9	P9.	P9a. 1. Yes 2. No.	P9b.	P9c. 1. M 2. F	P9d.		P9e.		P9f.	P9g. 1. Yes [Go to Pk] 2. No [Continue]	P9h.	P9k. 1. Yes 2. No	P9l.	P9m. 1. Yes. No. 99. Inap	P9o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]
10	P10.	P10a. 1. Yes 2. No.	P10b.	P10c. 1. M 2. F	P10d.		P10e.		P10f.	P10g. 1. Yes [Go to Pk] 2. No [Continue]	P10h.	P10k. 1. Yes 2. No	P10l.	P10m. 1. Yes. No. 99. Inap	P10o. 1. Yes [Continue] 2. No [Go to IDIOMAQ1]

<p><b>IDIOMAQ1.</b> What is the most spoken language in the household?</p> <p>(1) Portuguese  (2) Elomwe  (3) Echuabo  (4) Cisena  (5) Chinyanja/Chichewua  (6) Emakhuwa  (7) Maindo  (8) Nharinga  (9) Other_____</p> <p>(88) DK <b>[Go to ETID1]</b> (98) DA <b>[Go to ETID1]</b></p>	
<p><b>IDIOMAQ2.</b> Is there another language spoken in the household?</p> <p>(1) Yes (2) No <b>[Go to ETID1]</b> (88) DK <b>[Go to ETID1]</b> (98) DA <b>[Go to ETID1]</b></p>	
<p><b>IDIOMAQ2b.</b> What other languages are spoken in the household? <b>[Select all that apply]</b></p> <p>(1) Portuguese <b>idiomaq2b_portuguese</b>  (2) Elomwe <b>idiomaq2b_elomwe</b>  (3) Echuabo <b>idiomaq2b_echuabo</b>  (4) Cisena <b>idiomaq2b_cisena</b>  (5) Chinyanja/Chichewua <b>idiomaq2b_chinyanja</b>  (6) Emakhuwa <b>idiomaq2b_emakhuwa</b>  (7) Maindo  (8) Nharinga  (9) Other_____</p>	
<p><b>ETID1.</b> With which ethnic group do the members of your family identify? <b>[Read list.]</b></p> <p>(1) Elomwe <b>etid1_elmowe</b>  (2) Echuabo <b>etid1_echuabo</b>  (3) Cisena <b>etid1_cisena</b>  (4) Cinyanja <b>etid1_cinyanja</b>  (5) Emakhuwa <b>etid1_emakhuwa</b>  (6) Other (specify) ___ <b>etid1_outro / etid1_other</b>_____</p> <p>(88) NS  (98) NR</p>	
<p><b>Q3C.</b> What is your religion? <b>[Do not read options; if the response is “Christian” ask “Which denomination?”] [If the respondent says that she does not have any religion, probe to find out if they fall into category 4 or 10: “Do you believe in God or some Supreme Entity?” If yes, record 4, if no, record 10]</b></p> <p>(01) Islam (Muslim)  (02) Protestant, Mainline Protestant or Protestant non-Evangelical (Christian; Calvinist; 0Lutheran; Methodist; Presbyterian; Disciple of Christ; Anglican; Episcopalian; Moravian).  (03) Non-Christian Eastern Religions (Buddhist; Hinduism; Taoist; Confucianism; Baha’i).  (04) None (Believes in a Supreme Entity but does not belong to any religion)  (05) Evangelical and Pentecostal (Evangelical; Pentecostals; Church of God; Assemblies of God; Universal Church of the Kingdom of God; International Church of the Foursquare Gospel; Christ Pentecostal Church; Christian Congregation; Mennonite; Brethren; Christian Reformed Church; Charismatic non-Catholic; Light of World; Baptist; Nazarene; Salvation Army; Adventist; Seventh-Day Adventist; Sara Nossa Terra).  (06) LDS (Mormon).  (07) Traditional Religions or Native Religions  (08) Catholic  (10) Agnostic, atheist (Does not believe in God). <b>[Go to Q30]</b>  (11) Jehovah’s Witness.</p>	

(88) DK [Go to Q30] (98) DA [Go to Q30]	
<b>Q5A.</b> How often do you go to a location of worship? [Read options] (1) More than once a week (2) Once a week (3) Once a month (4) Once or twice a year (5) Never or almost never (88) DK (98) DA	
<b>Q30.</b> For how many years has your family (household) lived in this place? _____ years (88) DK (98) DA	
<b>Q30A.</b> [Ask only those whose family has lived here for less than 25 years] Why did you last move? (1) Flood (2) Drought (3) Lack of Resources (4) Opportunities (5) Conflict (6) Other (88) DK (98) DA	
<b>ORF1.</b> Is there any orphan who is part of your family in this household? (1) Yes (2) No [Go to OVC] (88) DK [Go to OVC] (98) DA [Go to OVC]	
<b>ORF2.</b> Do you receive any type of assistance from family, the government, companies, churches or mosques, or any other organization because of these orphan children? (1) Yes (2) No [Go to OVC] (88) DK [Go to OVC] (98) DA [Go to OVC]	
<b>ORF3.</b> What type of assistance do you receive? [Read options] (1) Food <b>orf3_food</b> (2) Clothing <b>orf3_clothing</b> (3) Books <b>orf3_books</b> (4) Medication <b>orf3_medication</b> (5) Other <b>orf3_other</b> (88) DK <b>orf3_ns</b> (98) DA <b>orf3_nr</b>	

Now I am going to ask if you or someone in your family in this household participates or participated in any of the following programs in the last 12 months.

<b>OVC.</b> Has the family in this household participated in the Orphaned and Vulnerable Children (OVC) group in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>ADRA.</b> Did your household participate in the ADRA program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>COACH.</b> Did your household participate in the COACH program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>RITA.</b> Did your household participate in the RITA program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>MozARK.</b> Did your household participate in the MozARK program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>OCLUVELA (MYAP).</b> Has the family in this household participated in the OCLUVELA program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>OGUMANIHA (SCIP).</b> Has the family in this household participated in the OGUMANIHA program in the last 12 months? (1) Yes (2) No (88) DK (98) DA	
<b>BASEPARTICIPATE.</b> In the year 2010, that was about 4 years ago, did you participate in this similar survey that was about 2 hours in length (1) Yes (2) No (88) DK (98) DA	

\*Added variables in REDCap:

**hhsize:** number of members in the household

**chu5:** number of children under the age of 5

timesectionhealth

**CHILD HEALTH MODULE**

Now we will need to take some weight and height measurements of two of your children. You can bring (name of the child selected) and (name of the second child selected). Please, could you also bring the immunization card of these children? Thank you so much.

**[If there are no children aged 12-23 months old, go to EFFV1. If there is (are) an eligible child (children), ask the following questions. These children will be selected by drawing.]**

**[Insert the name of the child appropriately marked in the questions. Ask the respondent to also bring the immunization card of these children (show the sample card)]**

**[FOR THE IMMUNIZATION QUESTIONS OF A SECOND CHILD, RETURN HERE]**

**[Ask all these questions regarding one child and then return and ask all the questions regarding the second child, if there is a second child.]**

Now I will ask you about the health of the children who are under 5 years old and live in this household. I will ask questions about up to two children (if there is a second child) which had their names drawn.

<b>[In each column, put the name of the child that is weighed and measured.]</b> chrandom_i1 – random child selected? ; chrandomname_i1 – random child name; id_chrandom_i1 – random child ID that corresponds with family data; c1measure – can the child be measured?; cheight1 – height of child ; cweight1- weight of child	Chi Id 1	Chi Id 2
<b>IMM1.</b> Did you ever have a vaccination card (like this) for (NAME)? <b>[Show the sample card]</b> (1)Yes <b>[Continue]</b> (2) No <b>[Go to IMM2B]</b> (88) DK <b>[Go to IMM2B]</b> (98) DA <b>[Go to IMM2B]</b>		
<b>IMM2.</b> <b>[The interviewer can code the response to this question without having to ask. Record answer 1 if the respondent provides the vaccination card for inspection, answer 2 if the respondent does not provide the card but indicates that she has one, and answer 3 if the respondent does not have the card.]</b> <b>[Do you still have this card where (NAME'S) immunizations are written down?]</b> <b>[Do not read the options]</b> <b>[If yes, ask to see it.]</b> (1)Yes, and shows the card <b>[Continue if the respondent provides the card]</b> (2)Yes, but does not show the card <b>[Go to IMM2B]</b> (3)No <b>[Go to IMM2B]</b> (88) DK <b>[Go to IMM2B]</b> (98) DA <b>[Go to IMM2B]</b>		
<b>IMM2A.</b> <b>[The interviewer should verify that the following vaccinations were received by (NAME) at the appropriate age shown; HIB should be listed along with DTP+HepB]</b> <b>IMM2A1.</b> BCG Dose: 1(0 months) <b>IMM2A2.</b> Polio Dose: 1 (0 weeks) 2 (6 weeks) 3(10 weeks) 4(14 weeks) <b>IMM2A3.</b> DTP+HepB Dose: 1 (6 weeks) 2(10 weeks) 3(14 weeks) <b>IMM2A4.</b> Measles Dose: 1 (9 months) <b>IMM2A5.</b> PCV10 Dose: 1 (6 weeks) 2(10 weeks) 3(14 weeks) <b>IMM2A6.</b> HIB Dose: 1 (6 weeks) 2(10 weeks) 3(14 weeks) <b>[Go to VAS1]</b>		
<b>IMM2B.</b> Has (NAME) already received his/her vaccines? (1) Yes (2) No <b>[Go to VAS3]</b> (88) DK <b>[Go to VAS3]</b> (98)DA <b>[Go to VAS3]</b>		
<b>IMM2C.</b> Which ones? <b>Imm2c_bcg.</b> BCG <b>Imm2c_polio.</b> Polio <b>Imm2c_dpt.</b> DPT <b>Imm2c_hepa.</b> HepB <b>Imm2c_measles.</b> Measles <b>Imm2c_PCV10.</b> PCV10 <b>Imm2c_HIB.</b> <i>Haemophilus influenza</i> (HIB)		

**[Continued]**

<b>VAS1.</b> <b>[Only if the respondent has the vaccination card (answered “Yes” to IMM2 and gave the card to the interviewer)]</b> <b>[If the card shows that Vitamin A was given, record the month and year that it was given and continue. If there is no indication on the card that Vitamin A was given, go to VAS3]</b> _____month _____year (88) DK (98) DA		
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<b>VAS2.</b> Has (NAME) received another vitamin A dose since then? (1)Yes [Go to VAS4] (2) No [Go to FIBER1] (88) DK [Go to FIBER1] (98) DA [Go to FIBER1]		
<b>VAS3.</b> Has (NAME) ever received a vitamin A dose like this? [SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS] (1)Yes (2) No (88) DK (98) DA		
<b>VAS4.</b> Did (NAME) receive a vitamin A dose within the last 6 months? [ask even if not on the card] (1)Yes (2) No (88) DK (98) DA		
<b>VAS5.</b> Did (NAME) receive Mebendazol / Albendazol within the last 6 months? [ask even if not on the card] (1)Yes (2) No (88) DK (98) DA		

<b>FIBER1.</b> Has (NAME) been ill with a fever at any time in the last 30 days? (1)Yes [Continue] (2) No [Go to ORT1] (88) DK [Go to ORT1] (98) DA [Go to ORT1]		
<b>FIBER2.</b> Did you seek advice or treatment for the fever? (1)Yes [Continue] (2) No [Go to ORT1] (88) DK [Go to ORT1] (98) DA [Go to ORT1]		
<b>FIBER3.</b> Where did you seek advice? [Do not read options] (1)Health Facility (2) Traditional Healer (3) Family Member (4) Pharmacy (5) other (88) DK (98) DA		
<b>FIBER4.</b> Was a malaria rapid diagnostic test (RDT) done to (NAME)? (1)Yes (2) No (88) DK (98) DA		
<b>FIBER5.</b> Was a laboratory test (blood smear) prescribing for malaria to (NAME)? (1)Yes (2) No (88) DK (98) DA		
<b>If answered [Yes] to FIBER4 or FIBRE5 Continue to FIBER6. Otherwise [Go to ORT1]</b>		
<b>FIBER6.</b> Was the result (RDT/Blood smear) positive for malaria ? (1)Yes [Continue] (2) No [Go to ORT1] (88) DK [Go to ORT1] (98) DA [Go to ORT1]		
<b>FIBER6A.</b> If yes RDT/Blood smear + , what was the treatment given to (NAME)? Select all answers mentioned (1) COARTEM (AL) capsule (2) AMODIAQUINE + ARTESUNATE (ASAQ) (3) FANSIDAR capsule (4) QUININE capsule (5) QUININE injection (6) ARTESUNATE (7) PARACETAMOL capsule/syrup (88) DK (98) DR		
<b>FIBER7.</b> Did (NAME) take the antimalarial treatment the same day or the day after the onset of the fever? (1)Yes (2) No (88) DK (98) DA		

