

APPENDIX H: QUESTIONNAIRES



REPUBLIC OF ZIMBABWE



**MULTIPLE INDICATOR MONITORING SURVEY (MIMS)
2009**

HOUSEHOLD QUESTIONNAIRE

PROVINCE:

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E. A. NUMBER:

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HHOLD:

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HOUSEHOLD QUESTIONNAIRE

Good! My name is and I am working for Central Statistics Office (CSO). We are working on a nationwide survey concerned with family health and education. We would very much appreciate your participation in this survey. The interview will take about 35 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.
 May I start now? *IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.*

IDENTIFICATION PANEL		HH
HH1. LOCALITY NAME _____ CLUSTER NUMBER: <input type="text"/> <input type="text"/> <input type="text"/>	HH2. HOUSEHOLD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/>	
HH3. INTERVIEWER NAME _____ NUMBER: <input type="text"/> <input type="text"/>	HH4. FIELD SUPERVISOR'S NAME _____ NUMBER: <input type="text"/> <input type="text"/>	
HH5. DAY/MONTH/YEAR OF INTERVIEW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
HH6. AREA: URBAN 1 RURAL 2	HH7. PROVINCE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HH7A. DISTRICT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
HH 8. NAME OF HEAD OF HOUSEHOLD: _____		
<i>AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION.</i>		
HH9. RESULT OF HOUSEHOLD INTERVIEW: COMPLETED 1 NOT AT HOME..... 2 REFUSED..... 3 HOUSEHOLD NOT FOUND/STRUCTURE DESTROYED 4 OTHER (<i>specify</i>) _____ 6	HH10. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE: NAME: _____ LINE NO: <input type="text"/> <input type="text"/>	
HH12. NO. OF WOMEN ELIGIBLE FOR INTERVIEW: <input type="text"/> <input type="text"/>	HH11. TOTAL NUMBER OF HOUSEHOLD MEMBERS: <input type="text"/> <input type="text"/>	
HH13. NO. OF WOMEN QUESTIONNAIRES COMPLETED: <input type="text"/> <input type="text"/>	HH14. NO. OF CHILDREN UNDER AGE 5: <input type="text"/> <input type="text"/>	
HH15. NO. OF UNDER 5 QUESTIONNAIRES COMPLETED: <input type="text"/> <input type="text"/>		
INTERVIEWER/EDITOR/ SUPERVISOR NOTES: <i>USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC..</i>		
HH16. DATA ENTRY CLERK: Name: _____ <input type="text"/> <input type="text"/>	HH16A. RECORD INTERVIEW TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HOUR AND MINUTE)	
HH16B. DATA ENTRY SUPERVISOR Name: _____ <input type="text"/> <input type="text"/>	HH16C: FIELD EDITOR: Name: _____ <input type="text"/> <input type="text"/>	

MODULE 1: HOUSEHOLD LISTING FORM

HL

First, please tell me the name of each person who usually lives here or spent the last night in this household, starting with the head of the household.

LIST THE HEAD OF THE HOUSEHOLD IN LINE 01. LIST ALL HOUSEHOLD MEMBERS (HL2), THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD (HL3), AND THEIR SEX (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). IF YES, COMPLETE LISTING.

THEN, ASK QUESTIONS STARTING WITH HL5 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET USED

			<i>ELIGIBLE FOR:</i>			<i>For children age 0-17 years ask HL9-HL12AA</i>									
			WOMEN'S INTERVIEW	UNDER-5 INTERVIEW	<i>If age 18- 59 years</i>										

HL1. Line no.	HL2. Name	HL3. What is the relation- ship of (NAME) to the head of the house- hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? <i>Record in completed years</i> 98=DK*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? <i>RECORD LINE NO. OF MOTHER/ CARETAKER</i>	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 YES 2 NO⇒ 8 DK⇒ HL11 HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? <i>RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'</i>	HL10A. IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Where does (NAME'S) mother live? <i>(SEE CODES BELOW)</i>	HL11. Is (NAME'S) natural/ biological father alive? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? <i>RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'</i>	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHO LD: Where does (NAME'S) father live? <i>(SEE CODES BELOW)</i>							
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	Y	N	DK	Y	N	DK	MLOC	Y	N	DK	father	Y	N	DK	FLOC
01			1	2	___	01	___	1	2	8	1	2	8	___	1	2	8	___	1	2	8	___
02			1	2	___	02	___	1	2	8	1	2	8	___	1	2	8	___	1	2	8	___
03			1	2	___	03	___	1	2	8	1	2	8	___	1	2	8	___	1	2	8	___
04			1	2	___	04	___	1	2	8	1	2	8	___	1	2	8	___	1	2	8	___
05			1	2	___	05	___	1	2	8	1	2	8	___	1	2	8	___	1	2	8	___

