

ENGLISH			
SECTION 1: RESPONDENT'S BACKGROUND			
	QUESTIONS	RESPONSES	SKIPS
101	RECORD THE TIME INTERVIEW BEGINS USE 24 HOUR TIME	a. HOUR [6-20] <input type="text"/> <input type="text"/> b. MINUTES [0-59] <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	a. MONTH [1-12] <input type="text"/> <input type="text"/> DON'T KNOW MONTH 88 b. YEAR [1993-2003] <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 8888	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT	AGE IN COMPLETED YEARS [10-19] <input type="text"/> <input type="text"/> IF AGE IS 9 OR YOUNGER OR 20 OR OLDER	→ END INT
104	Have you ever been married or lived together with a man as if married?	YES 1 NO 2	→ END INT
105	In what province were you born?	CENTRAL 1 COPPERBELT 2 EASTERN 3 LUAPULA 4 LUSAKA 5 NORTHERN 6 NORTH-WESTERN 7 SOUTHERN 8 WESTERN 9 MUCHINGA 10 OUTSIDE ZAMBIA 11 DON'T KNOW 88	
106	What is the name of the place where you are currently living?	_____	
107	How long have you been living continuously in [name of current place of residence]? IF LESS THAN ONE YEAR, RECORD '0' YEARS	YEARS [0-19] <input type="text"/> <input type="text"/> ALWAYS 77 DON'T KNOW 88	→ 110
108	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
109	a. What is the name of the place where you formerly lived?	_____	
	b. What district is this place in?	_____	

	c. What province is this place in?	CENTRAL 1 COPPERBELT 2 EASTERN 3 LUAPULA 4 LUSAKA 5 NORTHERN 6 NORTH-WESTERN 7 SOUTHERN 8 WESTERN 9 MUCHINGA 10 OUTSIDE ZAMBIA 11 DON'T KNOW 88																															
110	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS [1-80] <input type="text"/> <input type="text"/> NONE 0 DON'T KNOW 88	→ 112																														
111	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2																															
112	What tribe do you belong to? RECORD ALL MENTIONED	LOZI 1 NYANJA 2 TONGA 3 LUNDA 4 BEMBA 5 KAONDE 6 LUVALE 7 NON-ZAMBIAN 8 OTHER (SPECIFY____) 96																															
113	What language(s) do you speak at home? RECORD ALL MENTIONED	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a. ENGLISH</td><td>1</td><td>2</td></tr> <tr><td>b. NYANJA</td><td>1</td><td>2</td></tr> <tr><td>c. BEMBA</td><td>1</td><td>2</td></tr> <tr><td>d. KAONDE</td><td>1</td><td>2</td></tr> <tr><td>e. TONGA</td><td>1</td><td>2</td></tr> <tr><td>f. LUVALE</td><td>1</td><td>2</td></tr> <tr><td>g. LUNDA</td><td>1</td><td>2</td></tr> <tr><td>h. LOZI</td><td>1</td><td>2</td></tr> <tr><td>i. OTHER (SPECIFY____)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a. ENGLISH	1	2	b. NYANJA	1	2	c. BEMBA	1	2	d. KAONDE	1	2	e. TONGA	1	2	f. LUVALE	1	2	g. LUNDA	1	2	h. LOZI	1	2	i. OTHER (SPECIFY____)	1	2	
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114	Can you speak any other languages well enough to have a conversation? [IF YES, ASK:] Which ones? RECORD ALL MENTIONED	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a. ENGLISH</td><td>1</td><td>2</td></tr> <tr><td>b. NYANJA</td><td>1</td><td>2</td></tr> <tr><td>c. BEMBA</td><td>1</td><td>2</td></tr> <tr><td>d. KAONDE</td><td>1</td><td>2</td></tr> <tr><td>e. TONGA</td><td>1</td><td>2</td></tr> <tr><td>f. LUVALE</td><td>1</td><td>2</td></tr> <tr><td>g. LUNDA</td><td>1</td><td>2</td></tr> <tr><td>h. LOZI</td><td>1</td><td>2</td></tr> <tr><td>i. OTHER (SPECIFY____)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a. ENGLISH	1	2	b. NYANJA	1	2	c. BEMBA	1	2	d. KAONDE	1	2	e. TONGA	1	2	f. LUVALE	1	2	g. LUNDA	1	2	h. LOZI	1	2	i. OTHER (SPECIFY____)	1	2	
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115	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 NO RELIGION 5 OTHER (SPECIFY____) 96	→ 120																														

116	When was the last time you attended religious services at a church or mosque?	TODAY IN THE LAST WEEK IN THE LAST MONTH 2-5 MONTHS AGO 6 MONTHS OR MORE AGO NEVER	1 2 3 4 5 6	→ 118																																				
117	What is the name and denomination of the church/mosque you usually attend? Do you attend any other church/mosque? RECORD ALL MENTIONED	_____ _____																																						
118	What other religious activities have you done in the last month? READ ALL OPTIONS	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a. CHOIR</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. YOUTH GROUP</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. BIBLE/KORAN STUDY</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. PRAYER MEETING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. VISITING THE SICK</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. REVIVAL MEETINGS</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. EVANGELICAL WORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. ISLAMIC SCHOOL/MADRASSA</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. NIGHT PRAYERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>j. FASTING</td> <td>1</td> <td>2</td> </tr> <tr> <td>k. OTHER (SPECIFY _____)</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a. CHOIR	1	2	b. YOUTH GROUP	1	2	c. BIBLE/KORAN STUDY	1	2	d. PRAYER MEETING	1	2	e. VISITING THE SICK	1	2	f. REVIVAL MEETINGS	1	2	g. EVANGELICAL WORK	1	2	h. ISLAMIC SCHOOL/MADRASSA	1	2	i. NIGHT PRAYERS	1	2	j. FASTING	1	2	k. OTHER (SPECIFY _____)	1	2		
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119	[IF MUSLIM:] Have you made Tauba? [IF CHRISTIAN:] Are you a born again Christian?	YES NO	1 2																																					
120	[IF AGE IS 16-19:] Do you have a National Registration Card (NRC)?	YES NO	1 2																																					

SECTION 2: RESPONDENT'S BIOLOGICAL PARENTS

	QUESTIONS	RESPONSES	SKIPS
201	Is your biological mother still living?	YES NO DON'T KNOW	1 2 88 → 203 → 208
202	What age were you when she died?	AGE [0-19] DON'T KNOW	<input type="text"/> <input type="text"/> 88 → 208 ALL
203	Does your biological mother reside in the household in which you live?	YES NO	1 2
204	What is your biological mother's current marital status?	NEVER MARRIED MARRIED SEPARATED DIVORCED WIDOWED DON'T KNOW	1 2 3 4 5 88 → 206 → 206 → 206 → 206 → 206
205	Is your biological mother married to your biological father?	YES NO DON'T KNOW	1 2 88

206	Does your biological mother work to earn cash to help support the family?	YES NO DON'T KNOW	1 2 88	→ 208 → 208																																				
207	What type of activities does your biological mother do to earn cash to support the family? RECORD ALL MENTIONED	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a. SUBSISTENCE FARMING</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. COMMERCIAL FARMING</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. LIVESTOCK FARMING</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. MINE LABOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. FORMAL/SALARIED EMPLOYMEI</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. PIECEWORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. SKILLED ARTISAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. BUSINESS/SELF-EMPLOYMENT</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. MARKET VENDOR/SELLERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>j. DOMESTIC/COOK/GARDEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>k. OTHER</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a. SUBSISTENCE FARMING	1	2	b. COMMERCIAL FARMING	1	2	c. LIVESTOCK FARMING	1	2	d. MINE LABOR	1	2	e. FORMAL/SALARIED EMPLOYMEI	1	2	f. PIECEWORK	1	2	g. SKILLED ARTISAN	1	2	h. BUSINESS/SELF-EMPLOYMENT	1	2	i. MARKET VENDOR/SELLERS	1	2	j. DOMESTIC/COOK/GARDEN	1	2	k. OTHER	1	2		
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208	Did your biological mother ever attend school?	YES NO DON'T KNOW	1 2 88	→ 210 → 210																																				
209	How many grades did your biological mother complete?	GRADE [1-12] HIGHER THAN SECONDARY DID NOT COMPLETE GRADE 1 DON'T KNOW	<input type="text"/> 13 0 88																																					
210	Not including yourself, how many children that your biological mother gave birth to are still living?	TOTAL NUMBER [1-20] NONE DON'T KNOW	<input type="text"/> <input type="text"/> 0 88	→ 212 → 213																																				
211	Of these living children, how many are older, younger, or the same age as you? CHECK CONSISTENCY BETWEEN 210 & 211	<table border="0"> <tr> <td>a. OLDER [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>b. YOUNGER [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>c. SAME AGE (TWINS) [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> </table>	a. OLDER [0-20]	<input type="text"/> <input type="text"/>	b. YOUNGER [0-20]	<input type="text"/> <input type="text"/>	c. SAME AGE (TWINS) [0-20]	<input type="text"/> <input type="text"/>																																
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212	How many of the children that your biological mother gave birth to have died?	TOTAL NUMBER [0-20] DON'T KNOW	<input type="text"/> <input type="text"/> 88																																					
213	Is your biological father still living?	YES NO DON'T KNOW	1 2 88	→ 215 → 221																																				
214	What age were you when he died?	AGE [0-19] DON'T KNOW	<input type="text"/> <input type="text"/> 88	ALL → 221																																				
215	Does your biological father reside in the household in which you live?	YES NO	1 2																																					
216	[IF 205 = YES → 218] What is your biological father's current marital status?	NEVER MARRIED MARRIED	1 2	→ 219																																				