**[Continued]**

<b>ORT1.</b> Has (NAME) had diarrhea in the last 30 days? (1) Yes [Continue] (2) No [Go to ORT6] (88) DK [Go to ORT6] (98) DA [Go to ORT6]		
<b>ORT3.</b> Did you seek advice or treatment for the diarrhea? (1) Yes [Continue] (2) No [Go to ORT6] (88) DK [Go to ORT6] (98) DA [Go to ORT6]		
<b>ORT4.</b> Where did you seek advice? [Do not read the options] (1) Health Facility (2) Traditional Healer (3) Family Member (4) Pharmacy (5) Other (88) DK (98) DA		
<b>ORT5.</b> What was the treatment used for this diarrhea? (1) Food (2) Oral Rehydration Therapy (ORT) (3) Traditional Remedy (4) Other (88) DK (98) DA		

<p><b>ORT6.</b> Did (NAME) have diarrhea in the last two weeks? This concerns diarrhea noted by the mother or person looking after the child, with three or more evacuations per day, or liquid feces per day, or blood in the feces. (1)Yes [Go to ORT6a] (2) No [Go to ORT RI1] (88) DK [Go to ORT RI1] (98) DA [Go to ORT RI1]</p>		
<p><b>ORT6a.</b> Has/had blood in feces? (1)Yes (2) No (88) DK (98) DA</p>		
<p><b>ORT6b.</b> On the worst day of the diarrhea how many times did (name) defecate? Write number of times, or 98 for “don’t know”</p>		
<p><b>ORT6c.</b> How many days did the diarrhea of (name) last? Write number of days, or 98 for “don’t know”</p>		
<p><b>ORT6d.</b> Does (NAME) still have diarrhea? (1)Yes (2) No (88) DK (98) DA</p>		
<p><b>When (name) had diarrhea did you give him any of the following liquids to drink? Read each of the items out loud and record the answer before advancing to the next item.</b></p>		
<p><b>ORT7a.</b> a liquid made from a packet (oral rehydration salts) or oral mixture? (1)Yes (2) No (88) DK (98) DA</p>		
<p><b>ORT7b.</b> home-made mixture of water, salt and sugar? (1)Yes (2) No (88) DK (98) DA</p>		
<p><b>ORT7c.</b> appropriate liquid for treating diarrhea (acquired in a pharmacy) (1)Yes (2) No (88) DK (98) DA</p>		
<p><b>ORT7d.</b> Was (NAME) given anything else to treat diarrhea? (1)Yes [Go to ORT7e] (2) No [Go to ORT8] (88) DK [Go to ORT8] (98) DA [Go to ORT8]</p>		
<p><b>ORT7e.</b> What was given to treat diarrhea? Anything else? <i>Select all</i> the answers mentioned. (1) Pills/syrup (2) Injections (3) Intravenous Sorum (4) Rice water (5) Cereal pap (6) Tea made of herbs and roots (7) Powdered/fresh milk (8) Tea/ Fruit juice/coconut milk (9) Home-made remedy/medicinal herbs (10) Other, specify _____ (88) DK (98) DA</p>		
<p><b>ORT8.</b> Did you give (NAME) the same amount of liquid, more or less than usual? If she says “Less” ask: Much less, or less than usual. (1) No liquid (2) Much less (3) Less (4) The same amount (5) More (88) DK (98) DA</p>		
<p><b>ORT9.</b> Did you give (NAME) the same amount of food, more or less than usual? If she says “Less” ask: Much less, or less than usual (1) No food (2) Much less (3) Less (4) The same amount (5) More (88) DK (98) DA</p>		
<p><b>ORT9B.</b> <i>Select all</i> sources of aid or treatment for diarrhea, but do not read options Public sector (1) Provincial hospital</p>		



(2) Rural District hospital (3) Health center (4) Mobile brigades (5) Other public sector (specify) _____ Private sector (6) Hospital (7) Clinic (8) Doctor (9) Nurse (10) Pharmacy (11) Other private sector (specify) _____ Other source (12) Informal market (13) Church (14) Friends/relatives (15) Traditional healer (16) Other source (specify) _____ (88) DK (98) DA		
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**[Continued]**

<b>RI1.</b> Has (NAME) had a cough or difficulty in breathing in the last 30 days? (1) Yes (2) No (88) DK (98) DA		
<b>RI2.</b> Has (NAME) had a cough or difficulty in breathing in the last 12 months? (1) Yes (2) No (88) DK (98) DA		
<b>RI3.</b> Has (NAME) had fast, shallow breathing in the last 30 days? (1) Yes (2) No (88) DK (98) DA		
<b>RI4.</b> Has (NAME) had fast, shallow breathing in the last 12 months? (1) Yes (2) No [ <b>If the respondent answers “No” to RI1, RI2, RI3, RI4 go to INS1</b> ] (88) DK (98) DA		
<b>RI7.</b> Did you seek advice or treatment for the breathing problem? (1) Yes (2) No (88) DK (98) DA		
<b>RI8.</b> Was (NAME) taken to a health facility? (1) Yes (2) No (88) DK (98) DA		
<b>CH1.</b> Has (NAME) had a cough in the last two weeks? (1) Yes [ <b>continue</b> ] (2) No [ <b>go to INS1</b> ] (88) DK (98) [ <b>go to INS1</b> ] DA [ <b>go to INS1</b> ]		
<b>CH1A.</b> When (NAME) had a cough was it accompanied by fever? (1) Yes (2) No (88) DK (98) DA		
<b>CH2.</b> When (NAME) had a cough, did he/she breathe more rapidly than usual, with short and rapid breaths? (1) Yes (2) No (88) DK (98) DA		
<b>CH3.</b> Were the symptoms due to chest problems or to a blocked nose? (1) Chest problem (2) Blocked nose (3) Both (4) Other (specify), _____ (88) DK (98) DA		
<b>CH4.</b> Did you seek advice or treatment for the cause of the cough? (1) Yes [ <b>continue</b> ] (2) No [ <b>go to CH6</b> ] (88) DK [ <b>go to CH6</b> ] (98) DA [ <b>go to CH6</b> ]		
<b>CH5.</b> Where did you <b>first</b> seek aid or treatment for (NAME)? Name of source (specify) _____		
<b>CH5A.</b> Type of source (choose one) (1) Public (2) Private (88) DK (98) DA		

<p><b>CH5B.</b> Select all sources of aid or treatment for cough, but do not read options</p> <p>Public sector</p> <ul style="list-style-type: none"> <li>(17) Provincial hospital</li> <li>(18) Rural District hospital</li> <li>(19) Health center</li> <li>(20) Mobile brigades</li> <li>(21) Other public sector (specify) _____</li> </ul> <p>Private sector</p> <ul style="list-style-type: none"> <li>(22) Hospital</li> <li>(23) Clinic</li> <li>(24) Doctor</li> <li>(25) Nurse</li> <li>(26) Pharmacy</li> <li>(27) Other private sector (specify) _____</li> </ul> <p>Other source</p> <ul style="list-style-type: none"> <li>(28) Informal market</li> <li>(29) Church</li> <li>(30) Friends/relatives</li> <li>(31) Traditional healer</li> <li>(32) Other source (specify) _____</li> <li>(88) DK (98) DA</li> </ul>		
<p><b>CH6.</b> Was (NAME) given any medicine to treat his/her illness?  (1) Yes [continue] (2) No [go to INS1] (88) DK [go to INS1] (98) DA [go to INS1]</p>		
<p><b>CH7.</b> What medicine was given to (name)? Select all the medicines given</p> <ul style="list-style-type: none"> <li>(1) Antibiotic</li> <li>(2) Paracetamol/Panadol/Acetaminophen</li> <li>(3) Aspirin</li> <li>(4) Ibuprofen</li> <li>(5) Other (specify) _____</li> <li>(88) DK (98) DA</li> </ul>		
<p><b>INS1.</b> Did (NAME) sleep under an insecticide treated mosquito net last night?  (1) Yes (2) No (88) DK (98) DA</p>		
<p><b>NUTR1.</b> How many times did you feed (NAME) yesterday (number of meals)?  Record the number of meals. (88) DK (98) DA  If zero, go to next child or CCARE1</p>		
<p><b>NUTR2.</b> What was the meal/type of food received by (NAME) yesterday?</p> <ul style="list-style-type: none"> <li>(1) breast milk</li> <li>(2) corn or corn-based products</li> <li>(3) other cereal (rice, sorghum, millet, bread, pasta, etc)</li> <li>(4) roots or tubers (potatoes, sweet potatoes; excludes cassava)</li> <li>(5) cassava</li> <li>(6) sugar or sugar products</li> <li>(7) beans or peas</li> <li>(8) groundnuts or cashew nuts</li> <li>(9) vegetables (including relish and leaves)</li> <li>(10) fruits</li> <li>(11) beef, goat, or other red meat or pork</li> <li>(12) poultry or eggs</li> <li>(13) fish or shellfish (shrimp, lobster, crab)</li> <li>(14) oils/fats/butter/coconut</li> <li>(15) milk/yogurt/cheese/other dairy</li> </ul>		

**END REPEATING CHILD HEALTH MODULE [Repeat if there is another child with the age outlined above. If there are none or if the interviewer has already completed the questions for two children, continue.]**

**[Ask all respondents]**

<p><b>CCARE1.</b> Can you tell me what symptoms indicate that a child needs immediate medical attention? (please tell me all the symptoms that you can) <b>[Do not read options, record the number of correct responses.]</b>  (1) No correct responses (2) One correct response (3) Two correct responses (4) More than two correct responses (88) DK (98) DA  <b>[Accept the following as correct: fever; unable to drink water, breastfeed, or eat; cough, rapid or difficult breathing; bloody stool; convulsions]</b></p>	
<p><b>FLUID1.</b> When your children have diarrhea, do you give them more or less food?  (1) More (2) Less (3) The same (88) DK (98) DA</p>	
<p><b>FLUID2.</b> When your children have diarrhea, do you give them more or less fluid?  (1) More (2) Less (3) The same (88) DK (98) DA</p>	
<p><b>FLUID3.</b> Have you ever heard of a special product called Mistura you can get for the treatment of diarrhea?  (1)Yes (2) No (88) DK (98) DA</p>	

**[Ask all respondents]** I would also like to know...

<p><b>EFFV1.</b> In your understanding, what is the reason for vaccinating children? <b>[Do not read options]</b>  (1) Protect children against illness (2) Help them growth healthy (3) Heal them (4) Other (88) DK (98) DA</p>	
<p><b>VACC1.</b> In your understanding, where could your child obtain vaccinations if needed? <b>[Do not read options record all responses]</b>  (1) Hospital <b>vacc1_hospital</b> (2) Health Center <b>vacc1_health_facility</b> (3) School <b>vacc1_school</b> (4) Mobile Brigade <b>vacc1_mobile_brigade</b> (5) Church <b>vacc1_church</b> (6) Traditional Healer <b>vacc1_traditional_healer</b> (7) (8) Outreach Sites <b>vacc1_outreach_sites</b> (9) Other <b>vacc1_other</b> (88) DK <b>vacc1_dk</b> (98) DA <b>vacc1_da vacc1_na</b></p>	

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**[Give the reading card to the respondent]**  
**Portuguese Word Reading Test**

<b>Part I: Word Reading</b>			
ver	gato	leite	era
então	animal	carta	cidade
entre	área	caule	divisão
enorme	enredo	azedo	humidade
esclarecer	residência	instar	rançoso
conspiração	negar	quarentena	deteriorar
rudimentar	mosaico	rescindido	audacioso
mitose	protuberância	longevidade	predilecção
regime	beatificar	oligarquia	regicidal
pueril	factício	lucubração	
epitalâmio	ineficaz	sinédoque	

**Part II: Letter Reading**

**A B O S E R T H U P I V Z J Q**

<p><b>Examiner Instructions: Begin by having the subject look at the card. The interviewer will read the question and then allow the respondent to answer.</b></p>
<p><b>[Begin by having the subject look at the word reading list. Say the following:]</b></p>

We will now move on to a small exercise related to the use of the Portuguese language. Look at each of these words carefully [the examiner should point to the words]. Read the words across the page so I can hear you. When you finish the first line, go to the next line and so on.

[Allow the subject 10 seconds to respond to each word. If the subject is in the middle of a response, let them continue before moving on. If 10 seconds passes without a response, say the following:] Try the next one, please.

[A subject's response should be counted as correct if they are able to pronounce the word properly, accounting for regional dialect variation or difficulty with articulation. If the subject makes a mistake on the first try, the subject should be asked to repeat the word. If they pronounce the word correctly on the second try, it should be counted as correct. No other help should be given. The subject should only be asked to repeat a word if they make a mistake on the first try or if the examiner cannot hear the response. If this happens, say:] I could not hear you clearly. Please say the word again just as you did the first time.

[Stop the exam if the subject fails to pronounce 10 words in a row correctly. If the subject IS ABLE to read more than 5 words on the word list, it is NOT necessary to administer the letter reading list.