HL1. Line no.	HL2. Name	HL3. What is the relation- ship of (NAME) to the head of the house- hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? <i>Record in completed years</i> 98=DK*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? <i>RECORD LINE NO. OF MOTHER/ CARETAKER</i>	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 YES 2 NO⇒ 8 DK⇒ HL11 HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? <i>RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'</i>	HL10A. IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Where does (NAME'S) mother live? <i>(SEE CODES BELOW)</i>	HL11. Is (NAME'S) natural/ biological father alive? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? <i>RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'</i>	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHO LD: Where does (NAME'S) father live? <i>(SEE CODES BELOW)</i>
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
06			1 2	__ __	06	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
07			1 2	__ __	07	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
08			1 2	__ __	08	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
09			1 2	__ __	09	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
10			1 2	__ __	10	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
11			1 2	__ __	11	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
12			1 2	__ __	12	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __
13			1 2	__ __	13	__ __	1 2 8	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __	1 2 8	__ __

HL1. Line no.	HL2. Name	HL3. What is the relation- ship of (NAME) to the head of the house- hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? <i>Record in completed years</i> 98=DK*	HL6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	HL8. FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARETAKER	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 YES 2 NO⇒ 8 DK⇒ HL11 HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'	HL10A. IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA IF MOTHER DOES NOT LIVE IN HOUSE- HOLD Where does (NAME'S) mother live? (SEE CODES BELOW)	HL11. Is (NAME'S) natural/ biological father alive? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'	HL12A. IF FATHER DOES NOT LIVE IN HOUSEHOLD: Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA IF FATHER DOES NOT LIVE IN HOUSEHO LD: Where does (NAME'S) father live? (SEE CODES BELOW)
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
14			1 2	___ __	14	___ __	1 2 8	1 2 8	___ __	1 2 8	___ __	1 2 8	___ __	1 2 8	___ __
15			1 2	___ __	15	___ __	1 2 8	1 2 8	___ __	1 2 8	___ __	1 2 8	___ __	1 2 8	___ __

HL1. <i>Line no.</i>	HL2. <i>Name</i>	HL3. What is the relationship of (NAME) to the head of the household?	HL4. Is (NAME) male or female? 1 male 2 fem.	HL5. How old is (NAME)? How old was (name) on his/her last birthday? <i>Record in completed years</i> 98=dk*	HL6. <i>CIRCLE LINE NO. IF WOMAN IS AGE 15-49</i>	HL8. <i>FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARETAKER</i>	HL8A. Has (NAME) been very sick for at least 3 months during the past 12 months?	HL9. Is (NAME'S) natural/ biological mother alive? 1 yes 2 no⇒ HL11 8 dk⇒ HL11	HL10. IF ALIVE: Does (NAME'S) natural/ biological mother live in this household? <i>RECORD LINE NO. OF MOTHER OR 00 FOR 'NO'</i>	HL10A. <i>IF MOTHER DOES NOT LIVE IN HOUSEHOLD</i> Has (name's) mother been very sick for at least 3 months in the past 12 months?	HL10AA <i>IF MOTHER DOES NOT LIVE IN HOUSEHOLD</i> Where does (NAME'S) mother live? <i>(SEE CODES BELOW)</i>	HL11. Is (NAME'S) natural/ biological father alive? 1 yes 2 no⇒ next line 8 dk⇒ next line	HL12. IF ALIVE: Does (NAME'S) natural/ biological father live in this household? <i>RECORD LINE NO. OF FATHER OR 00 FOR 'NO'</i>	HL12A. <i>IF FATHER DOES NOT LIVE IN HOUSEHOLD:</i> Has (name's) father been very sick for at least 3 months in the past 12 months?	HL12AA <i>IF FATHER DOES NOT LIVE IN HOUSEHOLD:</i> Where does (NAME'S) father live? <i>(SEE CODES BELOW)</i>
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NOW FOR EACH WOMAN AGE 15-49 YEARS, WRITE HER NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE WOMEN'S QUESTIONNAIRE. FOR EACH CHILD UNDER AGE 5, WRITE HIS/HER NAME AND LINE NUMBER AND THE LINE NUMBER OF HIS/HER MOTHER OR CARETAKER IN THE INFORMATION PANEL OF THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE YOU SHOULD NOW HAVE A SEPARATE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN AND EACH CHILD UNDER FIVE IN THE HOUSEHOLD.