		SEPARATED DIVORCED WIDOWED DON'T KNOW	3 4 5 88	→ 219 → 219 → 219 → 219																																				
218	In total, how many women is your father currently married to?	TOTAL NUMBER [1-20] DON'T KNOW	<input type="text"/> <input type="text"/> 88																																					
219	Does your biological father work to earn cash to help support the family?	YES NO DON'T KNOW	1 2 88	→ 221 → 221																																				
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221	Did your biological father ever attend school?	YES NO DON'T KNOW	1 2 88	→ 223 → 223																																				
222	How many grades did your biological father complete?	GRADE [1-12] HIGHER THAN SECONDARY DID NOT COMPLETE GRADE 1 DON'T KNOW	<input type="text"/> 13 0 88																																					
223	How many children that your biological father had with other women besides your biological mother are still living?	TOTAL NUMBER [0-20] NONE DON'T KNOW	<input type="text"/> <input type="text"/> 00 88	→ 225 → 301																																				
224	Of these living children, how many are older, younger, or the same age as you? CHECK CONSISTENCY BETWEEN 223 & 224	<table border="0"> <tr> <td>a. OLDER [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>b. YOUNGER [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>c. SAME AGE [0-20]</td> <td><input type="text"/><input type="text"/></td> </tr> </table>	a. OLDER [0-20]	<input type="text"/> <input type="text"/>	b. YOUNGER [0-20]	<input type="text"/> <input type="text"/>	c. SAME AGE [0-20]	<input type="text"/> <input type="text"/>																																
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225	How many of the children that your biological father had with other women besides your biological mother have died?	TOTAL NUMBER [0-20] DON'T KNOW	<input type="text"/> <input type="text"/> 88																																					

SECTION 3: RESPONDENT'S SCHOOLING

	QUESTIONS	RESPONSES	SKIPS
301	Have you ever attended school?	YES NO	1 2 → 401

302	At what age did you start primary school?	AGE [4-19] DON'T KNOW	<input type="text"/> <input type="text"/> 88	
303	What is the highest level of school you attended: primary, secondary, or higher (college/university)? [IF HIGHER:] Did you attend a diploma, certificate, or degree program?	PRIMARY SECONDARY HIGHER DIPLOMA HIGHER CERTIFICATE HIGHER DEGREE	1 2 3 4 5	→ 305 → 306 → 306 → 306
304	What is the highest grade you completed at <u>primary</u> school?	GRADE [1-7] DID NOT COMPLETE GRADE 1	<input type="text"/> 0	→ 307 → 313
305	What is the highest grade you completed at <u>secondary</u> school?	GRADE [8-12] DID NOT COMPLETE GRADE 8	<input type="text"/> <input type="text"/> 0	→ 307 → 307
306	How many years of college or university have you completed?	YEARS [1-7] DID NOT COMPLETE YEAR 1	<input type="text"/> 0	
307	[IF 304 < 7 → 313] Did you ever take the Primary School Leaving Certificate Examination (PSLCE)?	YES NO	1 2	→ 309
308	What was your score?	SCORE [0-888] DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> 888	
309	[IF 303 = 1 OR 305 < 9 → 313] Did you ever take the Junior Secondary School Leaving Examination?	YES NO	1 2	→ 311
310	What was your score?	SCORE [0-1000] DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8888	
311	[IF 305 < 12 → 313] Did you ever take the Zambian School Certificate exam?	YES NO	1 2	→ 313
312	What was your score?	SCORE [6-54] DON'T KNOW	<input type="text"/> <input type="text"/> 88	
313	Have you ever attended a trade or vocational school?	YES NO	1 2	
314	Have you attended school at any time during [the 2013/this] school year?	YES NO	1 2	→ 317

315	At what age did you stop attending school?	AGE [4-19] <input type="text"/> <input type="text"/> DON'T KNOW 88	
316	What are the reasons that you left school when you did? DO NOT READ LIST, CHECK ALL MENTIONED	<p>SCHOOL ISSUES</p> <p>Finished primary school 1</p> <p>Not selected to secondary school 2</p> <p>Finished secondary school 3</p> <p>Not doing well at school 4</p> <p>Don't like school/rather do something else 5</p> <p>Problems with/afraid of other students 6</p> <p>Problems with/afraid of teacher 7</p> <p>Travel/distance to school 8</p> <p>Parents/guardian don't want 9</p> <p>FINANCIAL/WORK</p> <p>Financial/Costs 10</p> <p>No money for development funds 11</p> <p>Need to work at home/fields 12</p> <p>Need to work/earn money 13</p> <p>MARRIAGE/BIRTH</p> <p>Marriage 14</p> <p>Pregnancy 15</p> <p>Has baby/nursing baby 16</p> <p>ILLNESS/DEATH</p> <p>Respondent sick/ill 17</p> <p>Illness of HH member 18</p> <p>Death of HH member 19</p> <p>HOUSEHOLD ISSUES</p> <p>Need to look after brothers/sisters 20</p> <p>OTHER ISSUES</p> <p>Other (specify) _____ 96</p>	<p>ALL → 331</p>
317	What is the name of the school you attend?	_____	
318	Is this a primary, a secondary, a higher (college or university), or a trade or vocational school? [IF HIGHER:] Are you in a diploma, certificate, or degree program?	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER DIPLOMA 3</p> <p>HIGHER CERTIFICATE 4</p> <p>HIGHER DEGREE 5</p> <p>TRADE/VOCATIONAL 6</p>	<p>→ 320</p> <p>→ 323</p> <p>→ 323</p> <p>→ 323</p> <p>→ 324</p>
319	Is this <u>primary</u> a community, government, mission, or private school?	<p>COMMUNITY 1</p> <p>GOVERNMENT 2</p> <p>MISSION 3</p> <p>PRIVATE 4</p>	<p>→ 321</p> <p>→ 321</p> <p>→ 321</p> <p>→ 321</p>
320	Is this <u>secondary</u> a community, government, mission, or private school?	<p>COMMUNITY 1</p> <p>GOVERNMENT 2</p> <p>MISSION 3</p> <p>PRIVATE 4</p>	<p>→ 322</p> <p>→ 322</p> <p>→ 322</p> <p>→ 322</p>
321	What grade in <u>primary</u> are you attending this year?	GRADE [1-7] <input type="text"/>	→ 324
322	What grade in <u>secondary</u> are you attending this year?	GRADE [8-12] <input type="text"/> <input type="text"/>	→ 324
323	What year of <u>higher</u> education are you attending	YEARS <input type="text"/>	

	this year?	[1-7]	<input type="text"/>	
324	Do you live at home, at boarding school, or somewhere else to attend school?	LIVE AT HOME 1 BOARDER AT SCHOOL 2 LIVE SOMEWHERE ELSE 3		
325	How did you get to school today/the last day you went to school?	BY FOOT / WALKING 1 OWN BICYCLE/HOUSEHOLD BICYCLE 2 BICYCLE TAXI 3 BUS/MINIBUS/OTHER PUBLIC TRANSPORT 4 PRIVATE VEHICLE 5 OTHER (SPECIFY _____) 96		
326	How long did it take you to get to school today/the last day you went to school?	a. HOURS [0-5] b. MINUTES [0-59] DON'T KNOW 88	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
327	During this school year, how many days of school have you missed?	DAYS MISSED SCHOOL [1-80] NONE 0 DON'T KNOW 88	<input type="text"/> <input type="text"/>	→ 331
328	What were the reasons that you have been absent? RECORD ALL MENTIONED	STUDENT SICK/ILL 1 YOUNGER BROTHER/SISTER SICK 2 OTHER HOUSEHOLD MEMBER SICK 3 MARKET DAY 4 NEEDED TO WORK AT HOME 5 NEEDED TO RUN ERRANDS FOR PARENTS 6 UNIFORM DIRTY 7 PROBLEMS WITH/AFRAID OTHER STUDENT 8 PROBLEMS WITH/AFRAID OF TEACHER 9 MENSTRUATION 10 RATHER DO SOMETHING ELSE 11 WENT TO SEE/WAS WITH BOYFRIEND 12 NEEDED TO WATCH BROTHERS/SISTERS 13 BEREAVEMENT/FUNERAL 14 OTHER (SPECIFY _____) 96		
329	In the past two weeks, how many days was your school in session?	DAYS [0-12]	<input type="text"/> <input type="text"/>	
330	In the past two weeks, how many days did you attend school?	DAYS [0-12]	<input type="text"/> <input type="text"/>	
331	Now I would like to ask about each of the schools and grades you have attended.	FILL IN SCHOOLING HISTORY SHEET		