They automatically get credit for all letters on the list.]

INSERT HERE THE NUMBER OF WORDS THAT WERE READ CORRECTLY:  
NUMBER OF WORDS (IF ALL ARE READ CORRECTLY, THE NUMBER IS 42):

LITSCOREWORD: \_\_\_\_\_

[In the case that a subject CANNOT read more than the first 5 words on the list, stop the word list and administer the Letter Reading list. Say the following:] I want you to look at the letters on this line [examiner should point to the letters across the line]. Read me the letters one by one across the line.

INSERT HERE THE NUMBER OF LETTERS THAT WERE READ CORRECTLY:  
NUMBER OF LETTERS (REMEMBER: IF THE RESPONDENT READS MORE THAN 5 WORDS, PUT THE TOTAL POINTS FOR LETTERS WHICH IS 15):

LITSCORELETTER: \_\_\_\_\_

[ADD THE NUMBER RECORDED FOR N WORDS AND FOR N LETTERS AND RECORD IT BELOW. REMEMBER: One point for each word read properly. Total possible score is 42 points. One point for every letter read correctly. Total possible score is 15 points. Note: If the subject reads more than 5 words correctly, they automatically get 15 points for this section. MAXIMUM Total score possible is 57.]

LITSCORE: \_\_\_\_\_ [Points on the reading test]

[Take back the reading card]

timesectionnum

[Give the number card]

Numbers Test

3, 5, 6, 17, 41

3 fingers 8 fingers

9 or 6? 42 or 28?

3 meticals, spend 1? 3 + 4 mangoes?

9 pencils, lose 3?

Examiner Instructions:	Correct Answer? (1) Y (0) N (8) DK (9) NA
<b>Begin by having the subject look at the visual aid. The examiner will read a statement, and allow the subject to answer. After each question, the examiner should record the subject's answer.</b>	
<b>First, say the following:</b>	
<b>NUMTEST1</b> Look here [The examiner should point at the crocodiles]. Point with your finger and count these crocodiles one by one. Count the crocodiles out loud and tell me how many crocodiles there are. [If the response is correct (3 crocodiles) record 1; record 0 if incorrect]	
<b>When the individual finishes, then say:</b>	
<b>NUMTEST2</b> Now point to these boxes and count them out loud. Tell me how many boxes there are. [If the response is correct (5 boxes) record 1; record 0 if incorrect]	
<b>Continue with the following:</b>	
<b>NUMTEST3</b> Now I want you to tell me how many circles there are here [examiner points to the circles]. Point with your finger and count these circles one by one beginning here. Count them out loud so I can hear you. [If the response is correct (15 circles) record 1; record 0 if incorrect]	
<b>Look at the 4<sup>th</sup> line of the visual aid. Continue with the following:</b>	
<b>NUMTEST4</b> Read these numbers out loud. What is this? And this? [Examiner points to the numbers on line 4. Record how many numbers the respondent correctly identifies: total is 5. Write the number of digits the respondent identified correctly.]	Number of digits correctly identified
<b>In the questions below record 1 for each correct answer</b>	
<b>Next say:</b>	
<b>NUMTEST5</b> Show me three fingers, [Record 1 if the answer is correct]	
<b>Then say:</b>	

<b>NUMTEST6</b> Show me eight fingers. [Record 1 if the answer is correct]	
Say:	
<b>NUMTEST7</b> Which is greater, 9 or 6? [Record 1 if the answer is correct]	
Then say:	
<b>NUMTEST8</b> Which is greater, 42 or 28? [Record 1 if the answer is correct]	
Next say:	
<b>NUMTEST9</b> If you have 3 meticaïs, and spend 1 of them, how many do you have left? [Record 1 if the answer is correct]	
Then say:	
<b>NUMTEST10</b> How many are 3 mangos plus 4 mangos? [Record 1 if the answer is correct]	
Say:	
<b>NUMTEST11</b> Juliao had 9 pencils. He lost 3 of them. How many does he have left? [Record 1 if the answer is correct]	

**Total Arithmetic Score:** When data are analyzed, each item will be counted as 1 point, except Step 5 has a possible 5 points. Total possible score is 15.

[Take back the number card]

timesectionnut

Now we will talk about the foods that your household consumed in the last seven days.

<b>HDDA11.</b> Over the last seven days, how many days did anyone in your household consume corn or corn-based products? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA12.</b> Over the last seven days, how many days did anyone in your household consume other cereal (rice, sorghum, millet, bread, pasta, etc)? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA13.</b> Over the last seven days, how many days did anyone in your household consume roots or tubers (potatoes, sweet potatoes; excludes cassava)? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA14.</b> Over the last seven days, how many days did anyone in your household consume cassava? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA15.</b> Over the last seven days, how many days did anyone in your household consume sugar or sugar products? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA16.</b> Over the last seven days, how many days did anyone in your household consume beans or peas? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA17.</b> Over the last seven days, how many days did anyone in your household consume groundnuts or cashew nuts? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDAA18.</b> Over the last seven days, how many days did anyone in your household consume vegetables (including relish and leaves)? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDAA19.</b> Over the last seven days, how many days did anyone in your household consume fruits? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDAA110.</b> Over the last seven days, how many days did anyone in your household consume beef, goat, or other red meat or pork? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA111.</b> Over the last seven days, how many days did anyone in your household consume poultry or eggs? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA112.</b> Over the last seven days, how many days did anyone in your household consume fish or shellfish (shrimp, lobster, crab)? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA113.</b> Over the last seven days, how many days did anyone in your household consume oils/fats/butter/coconut? [Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]	
<b>HDDA114.</b> Over the last seven days, how many days did anyone in your household	

consume milk/yogurt/cheese/other dairy? <b>[Number of days (0 1 2 3 4 5 6 7) 88=DK or 98=DA]</b>	
<b>HDDA115.</b> Did you or anyone in your household eat anything (meal or snack) OUTSIDE OF THE HOME <b>YESTERDAY?</b> (1) Yes (2) No (88) DK (98) DA	

Now, please think about the last four weeks...

<b>HFIAS1.</b> In the past four weeks, have you worried that your household would not have enough food? (1) Yes (2) No <b>[skip to HFIAS4]</b> (88) DK <b>[skip to HFIAS4]</b> (98) DA <b>[skip to HFIAS4]</b>	
<b>HFIAS1a.</b> How often did this happen? (1) Rarely (once or twice in the past four weeks) (2) Sometimes (three to ten times in the past four weeks) (3) Often (more than ten times in the past four weeks) (88) DK (98) DA	
<b>HFIAS4.</b> In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? (1) Yes (2) No <b>[skip to HFIAS5]</b> (88) DK <b>[skip to HFIAS5]</b> (98) DA <b>[skip to HFIAS5]</b>	
<b>HFIAS4a.</b> How often did this happen? (1) Rarely (once or twice in the past four weeks) (2) Sometimes (three to ten times in the past four weeks) (3) Often (more than ten times in the past four weeks) (88) DK (98) DA	
<b>HFIAS5.</b> In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? (1) Yes (2) No <b>[skip to HFIAS7]</b> (88) DK <b>[skip to HFIAS7]</b> (98) DA <b>[skip to HFIAS7]</b>	
<b>HFIAS5a.</b> How often did this happen? (1) Rarely (once or twice in the past four weeks) (2) Sometimes (three to ten times in the past four weeks) (3) Often (more than ten times in the past four weeks) (88) DK (98) DA	
<b>HFIAS7.</b> In the past four weeks, was there ever no food of any kind to eat in your household because of lack of resources to get food? (1) Yes (2) No <b>[skip to EDA]</b> (88) DK <b>[skip to EDA]</b> (98) DA <b>[skip to EDA]</b>	
<b>HFIAS7a.</b> How often did this happen? (1) Rarely (once or twice in the past four weeks) (2) Sometimes (three to ten times in the past four weeks) (3) Often (more than ten times in the past four weeks) (88) DK (98) DA	

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Now, I will ask about the importance of schooling...

<b>EDA.</b> What level of education would you dream for your children to achieve? <b>[Read options]</b> (1) Primary (2) Secondary (3) University (4) Superior, non-university (88) DK (98) DA	
<b>EED.</b> What level of education do you expect [in reality] your children to achieve, at best? <b>[Read options]</b> (1) Primary (2) Secondary (3) University (4) Superior, non-university (88) DK (98) DA	
<b>RH.</b> How many reading items (Bible, Koran, Newspaper, Magazine, Comic Books) do you have in the home? <b>[About how many, try to obtain a number?]</b> Number? _____	
<b>LER.</b> Do you feel there are adequate resources at school in your community? (1) Yes (2) No (88) DK (98) DA	
<b>FIED.</b> How important is educational attainment to your child's future? <b>[Read options]</b> (1) Very important (2) Rather important (3) Not very important (4) Not at all important (88) DK (98) DA	
<b>PLEQ.</b> How do you perceive the quality of education to be at the school in your community? <b>[Read options]</b> (1) Very good quality (2) Good quality (3) Neither good nor bad (fair) quality (4) Bad quality (5) Very bad quality (88) DK (98) DA	

To change the subject, we will talk about your personal relationships, including those that you have with your family members, with your community, and with your government.

I ask that you tell me who makes the decisions IN YOUR FAMILY about the following:

<b>GE11. Appropriate age to marry [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE14. Use of condoms [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE16. Household Responsibilities [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE15. Family Planning (no. of children) [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE17. Farm/Land Chores [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE18. Administration of finances (money) in the home [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE19. Decisions on how to raise children [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE20. Hitting/spanking children [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE21. Seeking health care for pregnancy [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	
<b>GE22. Seeking health care for a child [Read the options]</b> (1) The men (2) The women (3) BOTH (men and women) (88) DK (98) DA	

Speaking of your community...

<b>LR1. Does your household have access to the traditional community leader if you should need it?</b> (1) No [Go to LR3] (2) rarely [Continue] (3) occasionally [Continue] (4) almost always [Continue] (88) DK [Go to LR3] (98) DA [Go to LR3]	
<b>LR2. Would you expect to be treated fairly by the community leader?</b> (1) No (2) rarely (3) occasionally (4) almost always (88) DK (98) DA	
<b>LR3. Does your household have access to the modern (state) "legal" system (court or tribunal) if you should need it?</b> No [Go to S1] (2) rarely [Continue] (3) occasionally [Continue] (4) almost always [Continue] (88) DK [Go to S1] (98) DA [Go to S1]	
<b>LR4. Would you expect to be treated fairly by the modern (state) "legal" system?</b> (1) No (2) rarely (3) occasionally (4) almost always (88) DK (98) DA	

<b>S1. Do you fear for your physical safety in terms of risk of being hurt as a result of a crime?</b> (1) No (2) rarely (3) occasionally (4) almost always (88) DK (98) DA	
--	--

Now I would like to know about the work of the churches, mosques or religious organizations in your community.

<b>RR1. Has any church, mosque or any religious organization ever helped you to meet needs for you and your family?</b> (1) No (2) rarely (3) occasionally (4) almost always (88) DK (98) DA	
<b>RR2. Has any church, mosque or any religious organization hindered you in any way?</b> (1) No (2) rarely (3) occasionally (4) almost always (88) DK (98) DA	
<b>RR3. Are there any churches or mosques in your community?</b> (1) Yes [Continue] (2) No [Go to G11t] (88) DK [Go to G11t] (98) DA [Go to G11t]	
<b>RR4. Do they provide any help in community development?</b> (1) No [Go to G11t] (2) rarely [Continue] (3) occasionally [Continue] (4) almost always [Continue] (88) DK [Go to G11t] (98) DA [Go to G11t]	
<b>RR6. If churches or mosques help in your community, how do they do it? [Read options](1) educate people (2) provide health care (3) bring others to help you (4) take you to places where you can get help (5) tell you what God wants you to do (6) give you things you need (7) give you money (88) DK (98) DA</b>	



Now I will ask about the amount of time it takes (in minutes) to visit some common locations in the community.