	WOMEN 15-49	UNDER-5S	VERY SICK (=1)	MOTHERS DEAD (=2)	MOTHERS VERY SICK (=1)	FATHERS DEAD (=2)	FATHERS VERY SICK (=1)
Totals							

*CODES FOR HL3: RELATIONSHIP TO HEAD OF HOUSEHOLD			*CODES FOR HL10AA & HL12AA		
01 = Head 02 = Wife or Husband/Cohabiting partner 03 = Son or Daughter 04 = Son or Daughter-In-Law 05 = Grandchild	06 = Parent 07 = Parent-In-Law 08 = Brother or Sister 09 = Brother or Sister-In-Law 10 = Uncle/ Aunt	11 = Niece/ Nephew by blood 12 = Niece/ Nephew by marriage 13 = Other relatives 14 = Adopted/ Foster/ Stepchild 15 = Not related 98 = Don't Know	01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Bostwana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY _____)

MODULE 1: HOUSEHOLD LISTING FORM

HL

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used LISTING. THEN, ASK QUESTIONS STARTING WITH HL15 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE USED

HL1. LINE NO.	HL2. Name	FOR EVERYBODY IN THE HOUSEHOLD AGED 15 AND ABOVE			HL18. In the past 2 weeks, has [NAME] had any illness or injury? For example, has [NAME] had a cough, cold, diarrhoea, an accident or any other illness? 1 YES 2 NO ⇒ HL20 8 DK ⇒ HL20	HL19. What symptoms did [NAME] suffer from during this time? (SEE CODES AND ENTER A MAXIMUM OF THREE SYMPTOMS)	HL20. Did [NAME] go to any health facility or receive any care from a doctor, nurse, traditional healer, or pharmacist? 1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	HL21. Where did [NAME] go for advice or treatment? (RECORD HEALTH PRACTITIONERS LISTED, SEE CODES BELOW)						
		HL15. What is (NAME'S) current marital status? (SEE CODES)	HL16. IF MARRIED/ LIVING WITH PARTNERS Does partner/ spouse live in household? 1 YES ⇒ HL18 2 NO 8 DK	HL17. Where does partner/ spouse live? (See Codes below)										
LINE	COPY NAME FROM HL2	MARITAL	Y	N	DK	SLOC	Y	N	DK	SYMPTOMS	Y	N	DK	HCARE
01		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
02		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
03		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
04		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
05		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
06		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
07		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —
08		— —	1	2	8	— —	1	2	8	— — —	1	2	8	— —

09	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
10	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
11	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
12	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
13	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
14	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —
15	— —	1 2 8	— —	1 2 8	— — —	1 2 8	— —

<i>*CODES FOR H15: MARITAL STATUS</i>	<i>*CODES FOR HL17</i>			<i>*CODES FOR HL19</i>		<i>*CODES FOR HL21</i>
01.Married 02.Living with Partner 03.Divorced 04.Separated 05.Widowed 06.Never married/never lived with partner	01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Botswana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY) _____	A. Diarrhoea B. Weight loss (major) C. Fever D. Skin rash E. Weakness F. Severe headache G. Vomiting H. Cough	I. Difficulty breathing J. Injury X. Other (specify)_____	01. Private hospital 02. Government hospital 03. Public health center 04. Doctor's practice 05. Practice of a private paramedic or nurse 06. Practice of a midwife 07. Practice of a village midwife 08. Private Clinic 09. Pharmacist 10. Traditional practitioners 11. Spiritual or faith healers 98.Other _____

MODULE 2: EDUCATION	ED
ASK QUESTIONS FOR HOUSEHOLD MEMBERS <u>AGE 3 YEARS AND ABOVE</u>	FOR HOUSEHOLD MEMBERS <u>AGE 3-24 YEARS</u>

ED1. <i>LINE NO.</i>	ED1A. Name	ED2. Has (NAME) ever attended school or pre-school?	ED3. What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at this level? LEVEL: 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK GRADE: 98 = DK <i>IF LESS THAN 1 GRADE, ENTER 00.</i>				ED4. During the (2009) school year, did (NAME) attend school or pre-school at any time?	ED5. Since last (day of the week), how many days did (NAME) attend school?	ED6. During this school year, which level and grade is/was (NAME) attending? LEVEL: 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK GRADE: 98 = DK <i>IF LESS THAN 1 GRADE, ENTER 00.</i>				ED6C. What type of school does (NAME) attend?	ED6D. WHY DID (NAME) NOT ATTEND SCHOOL? <i>(See Codes BELOW)</i>	ED7. Did (NAME) attend school or pre-school at any time during the previous school year, that is (2008)?	ED8. During that previous school year, which level and grade did (NAME) attend? LEVEL: 00 = PRE-SCHOOL 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK GRADE: 98 = DK			
LINE	COPY NAMES FROM HL2	SCHOOL YES NO	LEVEL	GRADE	SCHOOL YES NO	DAYS	LEVEL	GRADE	TYPE	REASON	SCHOOL Y N DK	LEVEL	GRADE						
01		1 2			1 2	—			—	— —	1 2 8								
02		1 2			1 2	—			—	— —	1 2 8								
03		1 2			1 2	—			—	— —	1 2 8								
04		1 2			1 2	—			—	— —	1 2 8								
05		1 2			1 2	—			—	— —	1 2 8								
06		1 2			1 2	—			—	— —	1 2 8								
07		1 2			1 2	—			—	— —	1 2 8								