SECTION 4: WORK, SAVINGS, AND FINANCIAL LITERACY

	QUESTIONS	RESPONSES	SKIPS
401	Yesterday, how much time did you spend doing household chores, such as cooking, cleaning, laundry, collecting firewood, water?	a. HOURS [0-24] b. MINUTES [0-59] DON'T KNOW 88	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>402</p>	<p>Aside from your housework, have you done any work in the last seven days?</p>	<p>YES 1 NO 2</p>	<p>→ 406</p>
<p>403</p>	<p>As you know, some girls take up jobs for which they are paid in cash or kind. Other sell things, have a small business or work on the family farm or in the family business. In the <u>last seven days</u>, have you done any of these things or any other work?</p>	<p>YES 1 NO 2</p>	<p>→ 406</p>
<p>404</p>	<p>Just to be sure, in the last seven days, have you done any chores or activities for which you got paid or were given something in return (for example food, or other goods) or even if you were not paid?</p>	<p>YES 1 NO 2</p>	<p>→ 406</p>
<p>405</p>	<p>Aside from your housework, have you done any work or chores or activities in the <u>last 12 months</u>?</p>	<p>YES 1 NO 2</p>	
<p>406</p>	<p>How old were you the very first time you did any work or activity for pay, whether you were paid in cash or kind, or have you never done any work for pay?</p>	<p>AGE [4-19] <input type="text"/> <input type="text"/> DON'T KNOW AGE 88 NEVER WORKED FOR PAY 0</p>	
<p>407</p>	<p>[IF 405 = NO → 408:] Now I would like to ask about each of the different kinds of activities or work that you have done in the past year.</p>	<p>FILL IN WORK AND WORK INCOME SHEET</p>	
<p>408</p>	<p>I want to talk about the items that a person might own. Do you personally own or have these items?</p> <p>READ LIST; IF 'YES' ask 409</p>	<p>409 Who last gave you [ITEM], gave you money to buy this item, or purchased this item for you?</p> <p><u>USE THE FOLLOWING CODES:</u> [DO NOT READ LIST]</p> <p>SELF- WITH MONEY EARNED 1 MOTHER 2 FATHER 3 OTHER RELATIVE 4 BOYFRIEND 5 SUGAR DADDY 6 MALE FRIEND 7 FEMALE FRIEND 8 GUARDIAN 9 TEACHER 10 OTHER 11</p>	
	<p>a. A BLANKET YES NO 1 2</p>	<p>a. A BLANKET CODE <input type="text"/> <input type="text"/></p>	

	<p>b. A PAIR OF SHOES 1 2</p> <p>c. TWO SETS OF CLOTHES 1 2</p> <p>d. A SCHOOL BAG 1 2</p> <p>e. SOME JEWELRY 1 2</p> <p>f. HAIR CLIPS/RIBBONS 1 2</p> <p>g. A MOBILE TELEPHONE 1 2</p> <p>h. A CLOCK OR A WRIST WATCH 1 2</p> <p>i. A BICYCLE 1 2</p>	<p>b. A PAIR OF SHOES <input type="checkbox"/> <input type="checkbox"/></p> <p>c. TWO SETS OF CLOTHES <input type="checkbox"/> <input type="checkbox"/></p> <p>d. A SCHOOL BAG <input type="checkbox"/> <input type="checkbox"/></p> <p>e. SOME JEWELRY <input type="checkbox"/> <input type="checkbox"/></p> <p>f. HAIR CLIPS/RIBBONS <input type="checkbox"/> <input type="checkbox"/></p> <p>g. A MOBILE TELEPHONE <input type="checkbox"/> <input type="checkbox"/></p> <p>h. A CLOCK OR A WRIST WATCH <input type="checkbox"/> <input type="checkbox"/></p> <p>i. A BICYCLE <input type="checkbox"/> <input type="checkbox"/></p>																																																	
410s	<p>Now I am going to ask you several questions about different issues related to your use of money, including spending money, and savings. We know that some girls have money to spend and save and others don't. So, there are no right or wrong answers, just answer as honestly as you can.</p>																																																		
410	<p>In the past year, did you spend any money on your daily needs, other odds and ends, or other expenses?</p>	<p>YES 1</p> <p>NO 2</p>	→ 413																																																
411	<p>In the past year, when you spent money on your daily needs, other odds and ends, or other expenses, where did you get that money from?</p> <p>RECORD ALL MENTIONED</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a. MOTHER</td><td>1</td><td>2</td></tr> <tr><td>b. FATHER</td><td>1</td><td>2</td></tr> <tr><td>c. GUARDIAN YOU LIVE WITH</td><td>1</td><td>2</td></tr> <tr><td>d. OTHER RELATIVES</td><td>1</td><td>2</td></tr> <tr><td>e. FRIEND</td><td>1</td><td>2</td></tr> <tr><td>f. BOYFRIEND</td><td>1</td><td>2</td></tr> <tr><td>g. SUGAR DADDY</td><td>1</td><td>2</td></tr> <tr><td>h. STRETCHING MONEY</td><td>1</td><td>2</td></tr> <tr><td>i. OWN SAVINGS</td><td>1</td><td>2</td></tr> <tr><td>j. SAVINGS GROUP/ICHILIMBA</td><td>1</td><td>2</td></tr> <tr><td>k. CASUAL JOBS/CHORES</td><td>1</td><td>2</td></tr> <tr><td>l. STEADY JOB</td><td>1</td><td>2</td></tr> <tr><td>m. CASH TRANSFERS</td><td>1</td><td>2</td></tr> <tr><td>n. SPONSOR</td><td>1</td><td>2</td></tr> <tr><td>o. OTHER (SPECIFY _____)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a. MOTHER	1	2	b. FATHER	1	2	c. GUARDIAN YOU LIVE WITH	1	2	d. OTHER RELATIVES	1	2	e. FRIEND	1	2	f. BOYFRIEND	1	2	g. SUGAR DADDY	1	2	h. STRETCHING MONEY	1	2	i. OWN SAVINGS	1	2	j. SAVINGS GROUP/ICHILIMBA	1	2	k. CASUAL JOBS/CHORES	1	2	l. STEADY JOB	1	2	m. CASH TRANSFERS	1	2	n. SPONSOR	1	2	o. OTHER (SPECIFY _____)	1	2	
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412	<p>Now I would like to ask about each of the things that you might have spent money on in the past year.</p>	FILL IN EXPENSES SHEET																																																	
413	<p>Have you saved, or put money aside to use at a later time, in the past year?</p>	<p>YES 1</p> <p>NO 2</p>	→ 423																																																
414	<p>Are you saving for something specific?</p>	<p>YES 1</p> <p>NO 2</p>	→ 418																																																

415	How many Kwacha have you saved already?	REBASED KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [List of ranges] DON'T KNOW 88888		
416	How many more Kwacha would you like to save?	REBASED KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [List of ranges] DON'T KNOW 88888		
417	How long do you think it will take you to save this amount of Kwacha?	a. YEARS [0-10] <input type="text"/> <input type="text"/> b. MONTHS [0-11] <input type="text"/> <input type="text"/> c. DAYS [0-29] <input type="text"/> <input type="text"/> DON'T KNOW 88 ALL → 422		
418	What are you saving for? DO NOT READ LIST IF 'YES' ASK 419, 420, and 421	419 How many Kwacha have you saved already for [...]??	420 How many more Kwacha do you need to save to reach your savings goal for [...]??	421 How long will it take you to save this amount that you need for [...]??
		YES NO KWACHA REBASED [List of ranges] a. <input type="text"/> b. <input type="text"/> c. <input type="text"/> d. <input type="text"/> e. <input type="text"/> f. <input type="text"/> g. <input type="text"/> h. <input type="text"/> i. <input type="text"/> j. <input type="text"/> k. <input type="text"/>	KWACHA REBASED [List of ranges] a. <input type="text"/> b. <input type="text"/> c. <input type="text"/> d. <input type="text"/> e. <input type="text"/> f. <input type="text"/> g. <input type="text"/> h. <input type="text"/> i. <input type="text"/> j. <input type="text"/> k. <input type="text"/>	YRS MTS DYS [0-10] [0-11] [0-29] a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> <input type="text"/> e. <input type="text"/> <input type="text"/> <input type="text"/> f. <input type="text"/> <input type="text"/> <input type="text"/> g. <input type="text"/> <input type="text"/> <input type="text"/> h. <input type="text"/> <input type="text"/> <input type="text"/> i. <input type="text"/> <input type="text"/> <input type="text"/> j. <input type="text"/> <input type="text"/> <input type="text"/> k. <input type="text"/> <input type="text"/> <input type="text"/>

	l. MEDICAL EXPENSES FOR OTHER 1 2 m. TRANSPORT/TRIPS 1 2 n. OTHER (SPECIFY _____) 1 2	l. <input type="text"/> m. <input type="text"/> n. <input type="text"/>	l. <input type="text"/> m. <input type="text"/> n. <input type="text"/>	l. <input type="text"/> <input type="text"/> <input type="text"/> m. <input type="text"/> <input type="text"/> <input type="text"/> n. <input type="text"/> <input type="text"/> <input type="text"/>	
422	Now I would like to ask about the places where you have saved your money in the past year.	FILL IN SAVINGS SHEET			
423	Does any member of your household, not including yourself, have a bank account or a loan from a bank?	BANK ACCOUNT 1 LOAN 2 BANK ACCOUNT AND LOAN 3 NO 4 DON'T KNOW 88			→ 425 → 425
424	What is the name of the bank(s) they use? DO NOT READ LIST RECORD ALL MENTIONED	ACCESS BANK 1 BARCLAYS 2 FINANCE BANK OF ZAMBIA 3 FIRST NATIONAL BANK (FNB) 4 INDO BANK 5 INVESTRUST BANK 6 NATIONAL SAVINGS AND CREDIT BANK (NATSAVE) 7 STANBIC BANK 8 STANDARD CHARTERED 9 ZAMBIA NATIONAL COMMERCIAL BANK (ZANACO) 10 OTHER 11 DON'T KNOW 88			
425	Now I'm going to read you a story and then ask you some questions about the story: "Each week, Anna Phiri sits down and plans what she will earn and spend in the next week. She writes down all the places where she will get money and all the things she will spend it on. Then she is able to see if she has enough money for all of what she wants to buy."				
426	Do you have such a plan?	YES 1 NO 2			→ 429
427	Is your plan written down?	YES 1 NO 2			
428	Would you say that you follow your plan all of the time, some of the time, rarely, or never?	ALL OF THE TIME 1 SOME OF THE TIME 2 RARELY 3 NEVER 4			
429	What would you call that kind of plan?	BUDGET 1 SAVINGS PLAN 2 FINANCIAL GOAL 3 DON'T KNOW/OTHER 88			
430	Now I'm going to read you another story and then ask you some questions about it:				