<b>G11t.</b> How long in minutes does it take you to get to the medical facility? 888=DK 998=Inap, does not use service	Time in minutes_____
<b>G11m.</b> What mode of transport do you use to get there? Mode of transport: 1. On foot 2. Bicycle 3. Motorcycle 4. Car (88) DK (98) DA	
<b>G12t.</b> How long in minutes does it take you to get from your home to the local markets? 888=DK 998=Inap, does not use service	Time in minutes_____
<b>G12m.</b> What mode of transport do you use to get there? Mode of transport: 1. On foot 2. Bicycle 3. Motorcycle 4. Car (88) DK (98) DA	
<b>G13t.</b> How long in minutes does it take you to get from your home to the primary school? 888=DK 998=Inap, does not use service	Time in minutes_____
<b>G13m.</b> What mode of transport do you use to get there? Mode of transport: 1. On foot 2. Bicycle 3. Motorcycle 4. Car (88) DK (98) DA	
<b>G14t.</b> How long in minutes does it take you to get from your home to the secondary school? 888=DK 998=Inap, does not use service	Time in minutes_____
<b>G14m.</b> What mode of transport do you use to get there? Mode of transport: 1. On foot 2. Bicycle 3. Motorcycle 4. Car (88) DK (98) DA	
<b>WT4t.</b> How long in minutes does it take you to get from your home to the water source used for cooking? Please explain how long it takes to get there, draw water and return 888=DK 998=Inap, does not use service	Time in minutes_____
<b>WT4m.</b> What mode of transport do you use to get there? Mode of transport: 1. On foot 2. Bicycle 3. Motorcycle 4. Car (88) DK (98) DA	

	Once a week	Once or twice a month	Once or twice a year	Never	DK	DA	
<b>CP5.</b> Changing the subject, in the last 12 months have you tried to help to solve a problem in your community or in your neighborhood? Please, tell me if you did it at least once a week, once or twice a month, once or twice a year or never in last 12 months.	1	2	3	4	88	98	
I am going to read a list of groups and organizations. Please tell me if you attend their meetings at least once a week, once or twice a month, once or twice a year, or never. <b>[Repeat for each question “once a week,” “once or twice a month,” “once or twice a year” or “never” to help the respondent]</b>							
	Once a week	Once or twice a month	Once or twice a year	Never	DK	DA	
<b>CP21.</b> Meetings of the community development committee? Do you attend them	1	2	3	4	88	98	
<b>CP22.</b> Meetings of a community health committee? Do you attend them	1	2	3	4	88	98	

<b>CP23.</b> Support meetings for orphans and vulnerable children? Do you attend them	1	2	3	4	88	98		
<b>CP24.</b> Meetings for household care improvement? Do you attend them	1	2	3	4	88	98		
<b>CP25.</b> Meetings of the community water and sanitation committee? Do you attend them	1	2	3	4	88	98		
<b>CP26.</b> Rural worker meetings for improved agricultural production and commercialization? Do you attend them	1	2	3	4	88	98		

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Now I will ask about the material goods of your family.

<b>CCA1.</b> Do all of the members of the household have extra clothes to change into if need arises? (1) Yes (2) No (88) DK (98) DA	
<b>CCA2.</b> In the last year, did some household members receive clothes from a charity organization or the government? (1) Yes (2) No (88) DK (98) DA	

<b>ACCA3.</b> Do you have enough mats for all the children in the household to sleep on? (1) Yes (2) No (88) DK (98) DA	
<b>ACCA4.</b> Do you have enough beds for all the children in the household to sleep on? (1) Yes (2) No (88) DK (98) DA	

Does your household have:

<b>CDCG1.</b> Electricity? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG2.</b> Radio? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG3.</b> Television? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG4.</b> Does your household have a DVD player, CD player or cassette player? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG5A.</b> Do you have a mobile phone? (1) Yes [continue through CDCG5 and CDCG6] (2) No (88) DK (98) DA	
<b>CDCG5.</b> [Only for those who are married/with a partner] Does your spouse/partner have a mobile phone? (1) Yes [Continue] (2) No [Go to CDCG7] (88) DK [Go to CDCG7] (98) DA [Go to CDCG7]	
<b>CDCG6.</b> Is your family able to afford to pay for sufficient air time for the mobile telephone? (1) Always (2) Most of the time (3) Some of the time (4) Never (88) DK (98) DA	
<b>CDCG7.</b> Does your household have a Landline telephone? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG8.</b> Refrigerator? (1) Yes [Go to CDCG9] (2) No [Continue] (88) DK (98) DA	
<b>CDCG8a.</b> Do you have reliable means of keeping food fresh other than a refrigerator? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG9.</b> Does your household have a water filter? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG10.</b> Does any family member own a functioning watch? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG11.</b> Does any family member own a functioning bicycle? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG14.</b> Do women/girls in your household own a motorcycle or motor scooter?	

(1) Motorcycle (2) Motor scooter (3) Both (4) None (88) DK (98) DA	
<b>CDCG12. [Only for those who are married/with a partner]</b> Does your spouse/partner own a motor scooter? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG13.</b> Do you have an oil press? (1) Yes (2) No (88) DK (98) DA	
<b>CDCG15.</b> How do you normally get to the nearest town? (1) On foot (2) Bicycle (3) By bus (4) Own motor vehicle (4) Truck (5) Don't travel (6) Other (specify) (88)DK (98)DA	

<b>CFS1.</b> Does any member of this household have a bank account? (1) Yes [ <b>Continue</b> ] (2) No [ <b>Go to CFECS1</b> ] (88) DK [ <b>Go to CFECS1</b> ] (98) DA [ <b>Go to CFECS1</b> ]	
<b>CFS3.</b> Has the person with the bank account obtained a loan from the bank within the last 5 years? (1) Yes (2) No (88) DK (98) DA	

I would like to ask you about use of energy in your home.

<b>CFECS1.</b> What type of fuel/energy does this household mainly use for cooking? (1) Electricity [ <b>Continue</b> ] (2) Gas [ <b>Continue</b> ] (3) Paraffin [ <b>Continue</b> ] (4) Wood [ <b>Continue</b> ] (5) Coal/charcoal [ <b>Continue</b> ] (6) Solar [ <b>Continue</b> ] (8) Dung [ <b>Continue</b> ] (7) Other <b>cfecs1other</b> (specify) [ <b>Continue</b> ] (88) DK [ <b>Go to CFECS4</b> ] (98) DA [ <b>Go to CFECS4</b> ]	
<b>CFECS2.</b> Why do you use this fuel? [ <b>Do not read options</b> ] (1) Cost (2) Safety (3) Burns cleanly (4) Easily accessible (5) Other (88) DK (98) DA	
<b>CFECS4.</b> Is the cooking usually done [ <b>Read the options</b> ] (1) In the house? (2) In a separate house or hut? Or (3) outdoors? (88) DK (98) DA	
<b>CFECS5.</b> Do you have a separate room which is used as a kitchen? (1) Yes (2) No (88) DK (98) DA	
<b>CFECS6.</b> What type of fuel/energy does this household mainly use for lighting? (1) Electricity (2) Gas (3) Paraffin (4) Candles (5) Solar (6) Flashlight (8) Camp fire <sup>‡</sup> (7) Other <b>cfecs6other</b> (specify) _____ (88) DK (98) DA	

**[Only for women of reproductive age (16-49 years old). If not of reproductive age, go to PMTCT1]**

Now changing the subject, I will ask some questions about YOUR health.

<b>WH1.</b> Have you ever used or tried a method to delay or avoid pregnancy? 1) Yes [ <b>Continue</b> ] (2) No [ <b>Go to WHA1</b> ] (88) DK [ <b>Go to WHA1</b> ] (98) DA [ <b>Go to WHA1</b> ]	
Which of the following methods have you used or do you use now:	
<b>Method</b>	<b>Used In the Past?</b>
<b>WH13. Natural (Traditional) Methods</b>	<b>WH13B.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH2. Male Condom</b>	<b>WH2B.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH3. Oral contraceptive pills (birth control pills)</b>	<b>WH3B.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH4. IUD</b>	<b>WH4B.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH5. Coitus</b>	<b>WH5B.</b> (1) Yes (2) No
	<b>Using Now (Currently)?</b>
	<b>WH13A.</b> (1) Yes (2) No (88) DK (98) DA
	<b>WH2A.</b> (1) Yes (2) No (88) DK (98) DA
	<b>WH3A.</b> (1) Yes (2) No (88) DK (98) DA
	<b>WH4A.</b> (1) Yes (2) No (88) DK (98) DA
	<b>WH5A.</b> (1) Yes (2) No

<sup>‡</sup> Categorized from other, specify

<b>Interruptus</b>	(88) DK (98) DA	(88) DK (98) DA
<b>WH6. Contraceptive injection</b>	<b>WH6B.</b> (1) Yes (2) No (88) DK (98) DA	<b>WH6A.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH7. Rhythm Method</b>	<b>WH7B.</b> (1) Yes (2) No (88) DK (98) DA	<b>WH7A.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH10. Female condom</b>	<b>WH10B.</b> (1) Yes (2) No (88) DK (98) DA	<b>WH10A.</b> (1) Yes (2) No (88) DK (98) DA
<b>WH12. Sterilization</b>	<b>WH12B.</b> (1) Yes (2) No (88) DK (98) DA	

**[Only for adolescents and youths (15-24 years old)]**

<b>SB1.</b> When was the last time you had sexual relations? (1) It has been days (2) It has been weeks (3) It has been months (4) It has been years (5) I have not had sexual relations before <b>[Go to WHA1]</b> (98) DA	
<b>SB2.</b> During the last time you had sexual relations with someone who was not a regular partner, did you use a condom? (1) Yes (2) No (88) DK (98) DA	

**[Only for women of reproductive age (16-49 years old)]**

<b>WHA1.</b> Might you use something or try in any way to delay or avoid getting pregnant in the future? (1) Yes (2) No (88) DK (98) DA	
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**[Only for women of reproductive age (16-49 years old)]**

<b>WH49.</b> Are you currently pregnant? (1) Yes <b>[Go to PREG1]</b> (2) No <b>[Continue]</b> (88) DK <b>[Continue]</b> (98) DA <b>[Continue]</b>	
<b>WH50.</b> If you became pregnant in the next few weeks, would you be <b>[Read options]</b> (1) Happy? <b>[Go to PMTCT1]</b> (2) Unhappy? or <b>[Go to PMTCT1]</b> (3) Would it not matter very much? <b>[Go to PMTCT1]</b> (88) DK <b>[Go to PMTCT1]</b> (98) DA <b>[Go to PMTCT1]</b>	

**[Only for women of reproductive age (16-49 years old). If the respondent is not pregnant but has other children, go to PMTCT1. If the respondent is not pregnant and does not have other children, go to PRAC1.]**

<b>PREG1.</b> Can you please tell me what symptoms are warning signs during pregnancy? (please tell me all symptoms that you can) <b>[Do not read options, record the number of correct responses] [after respondent has answered, insist to see if there are not any more answers]</b> (1) No correct responses (2) One correct response (3) Two correct responses (4) More than two correct responses (88) DK (98) DA <b>[Accept the following answers as correct: bleeding; convulsions; fever; previous Cesarean section delivery; short stature]</b>	
<b>PREG2.</b> What will you do when labor pain begins? <b>[Read options]</b> (1) Go to the closest hospital (2) Ask a nearby relative/family member/neighbor to come help (3) Stay alone with your husband/partner (4) Stay all alone (5) Other (88) DK (98) DA	
<b>PREG2A.</b> Have you prepared anything for your baby to wear when he/she is born? (1) Yes (2) No <b>[Go to PREG3]</b> (88) DK <b>[Go to PREG3]</b> (98) DA <b>[Go to PREG3]</b>	
<b>PREG2B.</b> What did you prepare for your baby to wear? <b>[Read options]</b> (1) Diapers (2) Blanket (3) Clothing for the baby (4) Other (88) DK (98) DA	
<b>PREG3.</b> Can you tell me what symptoms indicate danger to the health of a new-born child? (please tell me all symptoms that you can) <b>[Do not read options, record the number of correct responses] [after respondent has answered, insist to see if there are not any more correct answers]</b> (1) No correct responses (2) One correct response (3) Two correct responses (4) More than	

two correct responses (88) DK (98) DA <b>[Accept the following as correct: difficulty breathing; jaundice (yellow eyes/skin); not eating well; fever; convulsions; vomiting; no stool]</b>	
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**[Only for respondents with children or pregnant. If the respondent does not have children and is not pregnant, go to PRAC1]**

Now thinking about your last pregnancy...