08		1	2				1	2	—					—	—	—	1	2	8				
09		1	2				1	2	—					—	—	—	1	2	8				
10		1	2				1	2	—					—	—	—	1	2	8				
11		1	2				1	2	—					—	—	—	1	2	8				
12		1	2				1	2	—					—	—	—	1	2	8				
13		1	2				1	2	—					—	—	—	1	2	8				
14		1	2				1	2	—					—	—	—	1	2	8				
15		1	2				1	2	—					—	—	—	1	2	8				

***CODES FOR ED6B**

- 00. School has closed/has no teachers
- 01. Financial constraints
- 02. Caring for the sick
- 03. Household business responsibilities
- 04. Other household responsibilities
- 05. Not interested
- 06. Graduated/finished schooling/satisfied

- 07. Marriage/pregnancy related
- 08. School too far
- 09. To work/Looking for work
- 10. Sick/ill
- 11. School holiday
- 98. Other (specify) _____

MODULE 3: EMPLOYMENT					EM
ASK QUESTIONS FOR HOUSEHOLD MEMBERS					
EM1.	EM1A.	EM2.		EM3.	EM4.
LINE NO.	Name	Is name under 5 years of age? YES ⇒ 1 NO ⇒ 2		IF (NAME) IS 5 YEARS AND ABOVE ASK EM3 AND EM4	
				What was (NAME'S) main activity in the last 12 months? (SEE CODES BELOW)	What other main activity did (NAME) engage in the last 12 months? (SEE CODES BELOW)
LINE	COPY NAMES FROM HL2	YES	NO	ACTIVITY	ACTIVITY
01		1	2	— —	— —
02		1	2	— —	— —
03		1	2	— —	— —
04		1	2	— —	— —
05		1	2	— —	— —
06		1	2	— —	— —
07		1	2	— —	— —
08		1	2	— —	— —
09		1	2	— —	— —
10		1	2	— —	— —
11		1	2	— —	— —
12		1	2	— —	— —
13		1	2	— —	— —
14		1	2	— —	— —
15		1	2	— —	— —

*CODES FOR EM3 AND EM4	
01. Paid employee-permanent	07. Unemployed
02. Paid employee-casual/ temporary/ contract/ seasonal	08. Student
03. Employer	09. Homemaker
04. Own account worker (agriculture-related)	10. Retired with pension
05. Own account worker (other)	11. Retired without pension
06. Unpaid family worker	
	96. Does nothing else
	98. Other (specify) _____

MODULE 4: WATER AND SANITATION		WS
WS1. What is the main source of drinking water for members of your household?	PIPED WATER Piped into dwelling 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Tubewell/Borehole 21 DUG WELL Protected well 31 Unprotected well 32 WATER FROM SPRING Protected Spring41 Unprotected Spring 42 Rainwater collection..... .51 Tanker-truck..... 61 Cart with small tank/drum 71 SURFACE WATER River/stream/Dam/lake/pond/canal/ irrigation channel) 81 Bottled (distilled) water 91 Other (<i>specify</i>) 96	11⇒WS4A 12⇒WS4A
WS2. What is the main source of water used by your household for other purposes such as cooking and hand washing?	PIPED WATER Piped into dwelling 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Tubewell/Borehole 21 DUG WELL Protected well 31 Unprotected well 32 WATER FROM SPRING Protected Spring41 Unprotected Spring 42 Rainwater collection..... .51 Tanker-truck..... 61 Cart with small tank/drum 71 SURFACE WATER River/stream/Dam/lake/pond/canal/ irrigation channel) 81 Bottled (distilled) water 91 Other (<i>specify</i>) 96	11⇒WS4A 12⇒WS4A
WS3. How long does it take to go there, get water, and come back?	No. of minutes..... <input type="text"/> <input type="text"/> <input type="text"/> Water on premises..... 995 DK..... 998	995⇒WS4A
WS4. Who usually goes to this source to fetch the water for your household? <i>PROBE:</i> Is this person under age 15? What sex? CIRCLE CODE THAT BEST DESCRIBES THIS PERSON.	Adult woman 01 Adult man..... 02 Female (under 15 years) 03 Male (under 15 years)..... 04 DK..... 98	