	"Chilombo is 17 and has a sister, Pamela, who is married and lives in another town. Pamela just had a baby boy, and Chilombo is eager to visit her sister. Chilombo will need to save money for transport and a small hat for the baby. But she can't take money from her savings because she is saving that money to start her own business. Hopefully, her neighbor will employ her to work extra days in her lodge so she can get the money she needs for her trip."	
431	What is one of Chilombo's short term financial goals?	TRANSPORT TO VISIT HER SISTER 1 BUY A GIFT FOR HER NEPHEW 2 START A BUSINESS 3 OTHER 4 DON'T KNOW 88
432	What is Chilombo's long term financial goal?	TRANSPORT TO VISIT HER SISTER 1 BUY A GIFT FOR HER NEPHEW 2 START A BUSINESS 3 OTHER 4 DON'T KNOW 88
433	What is one <u>formal</u> way of saving your money?	BANK 1 BANK ACCOUNT 2 SAVINGS ACCOUNT 3 HOMEBANK/UNDER MATTRESS/HOLE 4 BOX/CLOSET 5 WITH A FRIEND 6 WITH A PARENT OR GUARDIAN 7 IN A SAVINGS GROUP/KALOMBA/ICHILIMBA 8 SHOPKEEPER 9 INVESTMENTS 10 DON'T KNOW 88
434	What is one <u>informal</u> way of saving your money?	BANK 1 BANK ACCOUNT 2 SAVINGS ACCOUNT 3 HOMEBANK/UNDER MATTRESS/HOLE 4 BOX/CLOSET 5 WITH A FRIEND 6 WITH A PARENT OR GUARDIAN 7 IN A SAVINGS GROUP/KALOMBA/ICHILIMBA 8 SHOPKEEPER 9 INVESTMENTS 10 DON'T KNOW 88
435	Grace would like to buy a new notebook for the next school term which starts in eight weeks. If the notebook costs KR 10 and she can save KR 1 each week, will she reach her goal?	YES 1 NO 2
436	In the situation I described in the previous question, if Grace figured out how much she needed to save each week, and for how many weeks she needed to save in order to reach her goal, what would that be called?	BUDGET 1 SAVINGS PLAN 2 FINANCIAL GOAL 3 DON'T KNOW 88
437	If Grace discovered that she couldn't reach her goal with that plan, what changes could she make so she would still reach her goal?	BUY A CHEAPER NOTEBOOK 1 SAVE MORE EACH WEEK 2 GIVE HERSELF LONGER TIME TO REACH HE 3

		OTHER DON'T KNOW	4 88
438	Do you agree or disagree with the following statement: "Only people with a lot of money can save"?	AGREE DISAGREE	1 2
439	If you could only spend money on one of the following, which would it be? READ ALL OPTIONS	SWEETS FOOD A NEW DRESS	1 2 3
440	When there are weeks, for example, when you have met all your basic needs and at the end of the week you still have KR 10 remaining, what do you usually do with that money?	SAVE/PUT ASIDE FOR FUTURE USE BUY SOMETHING EXTRA DON'T KNOW	1 2 88

SECTION 5: SOCIAL CAPITAL AND NETWORKS

QUESTIONS		RESPONSES			SKIPS																																																																																						
501	Are you a member of any social groups or clubs? For instance, are you a member of ...? READ LIST; IF 'YES' ASK 502 and 503	502 When is the last time you attended this club? 1 = Within last 7 days 2 = Within the last month 3 = More than 1 month ago			503 Do you hold an office or leadership position in this club?																																																																																						
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<p>[FIRST ASK ALL QUESTIONS FOR <u>MALES</u> AND RECORD ANSWERS IN COLUMN A; THEN RETURN TO ASK ALL QUESTIONS FOR <u>FEMALES</u> AND RECORD ANSWERS IN COLUMN B]</p> <p>Now we want to ask about your good friends.</p>																																																																																											
<p>[FRIENDS: 0-80; RECORD 80 IF MORE THAN 80; RECORD 88 IF DON'T KNOW]</p>		<p>A. MALES</p>		<p>B. FEMALES</p>																																																																																							
504	How many good friends do you have who are [MALE/FEMALE]?	<input type="text"/> <input type="text"/> [IF = 0 → "FEMALES"]		<input type="text"/> <input type="text"/> [IF = 0 → 512]																																																																																							
505	How many of these [MALE/FEMALE] friends are currently attending school?	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>																																																																																							

		[IF = 0 → 507]	[IF = 0 → 507]	
506	How many of these [MALE/FEMALE] friends are enrolled in your school?	[IF 301 = NO OR 314 = NO → 507] <input type="text"/> <input type="text"/>	[IF 301 = NO OR 314 = NO → 507] <input type="text"/> <input type="text"/>	
507	How many of these [MALE/FEMALE] friends could you count on if you needed to borrow money?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
508	How many of these [MALE/FEMALE] friends could you count on if you had a problem or in case of emergency?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
509	[IF AGE IS 10-14 → 512] How many of these [MALE/FEMALE] friends would you say have already started having sex?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
510	How many of these [MALE/FEMALE] friends are married?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
511	How many of these [MALE/FEMALE] friends have children of their own?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
512	[ADD THE NUMBER OF MALE AND FEMALE FRIENDS IN 504; IF THE TOTAL IS 0 → 601] Please take time to think about your three closest friends. Friends that you share information with and who you can trust with your personal information.	FILL IN SOCIAL NETWORKS SHEET		

SECTION 6: SELF-EFFICACY, LOCUS OF CONTROL, AND GENDER ATTITUDES

	QUESTIONS	RESPONSES	SKIPS
	SELF-EFFICACY		
	Now, I am going to read you some statements, please tell me if you agree or disagree with them.		
601	I can always manage to solve difficult problems if I try hard enough.	AGREE DISAGREE	1 2
602	If someone is against me, I can still find ways to get what I want.	AGREE DISAGREE	1 2
603	It is easy for me to focus on my aims and accomplish my goals.	AGREE DISAGREE	1 2

604	I am confident that I could handle unexpected events very well.	AGREE DISAGREE	1 2	
605	Because of the help I can get, I know how to manage unexpected situations.	AGREE DISAGREE	1 2	
606	I can solve most problems if I make the necessary effort.	AGREE DISAGREE	1 2	
607	I can remain calm when facing difficulties because I can rely on my own abilities.	AGREE DISAGREE	1 2	
608	When I face a problem, I can usually find more than one solution.	AGREE DISAGREE	1 2	
609	If I am in trouble, I can usually think of a solution.	AGREE DISAGREE	1 2	
610	I can usually handle any situation that comes my way.	AGREE DISAGREE	1 2	
LOCUS OF CONTROL				
Now, I am going to read you two statements at a time, please tell me which of the two statements best reflects how you feel about yourself.				
611	A. What happens to me is my own doing. B. Sometimes I feel that I don't have enough control over the direction my life is taking.	SELECTED STATEMENT A SELECTED STATEMENT B	1 2	
612	A. When I make plans, I am almost certain that I can make them work. B. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune.	SELECTED STATEMENT A SELECTED STATEMENT B	1 2	
613	A. In my case getting what I want has little or nothing to do with luck. B. Many times I might just as well decide what to do by trying my luck.	SELECTED STATEMENT A SELECTED STATEMENT B	1 2	
614	A. Many times I feel that I have little influence over the things that happen to me.	SELECTED STATEMENT A SELECTED STATEMENT B	1 2	