<b>PMTCT1.</b> During your pregnancy with your last child or during your current pregnancy, were you offered voluntary counseling and testing (VCT)? (1)Yes <b>[Continue]</b> (2) No <b>[Go to INS2]</b> (88) DK <b>[Go to INS2]</b> (98) DA <b>[Go to INS2]</b>	
<b>PMTCT2.</b> Did you receive the results? (1)Yes <b>[Continue]</b> (2) No <b>[Go to INS2]</b> (88) DK <b>[Go to INS2]</b> (98) DA <b>[Go to INS2]</b>	
<b>PMTCT3.</b> Do you have HIV? (1)Yes <b>[Continue]</b> (2) No <b>[Go to INS2]</b> (88) DK <b>[Go to INS2]</b> (98) DA <b>[Go to INS2]</b>	
<b>PMTCT4.</b> Were you offered medication to lower the chance of your child getting HIV? (1)Yes <b>[Continue]</b> (2) No <b>[Go to INS2]</b> (88) DK <b>[Go to INS2]</b> (98) DA <b>[Go to INS2]</b>	
<b>INS2.</b> During your pregnancy with your last child or during your current pregnancy, did you receive a mosquito net? (1) Yes (2) No (88) DK (98) DA	
<b>INS3.</b> During your pregnancy with your last child or during your current pregnancy, did you sleep/do you sleep under a mosquito net? (1) Yes (2) No (88) DK (98) DA	
<b>SPC1.</b> Did you visit a health facility to deliver your last child? (1)Yes (2) No (88) DK (98) DA	
<b>DEL1.</b> Was the delivery completed in the place where you wanted to give birth or somewhere else? (1) In the same place (2) Somewhere else (88) DK (98) DA	
<b>DEL2.</b> Where was the delivery of your last child completed? Name of source (specify) _____	
<b>DEL2A.</b> Type of source (choose one) (1) Public (2) Private (88) DK (98) DA	
Type of source (choose one) (1) Public (2) Private (88) DK (98) DA <b>DEL2B.</b> Choose one category that best describes the place of delivery. Public sector (1) Provincial hospital (2) Rural District hospital (3) Health center (4) Mobile brigades (5) Other public sector (specify) _____ Private sector (6) Hospital (7) Clinic (8) Doctor (9) Nurse (10) Pharmacy (11) Other private sector (specify) _____ Home (12) In your own house (13) House of traditional midwife (14) House of midwife/nurse (15) Other home delivery (specify) _____ (88) DK (98) DA	
<b>SPC2.</b> How many pre-natal care visits did you do during your last pregnancy? (options: (0,1,2,3,4,>4)) _____ <b>[Go to SPC3 if 0]</b> Visits (88) DK (98) DA	
<b>SPC2A.</b> Were you treated well by the staff at the health facility during your pre-natal care visits?	

(1)Yes (2) No (88) DK (98) DA	
<b>SPC3.</b> Were you treated well by the staff at the health facility when you delivered your last baby? (1)Yes (2) No (88) DK (98) DA	
<b>SPC3A.</b> During labor, were you attended by a medical professional? (1)Yes (2) No (88) DK (98) DA	
<b>SPC3B.</b> Who assisted the delivery of your last child? Try to find out the type of person who assisted and <i>select all</i> the replies: (1) Doctor (2) Nurse (3) Midwife (4) Other person (5) Traditional midwife (6) Community health worker (7) Relative/friend (8) Other (specify) _____ (9) Nobody (88) DK (98) DA	
<b>SPC4.</b> Would you return to the health facility to deliver your next child? (1)Yes (2) No (88) DK (98) DA	
<b>SPC5.</b> Did you have any difficulty or problems reaching the facility? Which ones? <b>[Do not read options]</b> (1)Yes (2) No (88) DK (98) DA	
<b>SPC6.</b> How long after the birth of your last child did you go to the facility for a check-up of the baby? If less than 24 hours, write the hours, otherwise write the days. (1) Immediately (2) Hours (specify) _____ (3) Days (specify) _____ (888) DK (998) DA	
<b>SPC7.</b> How long after the birth of your last child did you go to the facility for a check-up of yourself? If less than 24 hours, write the hours, otherwise write the days. (1) Immediately (2) Hours (specify) _____ (3) Days (specify) _____ (888) DK (998) DA	
<b>THER1.</b> After the birth of your last child, did he/she receive protection against the cold (cleaning/drying, direct skin to skin contact with the mother, covering the body and head of the child)? (1)Yes (2) No (88) DK (98) DA	

**[Only for respondents with children]**

<b>CHM1.</b> Have you ever given birth to a boy or girl who was born alive but later died? If NO, PROBE: Any baby who cried or showed signs of life but did not survive? (1) Yes (2) No (88) DK (98) DA	
<b>CHM2.</b> Have any of your children died before their 5 <sup>th</sup> birthday? (1) Yes (2) No (88) DK (98) DA	
<b>FANSIDAR1.</b> During your last pregnancy were you given (SP/Fansidar) like this one <b>[Show tablets]</b> to treat your malaria during your prenatal care visits? (1)Yes (2) No <b>[Go to VA1]</b> (88) DK <b>[Go to VA1]</b> (98) DA <b>[Go to VA1]</b>	
<b>FANSIDAR2.</b> How many times did you take (SP/Fansidar) during your last pregnancy? (1)Once (2) Twice (3) More than twice (88) DK (98) DA	

<b>VA1.</b> In the first two months after the delivery of your last child, did you receive Vitamin A tablets (like this/any of these)? <b>[Show types of capsules common Vitamin A tablets]</b> (1)Yes (2) No (88) DK (98) DA	
<b>FOL1.</b> During your last pregnancy, did you receive iron supplements to take? (1)Yes (2) No (88) DK (98) DA	
<b>TT1.</b> During your last pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? (1)Yes (2) No <b>[Go to EB1]</b> (88) DK <b>[Go to EB1]</b> (98) DA <b>[Go to EB1]</b>	
<b>TT2.</b> During your last pregnancy, how many times did you get this tetanus injection? (1)Once (2) Twice (3) More than twice (88) DK (98) DA	

**[Only for respondents with children]**

<b>EB1.</b> Have you ever breastfed your youngest baby or do you continue to breastfeed? <b>[Read the options]</b> (1)Yes, breastfed the baby <b>[Continue]</b> (2) Yes, continue to breastfeed <b>[Continue]</b> (3) No <b>[Go to PRAC1]</b> (88) DK <b>[Go to PRAC1]</b> (98) DA <b>[Go to PRAC1]</b>	
<b>EB2.</b> How soon after birth did you first breastfeed your youngest baby? <b>[Read options]</b> (1) As soon as he/she was brought to me (2) Later, on the same day of birth (3) In the first week (88) DK (98) DA	
<b>EB2A.</b> Was your first milk given to the baby? (colostrum) (1) Yes (2) No (88) DK (98) DA	
<b>EB2B.</b> How long in hours/days after the birth of your last child did you begin to breastfeed? If less than an hour, write "00" hours. If less than 24 hours, write the hours, otherwise write the days. (1) Immediately (2) Hours (specify) _____ (3) Days (specify) _____ (88) DK (98) DA	
<b>EB3.</b> For how many months did you breastfeed your baby (without giving any other food or liquids)? _____ years _____ months (88) DK (98) DA	
<b>EB4.</b> At how many months did you begin to include food(s) other than breast milk in your baby's diet? _____ years _____ months (88) DK (98) DA	

**[Ask all respondents]** Now I will ask you some questions related to our traditions. Specifically, these questions relate to some traditional treatments that some women use for the purpose of providing more sexual pleasure to their partners or as a treatment for any type of sexual infection.

**For example:**

<b>PRAC1.</b> Have you ever heard of women in this district using some kind of traditional medicine by placing any herbs, stones, powder, or other substances into her vagina to tighten or dry the vagina before sex? (1) Yes <b>[continue]</b> (2) No <b>[Go to PRAC5]</b> (88) DK <b>[Go to PRAC5]</b> (98) DA <b>[Go to PRAC5]</b>	
<b>PRAC2.</b> What substances were used? <b>[Do not read the options, select all that apply]</b> (1) Herbs/bark/leaves (2) Stones/powder (3) Soap (4) dry cloth/paper (5) pharmaceutical products (6) Other _____ (88) DK (98) DA	
<b>PRAC3.</b> In your district when is it customary to use these substances? (1) When first having sex (2) After sexual debut but before first childbirth (3) After first childbirth (4) After having more than one child (88) DK (98) DA	
<b>PRAC4.</b> In your understanding, during times when someone is sexually active, how frequently would these substances be used before having sex? (1) Always <b>[Go to PRAC7]</b> (2) Very often <b>[Go to PRAC7]</b> (3) Sometimes <b>[Go to PRAC7]</b> (4) Rarely <b>[Go to PRAC7]</b> (5) ONLY when I have discharge or odor <b>[Go to PRAC7]</b> (88) DK	

<b>[Go to PRAC7]</b> (98) DA <b>[Go to PRAC7]</b>	
<b>PRAC5.</b> Are you planning to use these substances in the next year? (1) Yes <b>[continue]</b> (2) No <b>[Go to PRAC7]</b> (88) DK <b>[Go to PRAC7]</b> (98) DA <b>[Go to PRAC7]</b>	
<b>PRAC6.</b> When would you start using these substances? (1) When first having sex (2) After sexual debut but before first childbirth (3) After first childbirth (4) After having more than one child (88) DK (98) DA	
<b>PRAC7.</b> What are the main reasons that women (yourself or women you know) use tightening or drying substances? <b>[Do not read the options, select all that apply]</b> (1) I have never heard of these substances or women using them (2) To increase pleasure of the woman (3) To increase pleasure of the man (4) It is a sign a cleanliness (5) If you have a tight vagina, It shows you have no infection (6) It shows you are true to your partner (7) Partner(s) insist on it (8) Substances return the vagina to a pre-childbirth state (9) Tradition (10) Other _____ (88) DK (98) DA	
<b>PRAC8.</b> Have you heard about a traditional practice in which a woman stretches her labia minora, traditionally known as “Puxa-puxa”? (1) Yes (2) No (88) DK (98) DA	
<b>PRAC9.</b> What do you think are the reasons that some women (the same you) perform such procedures? <b>[Read all options, select all that apply]</b> (1) I have never heard of this practice. (2) To increase the sexual pleasure of women (3) To increase the sexual pleasure of men (4) My partner/ or men in general like women that do this practice. (5) Tradition (6) Other _____ Please specify: _____ (88) DK (98) DA	
<b>PRAC10.</b> Have you performed this practice or have the intention to do in the future? (1) Yes (2) No (88) DK (98) DA	

**[Ask all respondents]** Now, to change the subject...

<b>VCTART1.</b> Have you ever heard of voluntary counseling and testing services (VCT)? (1)Yes <b>[Continue]</b> ( 2) No <b>[Go to VCTART3]</b> (88) DK <b>[Go to VCTART3]</b> (98) DA <b>[Go to VCTART3]</b> <b>[Go to VCTART3]</b>	
<b>VCT1.</b> Do you know where VCT services are given? <b>[Do not read options]</b> Where? (1) Hospital or Health Center <b>vct1_hospital</b> (2) Health Facility <b>vct1_health_facility</b> (3) School <b>vct1_school</b> (4) Church <b>vct1_church</b> (5) Traditional healer <b>vct1_traditional_healer</b> (6) Other <b>vct1_other</b> (88) DK <b>vct1_dk</b> (98) DA <b>vct1_da vct1_na</b>	
<b>HIVW1.</b> Have you received voluntary counseling and testing (VCT) in the past 6 months? (1)Yes <b>[Continue]</b> (2) No <b>[Go to HIVW3]</b> (88) DK <b>[Go to HIVW3]</b> (98) DA <b>[Go to HIVW3]</b>	
<b>HIVW2.</b> Were you informed of the result? (1)Yes (2) No (88) DK (98) DA	
<b>HIVW3.</b> Have you ever received voluntary counseling and testing (VCT) at any time during your life prior to the last 6 months? (1)Yes <b>[Continue]</b> (2) No <b>[Go to HIVS1]</b> (88) DK <b>[Go to HIVS1]</b> (98) DA <b>[Go to HIVS1]</b>	
<b>HIVW4.</b> Were you informed of the result? (1)Yes (2) No (88) DK (98) DA	
<b>HIVS1.</b> Do you think it is worthwhile to receive voluntary counseling and testing and learn your HIV status? (1)Yes (2) No (88) DK (98) DA	



<b>VCTART3.</b> There is a life prolonging treatment for HIV/AIDS. It is called antiretroviral treatment. Have you heard about it? (1)Yes <b>[Continue]</b> (2) No <b>[skip to HIV1]</b> (88) DK <b>[skip to HIV1]</b> (98) DA <b>[skip to HIV1]</b>	
<b>VCT2.</b> Do you know where people might get this treatment? Where? <b>[Do not read options]</b> (1) Hospital or Health Center <b>vct2_hospital</b> (2) Health Facility <b>vct2_health_facility</b> (3) School <b>vct2_school</b> (4) Church <b>vct2_church</b> (5) Traditional healer <b>vct2_traditional_healer</b> (6) Workplace (7) Other <b>vct2_other</b> (88) DK <b>vct2_DK</b> (98) DA <b>vct2_DA vct2_na</b>	
<b>ART2.</b> Do you think antiretroviral treatment helps people with HIV to be healthier? (1)Yes (2) No (88) DK (98) DA	
<b>ART3.</b> Do you think alternative treatments available in the community or from traditional healers can help people with HIV? (1)Yes (2) No (88) DK (98) DA	
<b>ART4.</b> Do you think ART has helped anyone with HIV that you know? (1)Yes (2) No (88) DK (98) DA	

<b>HIV1.</b> In your understanding, is there any “cure” for HIV that fully eliminates the risk of infecting someone else? (1)Yes (2) No (88) DK (98) DA	
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<b>FFHIV1.</b> Do you have any relatives with HIV? (1)Yes (2) No (88) DK (98) DA	
<b>FFHIV2.</b> Do you have any friends with HIV? (1)Yes (2) No <b>[If the respondent answers “No” to both FFHIV1 AND FFHIV2, go to HHBN1]</b> (88) DK (98) DA	
<b>FFHIV3.</b> Is your relative/friend with HIV receiving ART? (1)Yes, all of them (2) Yes, some of them (3) Yes, only one (4) No, none of them (5) Doesn't know what ART means (88) DK (98) DA	

To change topics, I want to ask you some questions about your family's protection against mosquitoes...