WS4A. What is the availability of this source of water used for drinking?	Seasonal.....1 Perennial.....2 DK 3	
WS4C. Is there water available today from this source?	Yes.....1 No.....2 DK.....8	
WS5. Do you treat your water in any way to make it safer to drink?	Yes..... 1 No 2 DK..... 8	2⇒WS7 8⇒WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? <i>RECORD ALL ITEMS MENTIONED.</i>	Boil A Add bleach/chlorine (Jik)/ alloy B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle..... F Add water treatment tablet G Other (<i>specify</i>)..... X DK..... Z	
WS7. What kind of toilet facility do members of your household usually use? <i>IF "FLUSH" OR "POUR FLUSH", PROBE: Where does it flush to?</i> <i>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</i>	Flush/pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place/not sure/ DK where15 Ventilated Improved Pit latrine (VIP) (Blair toilet)..... 21 Pit latrine with slab..... 22 Pit latrine without slab/open pit..... 23 Compositing toilet/ Arbo loo 31 Bucket toilet 41 No facilities/bush/ field 95 Other (<i>specify</i>)..... 96	95⇒ WS10 96⇒ WS10
WS7A. Is toilet facility functional or not? <i>REQUEST TO SEE TOILET FACILITY AND RECORD WHETHER FUNCTIONAL OR NOT</i>	Yes.....1 No.....2 DK.....8	
WS8. Do you share this facility with other households?	Yes..... 1 No 2	2⇒ WS10

<p>WS9. How many households in total use this toilet facility?</p>	<p>No. of households (if less than 10) <input type="text" value="0"/> <input type="text"/></p> <p>Ten or more households..... 10</p> <p>DK..... 98</p>	
<p>WS10. How does your household dispose of refuse (solid waste)?</p>	<p>Collected 11</p> <p>Dump into public container 21</p> <p>Public dump 22</p> <p>Dump elsewhere..... 23</p> <p>Burned by household..... 31</p> <p>Buried by household..... 32</p> <p>Rubbish pit 33</p> <p>Other (<i>specify</i>)..... 96</p>	

MODULE 5: HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religious affiliation of the head of this household?	Roman Catholic.....	11
	Protestant.....	12
	Pentecostal.....	13
	Apostolic sect.....	14
	Other Christians.....	15
	Moslem.....	21
	Traditional.....	31
	No Religion.....	41
	Other (<i>specify</i>).....	96
DK.....	98	
HC1B. What is the main language used by the head of household?	Shona.....	11
	Ndebele.....	12
	English.....	13
	Other language (<i>specify</i>).....	96
	DK.....	98
HC2. How many rooms in this household are used for sleeping?	No. of rooms.....	<input type="text"/> <input type="text"/>
HC3. Main material of the dwelling floor: RECORD OBSERVATION.	Natural floor	
	Earth/sand/dung.....	11
	Rudimentary floor	
	Wood planks.....	21
	Finished floor	
	Parquet or polished wood.....	31
	Vinyl or asphalt strips.....	32
	Ceramic tiles.....	33
	Cement.....	34
Carpet.....	35	
Other (<i>specify</i>).....	96	
HC3A. Type of dwelling unit? RECORD OBSERVATION.	Traditional.....	11
	Mixed.....	12
	Detached.....	21
	Semi-detached.....	31
	Flat/Town home.....	41
	Shacks.....	42
	Other (<i>specify</i>).....	96

<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural roofing No Roof..... 11 Thatch..... 12</p> <p>Rudimentary Roofing Rustic mat..... 21 Wood planks..... 23</p> <p>Finished roofing Metal..... 31 Wood..... 32 Asbestos..... 33 Tiles..... 34 Cement..... 35</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>HC5. Main material of the walls.</p> <p><i>(RECORD OBSERVATION)</i></p>	<p>Natural walls Cane/ trunks..... 11 Mud (Pole and dagger)..... 12</p> <p>Rudimentary walls Stone with mud..... 22 Plywood..... 24 Carton..... 25 Reused wood..... 26</p> <p>Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks..... 33 Cement blocks..... 34 Wood planks/shingles..... 36</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>HC6. What type of fuel does your household mainly use for cooking?</p>	<p>Electricity..... 11 Liquefied Petroleum Gas (LPG)..... 21 Biogas..... 22 Kerosene..... 23 Charcoal..... 31 Wood..... 32 Crop residue/sawdust..... 41 Animal waste..... 51 None, no cooking..... 61 Gel..... 71</p> <p>Other (<i>specify</i>)..... 96</p>	<p>11⇒HC8 21⇒HC8 22⇒HC8</p> <p>61⇒HC9</p>
<p>HC7. In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>PROBE FOR TYPE.</i></p>	<p>Open fire..... 1 Open stove/coal pot..... 2 Closed stove..... 3</p> <p>Other (<i>specify</i>)..... 6</p>	
<p>HC8. Is the cooking usually done in the house, in a separate building, or outdoors?</p>	<p>In the house..... 1 In a separate building..... 2 Outdoors..... 3 Other (<i>specify</i>)..... 6</p>	