	B. It is impossible for me to believe that chance or luck plays an important role in my life.		
SOCIAL ASSETS AND SAFETY NETS			
I am going to read you a few more statements and ask if you agree or disagree with them.			
615	At times, you feel scared that you will be raped.	AGREE DISAGREE	1 2
616	If you didn't have a place to stay, there is someone in your neighborhood who would take you in.	AGREE DISAGREE	1 2
617	In your neighborhood, boys or men tease you as you go about your activities.	AGREE DISAGREE	1 2
618	There is a woman in your community, other than your mother or guardian, who you could turn to if you had a serious problem.	AGREE DISAGREE	1 2
619	There is a place in the community, other than your house, your friend's house or school, where you feel safe to meet your girl friends.	AGREE DISAGREE	1 2
MONEY MANAGEMENT			
620	You feel you make good decisions concerning how to manage your money.	AGREE DISAGREE	1 2
621	Males are better at managing money than females.	AGREE DISAGREE	1 2
622	Fathers in the family should decide on how family money is spent.	AGREE DISAGREE	1 2
GENDER ATTITUDES			
623	It is as important for girls to complete secondary school as it is for boys.	AGREE DISAGREE	1 2
624	When a family cannot afford to send all children to school, it is better to send boys than girls.	AGREE DISAGREE	1 2
625	When a husband and wife disagree about the number of children to have, the husband's opinion	AGREE DISAGREE	1 2

	matters more.																										
626	A girl should get married when she finds an appropriate partner, even if she is still in school.	AGREE DISAGREE	1 2																								
627	Girls are as intelligent as boys.	AGREE DISAGREE	1 2																								
ATTITUDES TOWARDS GENDER VIOLENCE																											
I am now going to ask you to think about several situations involving a husband and a wife. When you think about these questions, please keep in mind that we are asking for your opinion about each situation, not your own personal experience.																											
628	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:																										
	<p>a. If she goes out without telling him?</p> <p>b. If she neglects the children?</p> <p>c. If she argues with him?</p> <p>d. If she refuses to have sex with him?</p> <p>e. If she burns the food?</p>	<p>a. GOES OUT</p> <p>b. NEGL. CHILDREN</p> <p>c. ARGUES</p> <p>d. REFUSES SEX</p> <p>e. BURNS FOOD</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>88</td> </tr> </tbody> </table>		YES	NO	DK	a.	1	2	88	b.	1	2	88	c.	1	2	88	d.	1	2	88	e.	1	2	88
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e.	1	2	88																								

SECTION 7: SELF-REPORTED HEALTH

	QUESTIONS	RESPONSES	SKIPS
	<p>HEALTH STATUS</p> <p style="text-align: center;"> Sindinali bwino Bwino pang'ono Bwino Bwino kwambili </p> <p style="text-align: center;"> 1 2 3 4 5 6 7 8 9 10 </p> <p style="text-align: center;"> 1 2 3 4 5 6 7 8 9 10 </p> <p style="text-align: center;"> Very bad Very good </p>		
701	<p>Overall, how would you rate your health in the <u>past year</u>?</p> <p>[SHOW THE RESPONDENT THE "HEALTH STATUS" DIAGRAM AND EXPLAIN:]</p> <p>For example, if this end of the line [SHOW #1] means lots of health problems like serious diarrhea and really bad fevers, and this end [SHOW #10] means no health problem at all, where would you place yourself?</p>	<p>RECORD CLOSEST NUMBER FROM HEALTH SCALE [1-10]</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div>	
702	<p>Overall, how would you rate your health in the <u>past month</u>?</p> <p>[REPEAT EXPLANATION AS IN 701]</p>	<p>RECORD CLOSEST NUMBER FROM HEALTH SCALE [1-10]</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div>	

<p>703</p>	<p>Have you had any health problems in the past month? [READ OPTIONS] a. Fever b. Night sweat c. Rapid weight loss d. Recurring diarrhea (>3 days) e. Recurring coughing or shortness of breath (>3 days) f. Recurring vomiting (>3 days) g. Recurring fatigue/weakness (>3 days)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>a. FEVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>b. NIGHT SWEAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>c. WEIGHT LOSS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>d. DIARRHEA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>e. COUGHING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>f. VOMITING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>g. FATIGUE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		YES	NO		a. FEVER	1	2		b. NIGHT SWEAT	1	2		c. WEIGHT LOSS	1	2		d. DIARRHEA	1	2		e. COUGHING	1	2		f. VOMITING	1	2		g. FATIGUE	1	2										
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<p>704</p>	<p>Many different factors can prevent girls from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>a. Getting permission to go? b. Getting money needed for treatment? c. The distance to the health facility? d. Having to take transport? e. Not wanting to go alone? f. Concern that there may not be a female health provider? g. Concern that there may not be any health provider? h. Concern that there may be no drugs available?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th colspan="2" style="width: 20%; text-align: center;">BIG PROBLEM</th> <th style="width: 20%;"></th> </tr> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. PERMISSION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>b. MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>c. DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>d. TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>e. GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>f. NO FEMALE PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>g. NO PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>h. NO DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		BIG PROBLEM				YES	NO		a. PERMISSION	1	2		b. MONEY	1	2		c. DISTANCE	1	2		d. TRANSPORT	1	2		e. GO ALONE	1	2		f. NO FEMALE PROVIDER	1	2		g. NO PROVIDER	1	2		h. NO DRUGS	1	2		
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<p>705</p>	<p>Are you covered by any health insurance/scheme?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 20%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> <td>→ 708</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">88</td> <td>→ 708</td> </tr> </tbody> </table>	YES	1		NO	2	→ 708	DON'T KNOW	88	→ 708																																
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<p>706</p>	<p>What type of health insurance/scheme? RECORD ALL MENTIONED</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 20%;"></td> </tr> <tr> <td>HEALTH INSURANCE THROUGH EMPLOYER</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>SOCIAL SECURITY</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>LOW COST PRE-PAYMENT SCHEME</td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>HIGH COST PRE-PAYMENT SCHEME</td> <td style="text-align: center;">6</td> <td></td> </tr> <tr> <td>OTHER (SPECIFY _____)</td> <td style="text-align: center;">96</td> <td></td> </tr> </tbody> </table>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE	1		HEALTH INSURANCE THROUGH EMPLOYER	2		SOCIAL SECURITY	3		OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE	4		LOW COST PRE-PAYMENT SCHEME	5		HIGH COST PRE-PAYMENT SCHEME	6		OTHER (SPECIFY _____)	96																					
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<p>707</p>	<p>In the past year, did you go to a health facility to get any type of health services?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 20%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> <td>→ 801</td> </tr> </tbody> </table>	YES	1		NO	2	→ 801																																			
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<p>708</p>	<p>Now I would like to ask about your visits to health facilities in the past year.</p>	<p>FILL IN HEALTH SERVICES SHEET(S)</p>																																									

SECTION 8: REPRODUCTIVE HEALTH KNOWLEDGE AND CONTRACEPTION

	QUESTIONS	RESPONSES		SKIPS
801	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES NO DON'T KNOW	1 2 88	→ 803 → 803
802	Is this time just before her period begins, during her period, right after her period has ended, or two weeks after her period?	JUST BEFORE HER PERIOD BEGINS DURING HER PERIOD RIGHT AFTER HER PERIOD ENDS HALFWAY BETWEEN TWO PERIODS OTHER DON'T KNOW	1 2 3 4 6 88	
803	Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you heard of [METHOD]?	[IF AGE IS 15-19 AND 803 IS YES:] 804 Have you ever used [METHOD]?		
	a. PILL: Women can take a pill every day to avoid becoming pregnant.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
	b. IUD: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
	c. INJECTABLES: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
	d. IMPLANTS: Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
	e. MALE CONDOM: Men can put a rubber sheath on their erect penis before sexual intercourse.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
	f. FEMALE CONDOM: Women can place a thin, transparent rubber in their vagina before sexual intercourse.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2
g. RHYTHM METHOD: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONT YES, RECOG NO	1 2 3	YES 1 NO 2	

	h. WITHDRAWAL: Men can pull out their penis from the vagina before ejaculation.	YES, SPONT 1 YES, RECOG 2 NO 3	YES 1 NO 2	
	i. EMERGENCY CONTRACEPTION: As an emergency measure, women can take pills up to three days after having unprotected sex to avoid getting pregnant. These pills are also called "morning-after pills".	YES, SPONT 1 YES, RECOG 2 NO 3	YES 1 NO 2	
805	[IF AGE IS 10-14 → 808] Are you currently doing something or using any method to delay or avoid getting pregnant?	YES NO CURRENTLY PREGNANT	1 2 3	→ 808 → 808
806	Which method are you using? RECORD ALL MENTIONED		YES NO a. PILL 1 2 b. IUD 1 2 c. INJECTABLES 1 2 d. IMPLANTS 1 2 e. MALE CONDOM 1 2 f. FEMALE CONDOM 1 2 g. RHYTHM METHOD 1 2 h. WITHDRAWAL 1 2 i. TRADITIONAL METHOD 1 2 j. OTHER (SPECIFY _____) 1 2	
807	[ASK IF ANSWER YES TO PILL, IUD, INJECTABLES, IMPLANTS, MALE CONDOM OR FEMALE CONDOM IN 806:] Where did you obtain [CURRENT METHOD] the last time?	GOVT. HOSPITAL GOVT. HEALTH CENTER HEALTH POST OTHER PUBLIC PRIVATE HOSPITAL/SURGERY MISSION HOSPITAL/CLINIC PHARMACY PRIVATE DOCTOR OTHER PRIVATE MEDICAL SHOP CHURCH FRIEND/RELATIVE OTHER (SPECIFY _____)	11 12 13 16 21 22 23 24 26 31 32 33 96	<u>ALL</u> → 811
808	Do you know of a place where you can obtain a method of family planning?	YES NO	1 2	→ 811
809	Where is that? Any other place? RECORD ALL MENTIONED	GOVT. HOSPITAL GOVT. HEALTH CENTER HEALTH POST OTHER PUBLIC PRIVATE HOSPITAL/SURGERY MISSION HOSPITAL/CLINIC PHARMACY PRIVATE DOCTOR OTHER PRIVATE MEDICAL SHOP	11 12 13 16 21 22 23 24 26 31	