<b>HHBN1.</b> How many mosquito nets does your family have in this house? <b>[Read the alternatives]</b> (1) None <b>[Go to MALARIA1]</b> (2) Less than the number of beds/mats (3) One for every bed/mat (4) More than the number of beds/mats (88) DK (98) DA	
<b>HHBN2.</b> How many months ago did you obtain the newest mosquito net? _____years _____months (88) DK (98) DA <b>[if less than 1 month, 2 weeks for example, mark 1 month]</b>	
<b>HHBN3.</b> How many of the nets in your household were donated? _____Number (88) DK (98) DA	
<b>HHBN4.</b> How many of the nets in your household were purchased? _____Number (88) DK (98) DA	
<b>HHBN5.</b> Do you need to soak any of the nets in the household in insecticide? (1)Yes <b>[Continue]</b> (2) No <b>[Go to HHBN7]</b> (88) DK <b>[Go to HHBN7]</b> (98) DA <b>[Go to HHBN7]</b>	
<b>HHBN6.</b> Which one needs to be soaked? (1) A donated net (2) A purchased net (3) Both (88) DK (98) DA	
<b>HHBN7.</b> Did you sleep under a mosquito net LAST NIGHT? (1)Yes (2) No (88) DK (98) DA	
<b>HHBN8.</b> Is there a season of the year when you do NOT need to use mosquito nets? Which one? (1) Yes, summer (2) Yes, winter (3) No (88) DK (98) DA	
<b>HHBN9.</b> Who in this household normally sleeps under mosquito nets? (1) The man of the house (2) You (3) The children (4) Everyone (5) Others (88) DK (98) DA	
<b>MALARIA1.</b> Have you ever had malaria? (1) Yes, I have malaria now <b>[Go to WT1]</b> (2) Yes – I have had malaria recently <b>[Continue]</b> (3) Yes, I had malaria in the past <b>[Continue]</b> (2) No <b>[Go to WT1]</b> (88) DK <b>[Go to WT1]</b> (98) DA <b>[Go to WT1]</b>	
<b>MALARIA2.</b> How long ago was your last case of malaria?	

_____years _____months [if you have selected “yes, recently,” please answer how many MONTHS ago; if you have selected “yes, in the past,” please answer how many YEARS ago] (88) DK (98) DA	
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Now I will ask some questions about the use of water in your household...

<b>WT1.</b> Usually where do you get or drinking water for the family members in your household? <b>[Do not read the options. Mark all that are mentioned]</b> (1) Own Faucet <b>wt1_own_faucet</b> (2) Public faucet <b>wt1_public_faucet</b> (3) Rain <b>wt1_rain</b> (4) River <b>wt1_river</b> (5) HH container <b>wt1_hh_container</b> (6) Bottled <b>wt1_bottled</b> (7) Well <b>wt1_poco</b> (8) Other <b>wt1_other</b> (88) DK <b>wt1_dk</b> (98) DA <b>wt1_da</b>	
<b>WT2A.</b> Where does the family in this household usually get water for cooking? <b>[Do not read the options]</b> (1) Own Faucet <b>wt2a_own_faucet</b> (2) Public faucet <b>wt2a_public_faucet</b> (3) Rain <b>wt2a_rain</b> (4) River <b>wt2a_river</b> (5) HH container <b>wt2a_hh_container</b> (6) Bottled <b>wt2a_bottled</b> (7) Well <b>wt2a_poco</b> (8) Other <b>wt2a_other</b> (88) DK <b>wt2a_dk</b> (98) DA <b>wt2a_da</b>	
<b>WT2B.</b> Where does the family in this household usually get water for other purposes such as washing clothes or hands? <b>[Do not read the options. Mark all that are mentioned]</b> ((1) Own Faucet <b>wt2b_own_faucet</b> (2) Public faucet <b>wt2b_public_faucet</b> (3) Rain <b>wt2b_rain</b> (4) River <b>wt2b_river</b> (5) HH container <b>wt2b_hh_container</b> (6) Bottled <b>wt2b_bottled</b> (7) Well <b>wt2b_poco</b> (8) Other <b>wt2b_other</b> (88) DK <b>wt2b_dk</b> (98) DA <b>wt2b_da</b>	
<b>WT3.</b> Where is the location of the water source that you use for cooking? <b>[Do not read the options]</b> (1) In the house <b>[Go to WT6]</b> (2) In the neighborhood (3) In the community (4) There is no water source (88) DK (98) DA	
<b>WT5.</b> Who usually goes to this source to get water for your family? <b>[Do not read the options]</b> (1) HoH (2) Only children, (3) Only adult men and women (4) Only girls and adult women, (5) Only boys and adult men o (6) Any children or adults (88) DK (98) DA	
<b>WT6.</b> Do you do anything to the water to make it cleaner to drink? (1)Yes <b>[Continue]</b> (2) No <b>[Go to RENVW6]</b> (88) DK <b>[Go to RENVW6]</b> (98) DA <b>[Go to RENVW6]</b>	
<b>WT7.</b> What do you usually do to make the water cleaner to drink? <b>[Do not read the options]</b> (1) Nothing (2) Certeza/Javel/Chlorine (3) Bleach (3) Use water filter (4) Use pills (5) Boil it (6) Other (88) DK (98) DA	
<b>RENVW6.</b> What would be your preferred source of water? <b>[Do not read options]</b> (1) Public well (2) Private well (3) Local stream (4) River (5) Pond (6) Faucet/Plumbing (7) Other (88) DK (98) DA	
<b>CAHA1.</b> Did you wash your hands YESTERDAY? (1) Yes (2) No <b>[Go to SHS1A]</b> (88) DK <b>[Go to SHS1A]</b> (98) DA <b>[Go to SHS1A]</b>	
<b>CAHA2.</b> In what situation or moment did you wash your hands yesterday? <b>[Read options][Mark all responses that apply]</b> (1) After using the latrine/defecation <b>caha2_after_using_the_latrine</b> (2) After cleaning up the feces of children <b>caha2_after_cleaning_the_feces</b> (3) Before preparing food <b>caha2_before_preparing_food</b> (4) Before giving food to children <b>caha2_before_giving_food_children</b> (5) Before eating <b>caha2_before_eating</b> (6) Other <b>caha2_other</b> (specify) <b>caha2other</b> _____ (88) DK (98) DA	
<b>CHEGS3A.</b> Did you wash your hands with soap, detergent, or ashes yesterday? (1) Yes (2) No (88) DK (98) DA	

Now I will ask about your health care...

<b>SHS1A.</b> Did you ever visit a government health center or hospital to treat a health problem? (1) Yes (2) No <b>[Go to PHC1A]</b> (88) DK <b>[Go to PHC1A]</b> (98) DA <b>[Go to PHC1A]</b>	
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<p><b>SHS1B.</b> How many months ago was your last visit to a government health center or hospital?  <b>[Do not read options]</b>  _____ months <b>[If less than one month, record the answer as “1”]</b>  (88) DK (98) DA</p>	
<p><b>SHS2.</b> Were you treated well by the staff at the health center or hospital?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS3.</b> Were you satisfied with the medical care you received?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS4.</b> Did your medical problem get better?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS5.</b> Were you satisfied with the condition of the health center or hospital?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS6.</b> Was it clean?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS8.</b> Will you go back to that health center or hospital again if you need medical care?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>SHS9.</b> Was there any problem or difficulty reaching the health center or hospital? What problem or difficulty? <b>[Do not read options]</b>  (1) Cost <b>shs9_cost</b> (2) Distance <b>shs9_distance</b> (3) Stigma (Shame) <b>shs9_stigma</b> (4) Poor roads <b>shs9_poor_roads</b> (5) Bad Transportation (6) Other <b>shs9_other</b> (7) No <b>shs9_no</b> (88) DK <b>shs9_dk</b> (98) DA <b>shs9_da</b></p>	

<p><b>PHC1A.</b> Did you ever visit a local/private pharmacy to treat a health problem?  (1) Yes (2) No <b>[Go to LH1A]</b> (88) DK <b>[Go to LH1A]</b> (98) DA <b>[Go to LH1A]</b></p>	
<p><b>PHC1B.</b> How many months ago was your last visit to a local/private pharmacy?  _____ months <b>[If less than one month they went, record the answer as “1”]</b>  (88) DK (98) DA</p>	
<p><b>PHC2.</b> Were you treated well by the pharmacist?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>PHC3.</b> Were you satisfied with the care you received?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>PHC4.</b> Did your medical problem get better?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>PHC6.</b> Will you go back to that pharmacist again if you need medical care?  (1)Yes (2) No (88) DK (98) DA</p>	

<p><b>LH1A.</b> Did you ever visit a local/traditional healer to treat a health problem?  (1) Yes (2) No <b>[Go to SHS10]</b> (88) DK <b>[Go to SHS1A]</b> (98) DA <b>[Go to SHS10]</b></p>	
<p><b>LH1B.</b> How many months ago was your last visit to a local or traditional healer?  _____ months <b>[If less than one month, record the answer as “1”]</b>  (88) DK (98) DA</p>	
<p><b>LH2.</b> Were you treated well by the local healer?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>LH3.</b> Were you satisfied with the care you received?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>LH4.</b> Did your medical problem get better?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>LH5.</b> Did you visit the local healer AFTER your visit to the health facility because you did not feel better after the health facility visit?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>LH6.</b> Will you go back to that local healer again if you need medical care?  (1)Yes (2) No (88) DK (98) DA</p>	

<p><b>SHS10.</b> In the last 3 months, how many times has anyone in your household visited a health center for health care?  (88) DK (98) DA Number of times:</p>	
<p><b>PHC10.</b> In the last 3 months, how many times has anyone in your household visited a pharmacy</p>	

for health care? (88) DK (98) DA Number of times:	
<b>LH10.</b> In the last 3 months, how many times has anyone in your household visited a traditional healer for health care? (88) DK (98) DA Number of times:	

Now I will ask you some questions about HIV/AIDS

<b>HIVT1.</b> In what ways can one adult man or woman transmit HIV to another man or woman? (please identify two ways) <b>[Do not read options, record the number of correct answers]</b> (1) None (2) One correct response (3) Two correct responses <b>[Accept the following answers as correct: Unprotected vaginal, anal and oral sex, Direct blood contact, through needle sharing, blood transfusions, accidents in health care settings, or certain blood products]</b> (88) DK (98) DA	
<b>HIVT2.</b> In what ways can a woman with HIV pass it to her baby? (please identify two ways) <b>[Do not read options, record the number of answers as correct]</b> (1) None (2) One correct response (3) Two correct responses <b>[Accept the following answers as correct: Before birth, During delivery, Through breast milk, Not undergoing the necessary treatment]</b> (88) DK (98) DA	

<b>PHIVT1.</b> How can HIV transmission from an adult man or woman to another be prevented? (please identify two ways) <b>[Do not read options, record the number of correct responses]</b> (1) None (2) One correct response (3) Two correct responses <b>[Accept the following answers as correct: Using condoms, Using other latex barriers, With abstinence, Having only one healthy sexual partner (for both partners)]</b> (88) DK (98) DA	
<b>PHIVT2.</b> How can HIV transmission from mother to a child be prevented? (please identify two ways) <b>[Do not read options, record the number of correct responses]</b> (1) None (2) One correct response (3) Two correct responses <b>[Accept the following answers as correct: Preventing HIV infection among prospective parents, Avoiding unwanted pregnancies among HIV-positive women, Using antiretroviral drugs during pregnancy, Using antiretroviral drugs for the newborn baby, Using safer infant feeding practices]</b> (88) DK (98) DA	
<b>PHIVT10.</b> Do you think there is a cure for HIV/AIDS? (1)Yes (2) No (88) DK (98) DA	
<b>PHIVT11.</b> What are the chances that you might become infected with HIV? (1) No chance (2) Small chance (3) Good chance (4) Already infected (88) Don't know (98) DA	
I am going to read you some statements. Please tell me if you (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA <b>[Read the options after each statement]</b>	
<b>PHIVT12.</b> A person who has AIDS should not be allowed to work with other people to protect the people who don't have AIDS. <b>[Read options]</b> (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT13.</b> A person who has AIDS should not be allowed to make food to sell (to be consumed by other people). <b>[Read options]</b> (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT15.</b> It is better not to hide that you have AIDS, so you can get support from friends or family. <b>[Read options]</b> (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT16.</b> AIDS is a punishment for bad behavior. <b>[Read options]</b> (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT17.</b> You would feel comfortable living closely with someone who has HIV/AIDS <b>[Read options]</b> (1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT18.</b> You would be willing to care for a relative with AIDS in your house/home. <b>[Read options]</b>	

(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT19.</b> If you told your regular partner that you have HIV/AIDS, s/he would leave you. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT20.</b> If you had AIDS, people would avoid you. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT21.</b> AIDS is a punishment from God. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT24.</b> People with HIV/AIDS should be marked so everyone could identify them. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT25.</b> If you saw someone with HIV/AIDS being mistreated, you would try to help him or her. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT26.</b> Almost all people who have HIV/AIDS are prostitutes or sexually immoral. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT27.</b> If you learned that a friend of yours had AIDS, you would stop being their friend. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT28.</b> It is safe to let your child play with children who have HIV/AIDS. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	
<b>PHIVT30.</b> You would worry about touching someone with HIV/AIDS. <b>[Read options]</b>	
(1) strongly agree (2) agree (3) disagree (4) strongly disagree (88) DK (98) DA	

#### timesectionqol

This part of the survey asks how you feel about your quality of life, health, and other areas of your life. Please think about your life in the last four weeks. In the last FOUR weeks...