HC9. Does your household have: Electricity? Radio? Television? Mobile telephone? Non-Mobile Telephone? Refrigerator? Satellite dish Computer Laptop? Deep Freezer? DVD/VCD?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile Telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-Mobile Telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Satellite dish</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Laptop computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Deep Freezer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DVD/VCD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Mobile Telephone	1	2	Non-Mobile Telephone	1	2	Refrigerator.....	1	2	Satellite dish	1	2	Computer	1	2	Laptop computer	1	2	Deep Freezer	1	2	DVD/VCD	1	2															
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HC9A. Does your household have electric power now?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes.....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>DK.....</td> <td style="text-align: center;">8</td> <td></td> </tr> </tbody> </table>	Yes.....	1		No.....	2		DK.....	8																																											
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HC10. Does any member of your household own: Bicycle? Motorcycle or scooter? Animal-drawn cart? Car or truck? Canoe/Boat without a motor? Canoe/Boat with a motor? Wheel Barrow?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Canoe/Boat without a motor?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wheel barrow</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Bicycle	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Canoe/Boat without a motor?	1	2	Boat with motor.....	1	2	Wheel barrow	1	2																											
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HC11. Does any member of this household own any land that can be used for agriculture?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes	1		No	2		2⇒HC13																																												
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HC12. How many hectares of agricultural land do members of this household own? IF MORE THAN 97, RECORD 97 IN RESPECTIVE BOXES.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Hectares.....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>DK.....</td> <td style="text-align: center;">998</td> <td></td> </tr> </tbody> </table>	Hectares.....	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			DK.....	998																																												
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HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes	1		No	2		2⇒ NEXT MODULE																																												
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HC14. How many of the following animals does this household have? Cattle? Horses, Donkeys, or Mules? Goats? Sheep? Pig? Other farm animal (<i>specify</i>) Chickens? Other poultry? (<i>specify</i>) Other? (<i>specify</i>)	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Cattle.....</td> <td style="width: 40%;"></td> </tr> <tr> <td>Horses, Donkeys, or Mules..</td> <td></td> </tr> <tr> <td>Goats.....</td> <td></td> </tr> <tr> <td>Sheep.....</td> <td></td> </tr> <tr> <td>Pigs</td> <td></td> </tr> <tr> <td>Other farm animal.....</td> <td></td> </tr> <tr> <td>Chickens.....</td> <td></td> </tr> <tr> <td>Other poultry.....</td> <td></td> </tr> <tr> <td>Other (specify).....</td> <td></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>	Cattle.....		Horses, Donkeys, or Mules..		Goats.....		Sheep.....		Pigs		Other farm animal.....		Chickens.....		Other poultry.....		Other (specify).....																																		
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IF NONE, RECORD '0000'. IF MORE THAN 9997, RECORD '9997'. IF UNKNOWN, RECORD '9998'.																																																				

MODULE 6: ENVIRONMENTAL ASSESSMENT		EN
<i>RECORD YOUR OBSERVATION. DO NOT ASK THE RESPONDENT THESE QUESTIONS</i>		
EN1. What is the general condition of the neighborhood with respect to garbage disposal?	Lots of uncollected garbage 01 Some uncollected garbage 02 Very little garbage 03 No garbage visible 04 Other (SPECIFY) _____ 96	
EN2. What is the general condition of the area immediately around the house with respect to excreta removal?	Heavy defecation in area/raw sewage running close to house 01 Some defecation in area/raw sewage near house 02 Very little excreta visible 03 No excreta visible 04 Very clean, recently swept 05 OTHER (SPECIFY) _____ 96	
EN3. What is the area around the respondent's house used for?	Mostly residential houses 01 Mostly commercial buildings 02 Mostly open space, used for farming/livestock 03 Mostly open space, not used 04 Mostly factories/manufacturing/industrial buildings 05 Other (SPECIFY) _____ 96	
EN4. How would you describe the air quality in the neighborhood? (RECORD ALL THAT APPLY)	Smell of burning garbage A Smoky because of fires for cooking, etc. B Smell of bad water/sewerage C Fumes from cars/trucks D Fumes/smell from factories E Very dusty F None of the above Y	