		CHURCH 32 FRIEND/RELATIVE 33 OTHER (SPECIFY _____) 96	
810	If you were interested in obtaining family planning, do you feel it would be easy, difficult or not possible to go to a place where you can obtain family planning?	EASY 1 DIFFICULT 2 NOT POSSIBLE 3 DON'T KNOW 88	
811	[AGE CHECK:] [IF AGE IS 15-19 → SECTION 9, 901] [IF AGE IS 10-14 → SECTION 10, 1003]		→ 901 → 1003

SECTION 9: PREGNANCY AND BIRTHS

	QUESTIONS	RESPONSES	SKIPS
901	Now I would like to ask you about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	
902	Have you ever given birth to a boy or girl who was born alive but later died?	YES 1 NO 2	
903	[IF 901 = NO AND 902 = NO → 904] How many births have you had <u>in total</u> during your life?	TOTAL BIRTHS [1-5] <input type="text"/>	
904	Are you pregnant now?	YES 1 NO 2 UNSURE/DON'T KNOW 88	→ 907 → 906
905	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS [0-10] <input type="text"/> <input type="text"/> DON'T KNOW 88	
906	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
907	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	
908	[IF ALL OF 901, 902, 904, AND 907 = NO → SECTION 10, 1003] When you found out you were pregnant for the very first time, were you still attending school?	YES 1 NO 2	
	[IF 904 = YES → ASK 909-926 FOR CURRENT PREGNANCY] [IF 901 = YES OR 902 = YES OR 907 = YES → ASK 909-926 FOR LAST PREGNANCY]		
		CURRENT	LAST PREGNANCY

		PREGNANCY	LAST PREGNANCY																																					
909	<p>Now I would like to ask some questions about your [CURRENT/LAST] pregnancy.</p> <p>Have you seen/did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else? RECORD ALL MENTIONED</p>	DOCTOR 11 CLINICAL OFFICE 12 NURSE/MIDWIFE 13 TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 NO ONE 97	DOCTOR 11 CLINICAL OFFI 12 NURSE/MIDWII 13 TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 NO ONE 97	→ 918																																				
910	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED</p>	YOUR HOME 11 OTHER HOME 12 GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVATE 36 OTHER 96	YOUR HOME 11 OTHER HOME 12 GOVT. HOSPIT 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVA1 36 OTHER 96	→ 912 → 912																																				
911	<p>What is/are the name of the place(s) where you receive antenatal care?</p>	_____	_____																																					
912	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	MONTHS [0-10] <input type="text"/> <input type="text"/> DON'T KNOW 88	MONTHS [0-10] <input type="text"/> <input type="text"/> DON'T KNOW 88																																					
913	<p>How many times did you/have you receive antenatal care during this pregnancy?</p>	NUMBER OF TIMES [1-20] <input type="text"/> <input type="text"/> DON'T KNOW 88	NUMBER OF TIMES [1-20] <input type="text"/> <input type="text"/> DON'T KNOW 88																																					
914	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>a. Were you weighed?</p> <p>b. Was your height measured?</p> <p>c. Was your blood pressure measured?</p> <p>d. Did you give a urine sample?</p> <p>e. Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a. WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. BLOOD</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a. WEIGHT	1	2	b. HEIGHT	1	2	c. BP	1	2	d. URINE	1	2	e. BLOOD	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a. WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. BLOOD</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a. WEIGHT	1	2	b. HEIGHT	1	2	c. BP	1	2	d. URINE	1	2	e. BLOOD	1	2	
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915	<p>During this pregnancy were you offered counselling and testing for the virus that causes AIDS?</p>	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88																																					
916	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 918 → 918																																				
917	<p>Were you told where to go if you had any of these complications?</p>	YES 1 NO 2	YES 1 NO 2																																					

		DON'T KNOW 88	DON'T KNOW 88	
918	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 920 → 920
920	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 923 → 923
923	During this pregnancy, were you given or did you buy any iron tablets or iron syrup or folic acid?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 926 → 926
925	In the last 7 days, how many days did you take your iron and folic acid tablet?	DAYS [1-7] <input type="text"/>		
926	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	
927	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD TWINS AND TRIPLETS ON SEPARATE COLUMNS			
	ASK FOR NUMBER OF BIRTHS IN 903	FIRST BIRTH	SECOND BIRTH	
928	What name was given to your (first/next) baby?	_____	_____	
929	Is [NAME] a boy or a girl?	BOY 1 GIRL 2	BOY 1 GIRL 2	
930	Were any of these births twins?	SINGLE 1 MULTIPLE 2	SINGLE 1 MULTIPLE 2	
931	In what month and year was [NAME] born? PROBE: What is his/her birthday?	MONTH [1-12] <input type="text"/> YEAR [2005-2013] <input type="text"/> DON'T KNOW 88	MONTH [1-12] <input type="text"/> YEAR [2005-2013] <input type="text"/> DON'T KNOW 88	
932	Was [NAME] weighed at birth?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 934 → 934
933	How much did [NAME] weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE	KG FROM CARD <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	KG FROM CARD <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	

		[1.000-6.000]	[1.000-6.000]	
934	Who assisted with the delivery of [NAME]? Anyone else? RECORD ALL MENTIONED	DOCTOR 11 CLINICAL OFFICE 12 NURSE/MIDWIFE 13 TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIEND 23 OTHER 96 NO ONE 97	DOCTOR 11 CLINICAL OFFI 12 NURSE/MIDWII 13 TRADITIONAL BIRTH ATTENDANT 21 RELATIVE/FRIE 23 OTHER 96 NO ONE 97	
935	Where did you give birth to [NAME]?	YOUR HOME 11 OTHER HOME 12 GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVATE 36 OTHER (SPECIFY 96	YOUR HOME 11 OTHER HOME 12 GOVT. HOSPIT 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVA1 36 OTHER (SPECI 96	→ 940 → 940 → 940
936	What is the name of the place where you gave birth to [NAME]?	_____	_____	
940	In the two months after [NAME] was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2	YES 1 NO 2	→ 942
941	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS IF LESS THAN ONE WEEK, RECORD DAYS	HOURS [0-23] <input type="text"/> <input type="text"/> DAYS [0-6] <input type="text"/> <input type="text"/> WEEKS [0-10] <input type="text"/> <input type="text"/> DON'T KNOW 88	HOURS [0-23] <input type="text"/> <input type="text"/> DAYS [0-6] <input type="text"/> <input type="text"/> WEEKS [0-10] <input type="text"/> <input type="text"/> DON'T KNOW 88	
942	In the two months after [NAME] was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	→ 944 → 944
944	In the first two months after delivery, did you receive a vitamin A dose? CHECK CHILD HEALTH CARD	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88	
945	Did you ever breastfeed [NAME]?	YES 1 NO 2	YES 1 NO 2	→ 950

<p>946</p>	<p>How long after birth did you first put [NAME] to the breast?</p> <p>IF LESS THAN ONE HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY 00</p> <p>HOURS [0-23] <input type="text"/> <input type="text"/></p> <p>DAYS [0-30] <input type="text"/> <input type="text"/></p>	<p>IMMEDIATELY 00</p> <p>HOURS [0-23] <input type="text"/> <input type="text"/></p> <p>DAYS [0-30] <input type="text"/> <input type="text"/></p>	
<p>947</p>	<p>In the first three days after delivery, was [NAME] given anything to drink other than breast milk?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>→ 949</p>
<p>948</p>	<p>What was [NAME] given to drink?</p> <p>Anything else?</p> <p>RECORD ALL LIQUIDS MENTIONED</p>	<p>MILK (OTHER THAN BREASTMILK) 1 PLAIN WATER 2 SUGAR OR GLUCOSE WATER 3 GRIPE WATER 4 SUGAR-SALT-WATER SOLUTION 5 FRUIT JUICE 6 INFANT FORMULA 7 TEA/INFUSIONS 8 HONEY 9 OTHER (SPECIFY 96</p>	<p>MILK (OTHER THAN BREASTMILK) 1 PLAIN WATER 2 SUGAR OR GLUCOSE WATER 3 GRIPE WATER 4 SUGAR-SALT-WATER SOLUTION 5 FRUIT JUICE 6 INFANT FORMUL 7 TEA/INFUSIONS 8 HONEY 9 OTHER (SPECI 96</p>	
<p>949</p>	<p>For how many months did you breastfeed [NAME]?</p>	<p>MONTHS [0-36] <input type="text"/> <input type="text"/></p> <p>STILL BREASTFEEDI 77 DON'T KNOW 88</p>	<p>MONTHS [0-36] <input type="text"/> <input type="text"/></p> <p>STILL BREASTFEE 77 DON'T KNOW 88</p>	
<p>950</p>	<p>How many months after birth did you start giving [NAME] solid food?</p>	<p>MONTHS [0-36] <input type="text"/> <input type="text"/></p> <p>NEVER/ NOT YET 77 DON'T KNOW 88</p>	<p>MONTHS [0-36] <input type="text"/> <input type="text"/></p> <p>NEVER/ NOT YET 77 DON'T KNOW 88</p>	
<p>951</p>	<p>Is [NAME] still alive?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>→ 953</p>
<p>952</p>	<p>IF DEAD: How old was [NAME] when he/she died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS</p>	<p>DAYS [0-30] <input type="text"/> <input type="text"/></p> <p>MONTHS [0-24] <input type="text"/> <input type="text"/></p> <p>YEARS [0-8] <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 88</p>	<p>DAYS [0-30] <input type="text"/> <input type="text"/></p> <p>MONTHS [0-24] <input type="text"/> <input type="text"/></p> <p>YEARS [0-8] <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 88</p>	<p>ALL → 955</p>
<p>953</p>	<p>IF ALIVE: How old was [NAME] at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS</p>	<p>AGE [0-8] <input type="text"/> <input type="text"/></p>	<p>AGE [0-8] <input type="text"/> <input type="text"/></p>	