<b>QOL1.</b> How would you rate your quality of life? <b>[Read options]</b>	
(1) Very poor (2) Poor (3) Neither poor nor good (4) Good (5) Very good (88) DK (98) DA	
<b>QOL2.</b> How satisfied are you with your health? <b>[Read options]</b>	
(1) Very dissatisfied (2) Dissatisfied (3) Neither satisfied nor dissatisfied (4) Satisfied (5) Very satisfied (88) DK (98) DA	
<b>QOL3.</b> To what extent do you feel that physical pain prevents you from doing what you need to do? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL4.</b> How much do you need medical treatment to function in your daily life? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL5.</b> Do you have enough energy or vitality for everyday life? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL6.</b> How satisfied are you with your ability to perform your daily living activities? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL7.</b> How satisfied are you with your capacity to work? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL8.</b> How satisfied are you with your access to health treatment? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL9.</b> How easy is it to get where you want to go? <b>[Read options]</b>	
(1) Not at all (2) A little (3) Moderate amount (4) Very much (5) Extreme amount (88) DK (98) DA	
<b>QOL10.</b> How often do you have negative feelings such as despair, anxiety, or depression? <b>[Read options]</b>	
(1) Never (2) Seldom (3) Often (4) Very often (5) Always (88) DK (98) DA	

<p><b>MENT1.</b> In the last two weeks, how many days did you have little interest or little happiness in doing things? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT2.</b> In the last two weeks, how many days did you feel down, depressed or without motivation? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT3.</b> In the last two weeks, how many days did you have difficulty sleeping, or staying asleep, or sleeping more than is customary? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT4.</b> In the last two weeks, how many days did you feel tired or with little energy? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT5.</b> In the last two weeks, how many days did you have lack of appetite or ate less? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT6.</b> In the last two weeks, how many days did you feel bad about yourself or thought you were a failure or that you let down your family or yourself? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT7.</b> In the last two weeks, how many days did you have difficulty concentrating on things (such as reading a newspaper, watching television, or listening to the radio)? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT8.</b> In the last two weeks, how many days did you feel slow in your movements or in speaking; or the contrary, in which you felt agitated and you stayed walking from one side to another, more than is customary? (0) No days (1) less than 1 week (2) 1 week or more (3) Almost all days (88) DK (98) DA</p>	
<p><b>MENT9.</b> With what frequency do you consume alcoholic beverages? (0) Never (1) Monthly or less (2) Between 2-4 times per month (3) Between 2-3 times per week (4) 4 or more times per week</p>	
<p><b>[Interviewer: Show response card n° x with standard Mozambican drinks to the participant]</b></p>	
<p><b>MENT10.</b> Think of a day in which you drink alcohol. What alcohol drink do you drink? How many ___ do you drink? (0) 0 or 1 <b>[Go to MENT17]</b> (1) 2 or 3 (2) 4 or 5 (3) 6 or 7 (4) 8 or more (88) DK (98) DA</p>	
<p><b>If the sum of questions 10 and 11 is 0, advance to question MENT17</b></p>	
<p><b>MENT11.</b> How many times do you drink more than ___ in one occasion? (0) Never <b>[Go to MENT17]</b> (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	
<p><b>MENT12.</b> Think about the month of ___ (current month) of the previous year until now. How many times do you think that you were not able stop drinking after you had started? (0) Never (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	
<p><b>MENT13.</b> Think about the month of ___ (current month) of the previous year until now. How many times after having an alcoholic beverage did you stop doing things that you normally would do? (0) Never (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	
<p><b>MENT14.</b> Think about the month of ___ (current month) of the previous year until now. How many times did you need to drink alcohol in the mornings in order to feel good after having drunk alot/heavily in the day or night previously? (0) Never (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	
<p><b>MENT15.</b> Think about the month of ___ (current month) of the previous year until now. How many times did you feel at fault or with remorse about drinking alcohol? (0) Never (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	
<p><b>MENT16.</b> Think about the month of ___ (current month) of the previous year until now. How many times were not able to remember what happened after drinking alcohol the night before? (0) Never (1) Less than one time per month (2) Monthly (3) Weekly (4) All or almost everyday</p>	

<p><b>MENT17.</b> Has it ever happened that you hurt or were hurt by someone as a result of drinking alcohol? (0) No (2) Yes, but not in the last 12 months (4) Yes, in the last 12 months</p>	
<p><b>MENT18.</b> Has a parent, friend, doctor or other professional been worried in the way in which you drink or suggested that you decrease the amount? (0) No (2) Yes, but not in the last 12 months (4) Yes, in the last 12 months</p>	
<p>Now I'm going to ask about difficulties that you have had in the last 30 days. <b>[Interviewer: Show response card n° x from WHODAS to the participant]</b></p> <p>In the last 30 days, how much difficulty have you had with:</p>	
<p><b>MENT19.</b> <u>Standing for long periods</u>, like 30 minutes? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT20.</b> Caring for your <u>domestic responsibilities</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT21.</b> Learning a <u>new task</u>, for example learning how to arrive in a new location? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT22.</b> Participating in community activities (for example, festivities, religious activities, or other) in the same way of any other person? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT23.</b> How much have you been <u>emotionally affected</u> by your health problems?  <b>[Interviewer: read all response options, the options are a little different from the card]</b> (1) I was not affected (2) A little (3) Moderately (4) A lot (5) Extreme or unable to do</p>	
<p>Still thinking in the last 30 days, how much difficulty did you have with: <b>[Interviewer: Show response card n° x from WHODAS again to the participant]</b></p>	
<p><b>MENT24.</b> <u>Concentrating to do something for 10 minutes</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT25.</b> <u>Walking for long distances</u>, such as 1 kilometer [or equivalent]? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT26.</b> <u>Washing your entire body</u>? ((1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT27.</b> <u>Dressing</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT28.</b> <u>Interacting with persons that you do not know</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT29.</b> <u>Maintaining friendships</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT30.</b> In your day to day <u>work</u>? (1) None (2) A little (3) Moderate (4) A lot (5) Extreme or unable to do</p>	
<p><b>MENT31.</b> In the last 30 days, <u>how many days</u> were these difficulties present?  ENTER THE NUMBER OF DAYS:   ____   ____  </p>	
<p><b>MENT32.</b> In the last 30 days, how many days were you <u>totally unable</u> to do your normal activities or work due to your health problems?  ENTER THE NUMBER OF DAYS:   ____   ____  </p>	

<p><b>MENT33.</b> In the last 30 days, not counting the days in which you were totally unable to, how many days did you <u>interrupt</u> or <u>diminish</u> your normal activities or work due to your health problems?</p> <p>ENTER THE NUMBER OF DAYS:   ____   ____  </p>	
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Now I will ask some questions about your household income...

<p><b>IG1.</b> What is the main source of income for the family in this household? <b>[Do not read options]</b>  (1) Sale of firewood, charcoal, poles, reeds, herbs <b>ig1_local_natural_resource</b> (2) Sale of farm products/agriculture <b>ig1_selling_agriculture_products</b> (3) Sale of animals <b>ig1_selling_animals</b> (4) Monthly Waged Worked <b>ig1_wage_labor</b> (5) Referrals <b>ig1_remessas</b> (6) Government (7) Other <b>ig1_other</b> (88) DK <b>ig1_dk</b> (98) DA <b>ig1_dk</b></p>	
<p><b>IG2.</b> Do you consider that the income of the family in this household is... <b>[Read options]</b>  (1) More than is needed (2) Sufficient (3) Less than is needed (88) DK (98) DA</p>	
<p><b>IG4.</b> You consider the resources and productive capacities of the family in this household are... <b>[Read options]</b>  (1) More than is needed (2) Sufficient (3) Less than is needed (88) DK (98) DA</p>	
<p><b>IG5.</b> Do you spend more or less than your income, or do you spend the same as what you receive? <b>[Read options]</b>  (1) More (2) Less (3) The same (88) DK (98) DA</p>	
<p><b>IG6.</b> What is the value of the assets in this household? <b>[Read options]</b>  (1) Very good (2) Good (3) Neither good nor bad (fair) (4) Bad (5) Very bad (88) DK (98)DA</p>	

<p><b>IGS1.</b> You feel the income of your family last month was...  (1) More than is needed (2) Sufficient (3) Less than is needed (88) DK (98) DA</p>	
<p><b>Q10. [Show card Q]</b> Adding the income of all the members of the household, including remittance from people who are abroad or in another place and the salary of all adults and children in the household who work, which of the following categories is the closest to the monthly income of the family in this household? <b>(If the respondent does not understand, ask: how much money enters the household each month?)</b>  (0) No income  (1) Up to Mts 200,00  (2) From Mts 200,01 to Mts 400,00  (3) From Mts 400,01 to Mts 600,00  (4) From Mts 600,01 to Mts 800,00  (5) From Mts 800,01 to Mts 1.000,00  (6) From Mts 1.000,01 to Mts 1.500,00  (7) From Mts 1.500,01 to Mts 2.000,00  (8) From Mts 2.000,01 to Mts 4.000,00  (9) From Mts 4.000,01 to Mts 7.000,00  (10) More than Mts 7.000,00  (88) DK (98) DA  <b>[Take back card Q]</b></p>	
<p><b>IGS3.</b> Which family members in this household work outside the house? <b>[Read options]</b>  (1) All of them  (2) Almost all of them  (3) Half of them  (4) Less of half of them  (5) None  (88) DK (98) DA</p>	
<p><b>IGS4.</b> What is your primary occupation? <b>[Read options]</b>  (1) Homemaker (2) Your land (3) Wage labor (4) Business (5) None (6) Other (88) DK (98) DA</p>	
<p><b>IGS8.</b> Do you or any family members in this household own agricultural land?  (1)Yes (2) No (88) DK (98) DA</p>	
<p><b>IGS9.</b> Do you or any family members in this household rent agricultural land?  (1)Yes (2) No <b>[If the respondent says “No” to both IGS8 AND IGS9 go to IGS16]</b> (88) DK (98)</p>	



DA	
<b>RENVL1A.</b> What is your total land area in hectares? _____ hectares [If the respondent is unsure ask “How many soccer fields would fit on your land?” A soccer field is equivalent to one hectare. If it is less than a hectare, ask: ‘Is it half of a soccer field, or less than half of a soccer field, like a fourth of a soccer field?’ Half of a soccer field is equivalent to 0.5 hectare. One fourth is equivalent to 0.25] (88) DK (98) DA	
<b>IGS10.</b> The size of agricultural land that the members of the family in this household use are... <b>[Read options]</b> (1) More than what is needed (2) Exactly what is needed (3) Less than what is needed (88) DK (98) DA	
<b>IS13.</b> What proportion of your field/land do you keep for cash crops? (1) More than half your land (2) About half your land (3) Less than half the land (88) DK (98) DA	
<b>IGS14.</b> Do you sometimes sell your crops for money to meet other needs of the family in this household? (1) Yes <b>[Continue]</b> (2) No <b>[Go to IGS16]</b> (88) DK <b>[Go to IGS16]</b> (98) DA <b>[Go to IGS16]</b>	
<b>IGS15.</b> Do you get a fair price for the crops that you sell? (1) Not at all (2) Sometimes (3) Most of the time (4) All of the time (88) DK (98) DA	
<b>IGS16.</b> Does the family in this household raise any livestock or poultry? (1) Yes (2) No <b>[Go to RENVF4 if they own or rent land OR go to SDH1 if not]</b> (88) DK <b>[Go to RENVF4 if they have land OR go to SDH1 if not]</b> (98) DA <b>[Go to RENVF4 if they own or rent land OR go to SDH1 if not]</b>	
<b>IGS17A.</b> How many of the following animals does the family in this household own?	
<b>IGS17B.</b> Cows or bulls? How many? _____ Number (88) DK (98) DA	
<b>IGS17C.</b> Donkeys or mules? How many? _____ Number (88) DK (98) DA	
<b>IGS17D.</b> Goats? How many? _____ Number (88) DK (98) DA	
<b>IGS17E.</b> Sheep? How many? _____ Number (88) DK (98) DA	
<b>IGS17F.</b> Chicken? How many? _____ Number (88) DK (98) DA	
<b>IGS17G.</b> Ducks? How many? _____ Number (88) DK (98) DA	
<b>IGS17H.</b> Pigs? How many? _____ Number (88) DK (98) DA	
<b>IGS21.</b> Have you ever sold one of these animals? (1) Yes (2) No <b>[Go to RENVF4 if they own or rent land OR go to SDH1 if not]</b> (88) DK <b>[Go to RENVF4 if they have land OR go to SDH1 if not]</b> (98) DA <b>[Go to RENVF4 if they own or rent land OR go to SDH1 if not]</b>	
<b>IGS19.</b> Do you get a fair price for the animals that you sell? (1) Not at all (2) Sometimes (3) Most of the time (4) All of the times (88) DK (98) DA	