MODULE 7: INSECTICIDE TREATED MOSQUITO NETS		TN
TN1. Does your household have any mosquito net that can be used while sleeping?	Yes 1 No..... 2	2⇒NEXT MODULE
TN2. How many mosquito nets does your household have? <i>IF 7 OR MORE NETS, RECORD '7'.</i>	Number of nets <input type="text"/>	
TN3. Is the net (are any of the nets) any of the following brands: <i>READ EACH BRAND NAME, SHOW PICTURE CARD, AND CIRCLE CODES FOR YES OR NO FOR EACH BRAND. IF POSSIBLE, OBSERVE THE NET TO VERIFY BRAND.</i>		
LONG-LASTING TREATED NETS: TN3L1. Olyset? TN3L2. Permanet	Y N DK Long-lasting treated nets: Olyset 1 2 8 Permanet..... 1 2 8	
PRE-TREATED NETS: TN3p1. KO Tab 123 TN3P2. Iconet	Pre-treated nets: KO Tab 123..... 1 2 8 Iconet 1 2 8	
TN3o4. Other (<i>specify</i>)?	Other (<i>specify</i>) _____ 1 2 8	
TN3o4. DK brand	DK brand 1 2 8	
TN3A. Where did you get the (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) mosquito net? ASK QUESTION IN RELATION TO THE MOST EFFECTIVE MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.	Public sector Central hospital 11 Provincial hospital 12 District hospital..... 13 Rural hospital/Health centre/clinic..... 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic..... 21 Private physician 22 Private pharmacy 23 Other private medical (<i>specify</i>) _____ 26 Other source Relative or friend 31 Shop 32 Imported 33 Mission facility 41 Other (<i>specify</i>) 96 DK 98	

<p>TN4. CHECK TN3 FOR BRAND OF NET(S). GO THROUGH THE ABOVE LIST IN ORDER UNTIL ONE BOX IS CHECKED AND FOLLOW INSTRUCTIONS:</p> <p>1. <input type="checkbox"/> LONG-LASTING TREATED NET (OLYSET OR PERMANET) MENTIONED? ⇒ GO TO NEXT MODULE</p> <p>2. <input type="checkbox"/> PRE-TREATED NET (KO TAB 123 OR ICONET) MENTIONED? ⇒ GO TO TN6</p> <p>3. <input type="checkbox"/> OTHER (SPECIFY) MENTIONED? ⇒ CONTINUE WITH TN5</p>		
<p>TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes 1 No..... 2 DK/not sure 8</p>	
<p>TN6. How many months ago was the (most recent) net obtained?</p> <p><i>IF LESS THAN 1 MONTH AGO, RECORD '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95 Not sure..... 98</p>	
<p>TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒NEXT MODULE 8⇒NEXT MODULE</p>
<p>TN8. How long ago was the most recent soaking/dipping done?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'. IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95 Not sure..... 98</p>	

MODULE 8: CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS					OV
<p>OV1. CHECK HL5: ANY CHILDREN 0-17?</p> <p><input type="checkbox"/> YES ⇒ CONTINUE TO OV2</p> <p><input type="checkbox"/> NO ⇒ NEXT MODULE</p>					
OV2. I would like you to think back over the past 12 months. Has any usual member of your household died in the last 12 months?	Yes	1	No	2	2⇒OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) were any of these people between the ages of 18 and 59	Yes	1	No	2	2⇒OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59 were any of these people seriously ill for 3 of the 12 months before he/she died?	Yes	1	No	2	1⇒OV8
<p>OV5. RETURN TO THE HOUSEHOLD LISTING AND CHECK THE FOLLOWING:</p> <p>1. CHECK TOTALS FOR HL9 AND HL11. <input type="checkbox"/> AT LEAST ONE MOTHER OR FATHER DEAD. ⇒ GO TO OV8 <input type="checkbox"/> NO MOTHER OR FATHER DEAD</p> <p>2. CHECK TOTALS FOR HL8A. <input type="checkbox"/> AT LEAST ONE ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS ⇒ GO TO OV8 <input type="checkbox"/> NO ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS</p> <p>3. CHECK TOTALS FOR HL10A AND HL12A. <input type="checkbox"/> AT LEAST ONE MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇒ GO TO OV8 <input type="checkbox"/> NO MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇒ GO TO NEXT MODULE</p>					
<p>OV8. LIST ALL CHILDREN AGED 0-17 BELOW. RECORD NAMES, LINE NUMBERS AND AGES OF ALL CHILDREN, BEGINNING WITH THE FIRST CHILD AND CONTINUE IN ORDER IN WHICH LISTED IN THE HOUSEHOLD LISTING MODULE. USE A CONTINUATION SHEET IF THERE ARE MORE THAN 4 CHILDREN AGE 0-17 IN THE HOUSEHOLD. ASK ALL QUESTIONS FOR ONE CHILD BEFORE MOVING TO THE NEXT CHILD.</p>					
	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD	
NAME (FROM HL2)	_____	_____	_____	_____	
LINE NUMBER (FROM HL1)	__ __	__ __	__ __	__ __	
AGE (FROM HL5)	__ __	__ __	__ __	__ __	
<p>OV9. I would like to ask you about any formal, organized help or support that your household may have received for (NAME) and for which you did not have to pay. By formal organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based. Remember this should be support for which you did not pay.</p>					
OV10. Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine?	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	
OV11. In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home?	Yes..... 1 No 2 ⇒ OV13 DK..... 8	Yes..... 1 No 2 ⇒ OV13 DK..... 8	Yes..... 1 No 2 ⇒ OV13 DK..... 8	Yes..... 1 No 2 ⇒ OV13 DK..... 8	
OV12. Did your household receive any of this support in the past 3 months?	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	