954	Is [NAME] living with you?	YES 1 NO 2	YES 1 NO 2
955	Do you have a card where [NAME]'s vaccinations are written down? IF YES: May I see it please?	YES 1 NO 2	YES 1 NO 2
956	IF CARD IS AVAILABLE TAKE A PHOTO OF BOTH SIDES OF THE CARD, AND COPY INFORMATION FOR EACH VACCINE. Has [NAME] received any of the following vaccinations?		
957	BCG for TB (at birth)	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88
958	Oral Polio Vaccine 0 (OPV 0) (at birth to 13 days)	YES 1 NO 2 DON'T KNOW 88	YES 1 NO 2 DON'T KNOW 88
959	Oral Polio Vaccine 1 (OPV 1) (at 6 weeks)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
960	Oral Polio Vaccine 2 (OPV 2) (at least 4 weeks after OPV 1)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
961	Oral Polio Vaccine 3 (OPV 3) (at least 4 weeks after OPV 2)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
962	Oral Polio Vaccine 4 (OPV 4) (at 9 months, only if OPV 0 was not given)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
963	Pneumococcal Conjugate Vaccine 1 (PCV 1) (at 6 weeks)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
964	Pneumococcal Conjugate Vaccine 2 (PCV 2) (at least 4 weeks after PCV 1)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88
965	Pneumococcal Conjugate Vaccine 3 (PCV 3)	YES 1	YES 1

	(at least 4 weeks after PCV 2)	NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
966	DPT-HepB-Hib 1 for Diptheria, Tetanus, Pertussis, Hepatitis B, and Haemphilus Influenzae B (at 6 weeks)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
967	DPT-HepB-Hib 2 for Diptheria, Tetanus, Pertussis, Hepatitis B, and Haemphilus Influenzae B (at least 4 weeks after DPT-HepB-Hib 1)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
968	DPT-HepB-Hib 3 for Diptheria, Tetanus, Pertussis, Hepatitis B, and Haemphilus Influenzae B (at least 4 weeks after DPT-HepB-Hib 2)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
969	Measles (at 9 months)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
970	Measles (at 18 months)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
971	Rotavirus (ROTA) vaccine 1 for diarrhea (at 6 weeks)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	
972	Rotavirus (ROTA) vaccine 2 for diarrhea (at 4 weeks after ROTA 1)	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	YES 1 NO 2 CHILD TOO YOUNG /DIED 77 DON'T KNOW 88	

SECTION 10: NUTRITION

	QUESTIONS	RESPONSES	SKIPS
1001	[IF AGE 10-14 → 1003] RECORD NAME OF RESPONDENT'S YOUNGEST CHILD LIVING WITH HER.	_____ NO CHILD LIVING WITH RESPONDENT	0 → 1003
1002	Now I would like to ask you about liquids or foods [NAME FROM 1001] had yesterday during the day or at night. Did [NAME FROM 1001] (drink/eat):		

	<p>a. Plain water? b. Commercially produced infant formula? c. Any (brand name of commercially fortified baby food, e.g., Vitaso and cerelac)? ASK TO SEE THE PACKET d. Any other porridge?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. PLAIN WATER</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>b. FORMULA</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>c. BABY CEREAL</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>d. OTHER PORRIDGE</td> <td>1</td> <td>2</td> <td>88</td> </tr> </tbody> </table>		YES	NO	DK	a. PLAIN WATER	1	2	88	b. FORMULA	1	2	88	c. BABY CEREAL	1	2	88	d. OTHER PORRIDGE	1	2	88																																																																																																																																															
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<p>1003</p>	<p>Now I would like to ask you about (other) liquids or foods that [NAME FROM 1001]/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods. Did [NAME FROM 1001]/you drink (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk? b. Tea or coffee? c. Any other liquids? d. Bread, rice, noodles, or other foods made from grains? e. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? f. White potatoes, white yams, manioc, cassava, or any other foods made from roots? g. Any dark green, leafy vegetables (eg pumpkin leaves or rape)? h. Ripe mangoes, papayas, apricot, watermelon? i. Any other fruits or vegetables (eg bananas and tomato)? j. Liver, kidney, heart or other organ meats? k. Any meat, such as beef, pork, lamb, goat, chicken, or duck? l. Eggs? m. Fresh or dried fish or shellfish? n. Any foods made from beans, peas, lentils, or nuts? o. Cheese, yogurt or other milk products? p. Any oil, fats, or butter, or foods made with any of these? q. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? r. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th colspan="4" style="background-color: yellow;">[IF AGE 10-14 OR IF NO CHILD IN 1001, ONLY ASK FOR RESPONDENT]</th> </tr> <tr> <th></th> <th colspan="3">NAME FROM 1001</th> <th colspan="3">RESPONDENT</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>88</td> <td>a.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>88</td> <td>b.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>88</td> <td>c.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>88</td> <td>d.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>88</td> <td>e.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>f.</td> <td>1</td> <td>2</td> <td>88</td> <td>f.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>g.</td> <td>1</td> <td>2</td> <td>88</td> <td>g.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>h.</td> <td>1</td> <td>2</td> <td>88</td> <td>h.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>i.</td> <td>1</td> <td>2</td> <td>88</td> <td>i.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>j.</td> <td>1</td> <td>2</td> <td>88</td> <td>j.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>k.</td> <td>1</td> <td>2</td> <td>88</td> <td>k.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>l.</td> <td>1</td> <td>2</td> <td>88</td> <td>l.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>m.</td> <td>1</td> <td>2</td> <td>88</td> <td>m.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>n.</td> <td>1</td> <td>2</td> <td>88</td> <td>n.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>o.</td> <td>1</td> <td>2</td> <td>88</td> <td>o.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>p.</td> <td>1</td> <td>2</td> <td>88</td> <td>p.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>q.</td> <td>1</td> <td>2</td> <td>88</td> <td>q.</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>r.</td> <td>1</td> <td>2</td> <td>88</td> <td>r.</td> <td>1</td> <td>2</td> <td>88</td> </tr> </tbody> </table>	[IF AGE 10-14 OR IF NO CHILD IN 1001, ONLY ASK FOR RESPONDENT]					NAME FROM 1001			RESPONDENT				YES	NO	DK	YES	NO	DK	a.	1	2	88	a.	1	2	88	b.	1	2	88	b.	1	2	88	c.	1	2	88	c.	1	2	88	d.	1	2	88	d.	1	2	88	e.	1	2	88	e.	1	2	88	f.	1	2	88	f.	1	2	88	g.	1	2	88	g.	1	2	88	h.	1	2	88	h.	1	2	88	i.	1	2	88	i.	1	2	88	j.	1	2	88	j.	1	2	88	k.	1	2	88	k.	1	2	88	l.	1	2	88	l.	1	2	88	m.	1	2	88	m.	1	2	88	n.	1	2	88	n.	1	2	88	o.	1	2	88	o.	1	2	88	p.	1	2	88	p.	1	2	88	q.	1	2	88	q.	1	2	88	r.	1	2	88	r.	1	2	88	
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<p>1004</p>	<p>[ASK ONLY IF CHILD IN 1001:] How many times did [NAME FROM 1001] eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?</p>	<p>NUMBER OF TIMES [0-9; IF MORE THAN 9 RECORD 9] DON'T KNOW</p>	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> 88 </div>																																																																																																																																																																		

1005	Do you have the following items in your household?		YES	NO	DK	
	a. Salt	a. SALT	1	2	88	
	b. Sugar	b. SUGAR	1	2	88	

SECTION 11: HIV/AIDS AND OTHER STIs

	QUESTIONS	RESPONSES	SKIPS
1101	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES NO	1 2 → 1110
1102	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES NO DON'T KNOW	1 2 88
1103	Can people get the AIDS virus from mosquito bites?	YES NO DON'T KNOW	1 2 88
1104	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES NO DON'T KNOW	1 2 88
1105	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES NO DON'T KNOW	1 2 88
1106	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES NO DON'T KNOW	1 2 88
1107	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES NO DON'T KNOW	1 2 88
1108	Is it possible for a healthy-looking person to have the AIDS virus?	YES NO DON'T KNOW	1 2 88
1109	Can the virus that causes AIDS be transmitted from a mother to her baby: a. During pregnancy? b. During delivery? c. By breastfeeding?	a. DURING PREGNANCY b. DURING DELIVERY c. BREASTFEEDING	YES NO DK 1 2 88 1 2 88 1 2 88
1110	<p>[AGE CHECK:] [IF AGE IS 15-19 AND 1101 = YES → CONTINUE WITH 1111] [IF AGE IS 15-19 AND 1101 = NO → 1117] [IF AGE IS 13-14 → SECTION 12, 1201] [IF AGE IS 10-12 → END CAPI, 1310]</p>		→ 1111 → 1117 → 1201 → 1310
1111	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES NO	1 2 → 1115