timesectionres

**[Only for respondents who own or rent land]** Now we will talk about your farm...

<b>RENVF4.</b> Is your land production limited by [mark all that apply] <b>[Read options][Mark all that apply]</b> (1) Water <b>renvf4_water</b> (2) Soil quality <b>renvf4_soil_quality</b> (3) Land area <b>renvf4_land_area</b> (4) Time <b>renvf4_time</b> (5) Money <b>renvf4_money</b> (6) Drought <b>renvf4_drought</b> (7) Other <b>renvf4_other</b> (8) It is not limited <b>renvf4_is_not_limited</b> (88) DK <b>renvf4_dk</b> (98) DA <b>renvf4_dk</b>	
<b>RENVF5.</b> Is your soil adequate for good crop production? (1) Yes <b>[Go to RENVF7]</b> (2) No <b>[Continue]</b> (88) DK <b>[Go to RENVF7]</b> (98) DA <b>[Go to RENVF7]</b>	
<b>RENVF6.</b> Why is your soil inadequate for good crop production? <b>[Mark all that apply] [Do not read options]</b> ( 1) Too sandy (2) Poor in nutrient/weak soil (3) Poor drainage/overflows (4) Erosion (5) Drought (6) Other (88) DK (98) DA	
<b>RENVF7.</b> Do you regularly burn your fields?	

(1)Yes [ <b>Continue</b> ] (2) No [ <b>Go to RENVF9</b> ] (88) DK [ <b>Go to RENVF9</b> ] (98) DA [ <b>Go to RENVF9</b> ]	
<b>RENVF8.</b> Why do you burn your fields? [ <b>Do not read options</b> ] (1) To improve productivity of the next crop (2) To clean the field (3) Other (88) DK (98) DA	
<b>RENVF9.</b> Do you use a chemical product (fertilizer) to improve your crops? (1)Yes [ <b>Continue</b> ] (2) No [ <b>Go to RENVF12</b> ] (88) DK [ <b>Go to RENVF12</b> ] (98) DA [ <b>Go to RENVF12</b> ]	
<b>RENVF10.</b> How many years ago did you first start to fertilize the soil? _____years (88) DK (98) DA	
<b>RENVF11.</b> How much have your crops increased because of the fertilization? (1) Very much (2) Somewhat (3) Little (4) None (88) DK (98)DA	
<b>RENVF12.</b> Do you apply any pesticides or herbicides to your crops? (1)Yes (2) No (88) DK (98) DA	

<b>E1.</b> Do you use irrigation on your field? (1) Yes [ <b>Continue</b> ] (2) No [ <b>Go to CFP1</b> ] (88) DK [ <b>Go to CFP1</b> ] (98) DA [ <b>Go to CFP1</b> ]		
<b>RENVW8.</b> What is the source of water for irrigation? [ <b>Do not read options</b> ] (1) Well (2) Pond (3) Stream (4) Canal (5) Other (88) DK (98) DA		
<b>E2.</b> Do you use the following types of irrigation?	<b>E2A.</b> Dripping (1) Yes (2) No (88) DK (98) DA	
	<b>E2B.</b> Bucket or watering can (1) Yes (2) No (88) DK (98) DA	
	<b>E2C.</b> Gasoline pump (1) Yes (2) No (88) DK (98) DA	
	<b>E2D.</b> Manual pump (motorized) (1) Yes (2) No (88) DK (98) DA	
	<b>E2E.</b> Gravity or canal (1) Yes (2) No (88) DK (98) DA	
<b>E3.</b> What crops do you irrigate?	<b>E3A.</b> Vegetables (1) Yes (2) No (88) DK (98) DA	
	<b>E3B.</b> Corn (1) Yes (2) No (88) DK (98) DA	
	<b>E3C.</b> Butter beans (1) Yes (2) No (88) DK (98) DA	
	<b>E3D.</b> Other (1) Yes (2) No (88) DK (98) DA	
<b>RENVW9A.</b> Do you have any kind of problems with irrigation? (1) Yes [ <b>Continue</b> ] (2) No [ <b>Go to CFP1</b> ] (88) DK [ <b>Go to CFP1</b> ] (98) DA [ <b>Go to CFP1</b> ]		
<b>RENVW9.</b> What is the biggest irrigation problem? [ <b>Do not read options</b> ] (1) Access to water (2) Cost (3) Drought (4) Other (88) DK (98) DA		

<b>CFP1.</b> Do you practice soil conservation? (1) Yes [ <b>Continue</b> ] (2) No [ <b>Go to CFP3</b> ] (88) DK [ <b>Go to CFP3</b> ] (98) DA [ <b>Go to CFP3</b> ]	
<b>CFP2.</b> What type of soil conservation do you practice? [ <b>Read options</b> ][ <b>Mark all that apply</b> ] (1) Permanent planting holes <b>cfp2_permanent_planting</b> (2) Plant lines <b>cfp2_plant_lines</b> (3) Fertilizer, manure, compost <b>cfp2_fertilizer_manure</b> (4) Rotate crops <b>cfp2_rotate_crops</b> (5) Mulching <b>cfp2_mulching</b> (6) Other <b>cfp2_other</b> (88) DK <b>cfp2_dk</b> (98) DA <b>cfp2_da</b>	
<b>CFP3.</b> Have you ever seen a demonstration or class on soil conservation? (1) Yes [ <b>Continue</b> ] (2) No [ <b>HH_farmactivity</b> ] (88) DK [ <b>HH_farmactivity</b> ] (98) DA [ <b>HH_farmactivity</b> ]	
<b>CFP4.</b> What was the topic of the demonstration or class that you saw? [ <b>Read options</b> ][ <b>Mark all that apply</b> ] (1) Permanent planting holes <b>cfp4_permanent_planting</b> (2) Plant lines <b>cfp4_plant_lines</b> (3) Fertilizer, manure, compost <b>cfp4_fertilizer_manure</b> (4) Rotate crops <b>cfp4_rotate_crops</b> (5) Mulching <b>cfp4_mulching</b> (6) Other <b>cfp4_other</b> (88) DK <b>cfp4_dk</b>	

(98) DA cfp4_da	
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<b>FARM ACTIVITY. HH_farmactivity</b> Now we will talk about farm activities. Do you grow any crops on your land? [If no, probe again, ask, “nothing at all?,” and if the answer is still “no” then skip the production and marketing modules and go to AI1.] (1) Yes [Continue] (2) No [Go to AI1] (88) DK [Go to AI1] (98) DA [Go to AI1]	
<b>CV1.</b> Has your family harvested enough crops to sell? (1) Yes [Continue] (2) No [Go to AI1] (88) DK [Go to AI1] (98) DA [Go to AI1]	

<b>AI1.</b> In the past 12 months, have you had any visits from someone who has given you advice or products such as fertilizers, insecticides, fungicides, or new seeds that would help you to farm better? (1) Yes (2) No (88) DK (98) DA	
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<b>RENVL1.</b> How much of your income comes from local natural resources? (1) A lot (2) Some (3) Little (4) None (88) DK (98) DA	
<b>RENVL3.</b> Have these sources increased, decreased, or remained the same in the last 10 years? (1) Increased [Continue] (2) Decreased [Continue] (3) Remained the same [Go to RENVL5] (88) DK (98) DA	
<b>RENVL4.</b> Why have they increased or decreased? [Do not read options] (1) Loss of land (2) Increase of land (3) Loss of labor (4) Increase of labor (5) Weather (6) Other (88) DK (98) DA	
<b>RENVL5.</b> How much of the products to satisfy your family needs come from local sources compared to those who come from other locations? [Read options] (1) A lot (2) Somewhat (3) Little (4) Nothing (88) DK (98) DA	
<b>RENVL6.</b> Would you want your production to increase, decrease, or remain the same in order to take care of your own needs? (1) Increase [Continue] (2) Decrease [Go to SDH1] (3) Remain the same [Go to SDH1] (88) DK [Go to SDH1] (98) DA [Go to SDH1]	
<b>RENVL7.</b> What mainly limits your crops? [Read options] (1) Money (2) Weather (3) Health (4) Other (88) DK (98) DA	

timesectionhousing

Let's talk a little bit about your house/shelter...

<b>SDH1.</b> What is the roof of the main house made of? [Do not read options] (1) Cane/Leaf/Straw/Grass (2) Zinc (3) Luzalite (4) Aluminum (5) Wood (6) Cement (7) Plastic (8) Calamine (88) DK (98) DA	
<b>SDH6.</b> What is the floor of the main house made of? [Do not read options] (1) Earth/sand (2) Dung (3) Wood planks (4) Palm/bamboo (5) Parquet or polished wood (6) Vinyl or asphalt strips (7) Cermaic tiles (8) Cement (9) Carpet (88) DK (98) DA	
<b>SDH2.</b> How many structures/divisions does the house have? _____ structures/divisions (88) DK (98) DA	
<b>SDH3.</b> How many structures/divisions in the household are used for sleeping? _____ Structures/divisions (88) DK (98) DA	
<b>SDH4.</b> Do you have adequate access to local construction materials? (1)Yes [Go to LUSD1] (2) No [Continue] (88) DK [Go to LUSD1] (98) DA [Go to LUSD1]	
<b>SDH5.</b> Why you do not have adequate access to local construction materials? [Do not read options] (1) Cost (2) Environmental degradation (3) Overuse (4) Other (88) DK (98) DA	

<b>LUSD1.</b> Does the family in this household use the latrine? (1)Yes [Continue] (2) No [Go to SSAM1] (88) DK [Go to SSAM1] (98) DA [Go to SSAM1]	
<b>LUSD2.</b> Do you share this latrine with other families? (1)Yes [Continue] (2) No [Go to SSAM1] (88) DK [Go to SSAM1] (98) DA [Go to	

<b>SSAM1]</b>	
<b>LUSD3.</b> How many families use this latrine? _____ Families (88) DK (98) DA	
<b>LUSD4.</b> What type of latrine does the family in this household own? (1) Traditional Unimproved latrine (2) Traditional Improved Latrine (3) Improved Latrine (with support structure) (4) Non-flush latrine connected to septic tank (5) Flush latrine connected to septic tank (6) Latrine connected to sewer system (12) Other (88) DK (98) DA	
<b>LUSD5.</b> Does your latrine have a cover (1) Yes (2) No (88) DK (98) DA	

**timesectionstatus**

To change the subject, I want to know how you feel about your social relationships...

<b>SSAM1.</b> Do your friends respect you?	(1) little (2) more or less (3) a lot (88) DK (98) DA
<b>SSAM13.</b> Do you feel a strong bond with your friends?	(1) little (2) more or less (3) a lot (88) DK (98) DA
<b>SSAM2.</b> Does your family care about you very much?	(1) little (2) more or less (3) a lot (88) DK (98) DA
<b>SSAM16.</b> Does your family really respect you as much as you would like them to?	(1) little (2) more or less (3) a lot (88) DK (98) DA
<b>SSAM19.</b> Do you feel close to your family members?	(1) little (2) more or less (3) a lot (88) DK (98) DA

<b>V46.</b> Some people feel they have complete free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them day by day. Please, how much freedom of choice do you feel you have on what happens to your life? (1) No choice (2) Little choice (3) Some choice (4) A lot of choice (88) DK (98) N/A
<b>V122.</b> Some people believe they can decide their own destiny, while others think they do not have control over their destiny. Please, to what extent do you believe you can decide your own destiny? (1) Nothing (2) A little (3) Enough (4) A lot (88) DK (98) N/A
<b>V122b.</b> In general, do you think you can make decisions by yourself, freely, without consulting your husband? Please, to which extent can you do this: Never (2) Sometimes (3) Almost always (4) Always (88) DK (98) DA

**Those are all the questions I have for you. Thank you very much for your time.**

<b>SPOUSEPRESENT [This question is answered by the surveyor].</b> How much time was the male spouse/partner present during the interview (1) Never (2) Sometimes (3) Almost always (4) Always (88) DK (98) DA	
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<b>TIMEENDSURVEY:</b> ____:____	_ _ _ _
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