OV13. In the last 12 months, has your household received any material support for (NAME), such as clothing, food or financial support?	Yes.....1 No2 ⇒OV15 DK.....8	Yes.....1 No2 ⇒OV15 DK.....8	Yes.....1 No2 ⇒OV15 DK.....8	Yes.....1 No2 ⇒OV15 DK.....8
OV14. Did your household receive any of this support in the past 3 months?	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8
OV15. In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services?	Yes.....1 No2 ⇒ OV17 DK.....8	Yes.....1 No2 ⇒ OV17 DK.....8	Yes.....1 No2 ⇒ OV17 DK.....8	Yes.....1 No2 ⇒ OV17 DK.....8
OV16. Did your household receive any of this support in the past 3 months?	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8	Yes.....1 No2 DK.....8
OV17. CHECK OV8 FOR AGE OF CHILD:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
OV18. In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books, fees, uniforms or supplies?	Yes.....1 No2 DK.....8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8

MODULE 9: POVERTY AND HOUSEHOLD RESOURCES		PV
<p><i>READ THIS TO RESPONDENT AND PROCEED WITH THE QUESTIONS THAT FOLLOW NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON HEALTH CARE AND MEDICINES IN THE LAST MONTH.</i></p>		
<p>PV1. In the past month, what was the total amount of money spent by your household on health care and medicines? Please include costs of visits to doctors, clinics, hospitals, traditional healers, transportation to and from those places and medicines you have bought.</p>	<p>US \$ 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>SA Rand 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Zim \$ 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p>PV2. In the past month, what was the total value of any help for health care and medicine received by this household from friends, relatives, employers, or organizations?</p>	<p>US \$ 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>SA Rand 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Zim \$ 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p><i>NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON EDUCATION SINCE THE BEGINNING OF THIS YEAR</i></p>		
<p>PV3. Since the beginning of January, what was the total amount of money spent by your household on expenses related to the education of children in this household? Include expenses such as school fees, uniforms, books, and transportation.</p>	<p>US \$ 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>SA Rand 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Zim \$ 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p>PV4. Since the beginning of January, what was the total value of any education-related help received by this household? Please Include any scholarships, help with fees, uniforms, books, etc.</p>	<p>US \$ 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>SA Rand 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Zim \$ 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p><i>NOW, I WOULD LIKE TO ASK YOU WHETHER YOU OR ANYONE ELSE IN THIS HOUSEHOLD RECEIVED ANY FINANCIAL OR OTHER HELP OR SUPPORT FOR WHICH YOU DID NOT HAVE TO PAY</i></p>		
<p>PV5. Did anyone in your household receive any such support during the last 6 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 3</p>	<p>2 ⇒ END QUESTION NAIRE</p> <p>3 ⇒ END QUESTION NAIRE</p>
<p>PV6. Who provided you with help?</p> <p>(CIRCLE ALL THAT APPLY)</p>	<p>Family members living in Zimbabwe A</p> <p>Family members living outside Zimbabwe B</p> <p>Neighbors in this community C</p> <p>Friends living in Zimbabwe D</p> <p>Friends living outside Zimbabwe E</p> <p>Local organizations or charities/NGO F</p> <p>Local government, chiefs, etc G</p> <p>Central government H</p> <p>Missions or religious organizations I</p> <p>Other (Specify) _____ X</p>	

<p>PV7. What sort of help did you receive?</p> <p style="text-align: center;"><i>(CIRCLE ALL THAT APPLY)</i></p>	<p>Cash A</p> <p>Food B</p> <p>Reduced school fees, help with schooling expenses C</p> <p>Reduced medical fees, help with health problems D</p> <p>Inputs for farm or non farm business E</p> <p>Help by providing time F</p> <p>Other (specify) _____ X</p>
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END QUESTIONNAIRE