1112	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 12 - 23 MONTHS AGO 2 OR MORE YEARS AGO	1 2 3	
1113	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST OFFERED AND ACCEPTED REQUIRED	1 2 3	
1114	I don't want to know the results, but did you get the results of the test?	YES NO	1 2	→ 1116 → 1116
1115	Do you know of a place where people can go to get tested for the AIDS virus?	YES NO	1 2	
1116	Do you personally know someone who has or is suspected to have the AIDS virus?	YES NO	1 2	
1117	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES NO DON'T KNOW	1 2 88	
1118	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES NO DON'T KNOW	1 2 88	
1119	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES NO DON'T KNOW	1 2 88	
1120	During the last 12 months, have you experienced burning or pain during urination?	YES NO DON'T KNOW	1 2 88	
1121	During the last 12 months, have you experienced any itching in the genital area?	YES NO DON'T KNOW	1 2 88	

SECTION 12: GBV/DOMESTIC VIOLENCE

	QUESTIONS	RESPONSES	SKIPS
1201	Now I would like to ask you questions about some other important aspects of a girl's life. I know that some of these questions are very personal. However, your answers are crucial for helping understand the condition of girls in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1202	Has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES NO	1 2 → 1205
1203	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED	1204 In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	

	IF 'YES' ASK 1204																																																																																		
	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td></td> <td>OFTEN</td> <td>SOMETIMES</td> <td>ONCE</td> <td>NOT AT ALL</td> </tr> <tr> <td>a.</td> <td>MOTHER/STEP-MOTHER</td> <td>1</td> <td>2</td> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b.</td> <td>FATHER/STEP-FATHER</td> <td>1</td> <td>2</td> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c.</td> <td>SISTER/BROTHER</td> <td>1</td> <td>2</td> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d.</td> <td>OTHER RELATIVE</td> <td>1</td> <td>2</td> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e.</td> <td>CURRENT BOYFRIEND</td> <td>1</td> <td>2</td> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f.</td> <td>FORMER BOYFRIEND</td> <td>1</td> <td>2</td> <td>f.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g.</td> <td>TEACHER</td> <td>1</td> <td>2</td> <td>g.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h.</td> <td>OTHER</td> <td>1</td> <td>2</td> <td>h.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>		YES	NO		OFTEN	SOMETIMES	ONCE	NOT AT ALL	a.	MOTHER/STEP-MOTHER	1	2	a.	1	2	3	4	b.	FATHER/STEP-FATHER	1	2	b.	1	2	3	4	c.	SISTER/BROTHER	1	2	c.	1	2	3	4	d.	OTHER RELATIVE	1	2	d.	1	2	3	4	e.	CURRENT BOYFRIEND	1	2	e.	1	2	3	4	f.	FORMER BOYFRIEND	1	2	f.	1	2	3	4	g.	TEACHER	1	2	g.	1	2	3	4	h.	OTHER	1	2	h.	1	2	3	4		
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f.	FORMER BOYFRIEND	1	2	f.	1	2	3	4																																																																											
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h.	OTHER	1	2	h.	1	2	3	4																																																																											
1205	As far as you know, did your father ever beat your mother?	YES	1	NO	2	DON'T KNOW	88																																																																												
1206	[AGE CHECK:] [IF AGE IS 13-14 → END CAPI, 1310]						→ 1310																																																																												

SECTION 13: SUBJECTIVE EXPECTATIONS

	QUESTIONS	RESPONSES	SKIPS
1301	<p>I will ask you several questions about the chance or likelihood that certain events are going to happen. There are 10 stones in this cup. I would like you to choose some stones out of these 10 stones and put them on the plate to express what you think the chance is of a specific event happening.</p> <p>One stone represents one chance out of 10. If you do not put any stones in the plate, it means you are sure that the event will NOT happen. As you add stones, it means that you think the chance that the event happens goes up. For example, if you put one or two stones, it means you think the event is not likely to happen but it is still possible or may happen. If you pick 5 stones, it means that it is just as likely it happens as it does not happen (fifty-fifty). If you pick 7 stones, it means the event is slightly more likely to happen than not to happen. If you put 10 stones in the plate, it means you are sure the event will happen.</p> <p>Let me give you an example. Imagine that we are playing Nsolo. Say, when asked about the chance that you will win, you put 3 stones in the plate. This means that you believe you would usually win 3 out of 10 games if we play many times.</p> <p>I would like to ask some questions about some events and you will pick the number of stones from the cup and put them on the plate for your answer as to how likely you think they may have or will occur. There is no right or wrong answer, I just want to know what you think.</p>		
1302	<p>Pick the number of stones that reflects how likely you think it is that [...]</p> <p>a. You will go to the market at least once <u>within the next 2 days</u>?</p> <p>b. You will go to the market at least once <u>within the next 2 weeks or 14 days</u>?</p> <p>If respondent did not place any stones or placed all ten stones on the plate, make sure that this means that they are certain that [event] will or will not happen.</p> <p>Did respondent add any stones between a and b?</p> <p>c. Remember, as time goes by, you may find more time to go to the market. Therefore, you may want to add stones to the plate. Let me</p>	<p>a. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>b. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>[IF YES → 1303]</p> <p>c. STONES [0-10] <input type="text"/> <input type="text"/></p>	

	<p>may want to add stones to the plate. Let me ask you again [repeat questions]. Now, add stones in the plate so that the number of stones in the plate reflects how likely you think it is that you will go the market at least once <u>within 2 weeks</u>?</p>		
1303	<p>Now I would like to ask you about certain events that may or may not happen in your life. Pick the number of stones that expresses how likely it is that [...]</p> <p>a. You will complete primary school (grade 7)?</p> <p>b. You will complete secondary school (grade 12)?</p> <p>e. [IF AGE 15-17:] You will give birth before your 18th birthday?</p> <p>f. You will give birth before your 20th birthday?</p>	<p>a. STONES [0-10] <input type="text"/> <input type="text"/> ALREADY COMPLETED 77</p> <p>b. STONES [0-10] <input type="text"/> <input type="text"/> ALREADY COMPLETED 77</p> <p>e. STONES [0-10] <input type="text"/> <input type="text"/> ALREADY GAVE BIRTH 77</p> <p>f. STONES [0-10] <input type="text"/> <input type="text"/> ALREADY GAVE BIRTH 77</p>	
1304	<p>At what age do you expect to get married?</p>	<p>AGE [10-50] <input type="text"/> <input type="text"/> DON'T KNOW 88 DON'T EXPECT TO GET MARRIED 98</p>	
1305	<p>Now I would like to ask you about certain events about health that may or may not happen. Pick the number of stones that expresses how likely it is that [...]</p> <p>d. That you will have enough food to eat all your meals every day for the next 30 days?</p> <p>[IF 1101 = NO → 1306]</p> <p>e. You will become infected with HIV within the next 12 months?</p> <p>f. You will become infected with HIV within your lifetime?</p> <p>Did respondent add any stones between a and b?</p> <p>g. Remember, as time goes by, people may be more likely to get infected with HIV. Therefore, you may want to add stones to the plate. Let me ask you again [repeat questions]. Now, add stones in the plate so that the number of stones in the plate reflects how likely you think it is that you will become infected with HIV within your lifetime.</p>	<p>d. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>e. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>f. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>[IF YES → 1306]</p> <p>g. STONES [0-10] <input type="text"/> <input type="text"/></p>	
1306	<p>Finally, I would like to ask you to consider the likelihood that you may not be alive as time goes by. We hope that nothing bad will happen to you</p>		

	<p>by. We hope that nothing bad will happen to you, but nevertheless, something unfortunate may occur over the next year despite all precautions that you may take. Pick the number of stones that expresses how likely it is that [...]</p> <p>a. You will die within a five year period beginning today?</p> <p>b. You will die within a ten year period beginning today?</p> <p>Did respondent add any stones between a and b?</p> <p>c. Remember, as time goes by, people are more likely to die. Therefore, you may want to add stones to the plate. Let me ask you again the question again [repeat question]. Now, add stones in the plate so that the number of stones in the plate reflects how likely you think it is that you may die within ten years.</p>	<p>a. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>b. STONES [0-10] <input type="text"/> <input type="text"/></p> <p>[IF YES → 1307]</p> <p>c. STONES [0-10] <input type="text"/> <input type="text"/></p>	
<p>1307</p>	<p>At what age would you like to get married?</p>	<p>AGE [10-50] <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 88</p> <p>DON'T WANT TO GET MARRIED 98</p>	
<p>1308</p>	<p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER [1-20] <input type="text"/> <input type="text"/></p> <p>NONE 0</p> <p>DON'T KNOW 88</p>	
<p>1309</p>	<p>[AGE CHECK:] [IF AGE IS 10-14 → END CAPI, 1310] [IF AGE IS 15-19 → CONTINUE WITH ACASI]</p>		<p>→ 1310 → ACASI</p>
<p>1310</p>	<p>END CAPI: If you would like to discuss any of the questions or issues raised in this survey, please feel free to discuss this with the interviewer. The interviewer can provide information to contact a social welfare officer to discuss your concerns, or can contact the social welfare officer for you. Thank you very much for participating in this important study.</p>		

ENGLISH																	
ACASI: ONLY FOR AGES 15-19																	
	<p>ACASI Break: Now you will be asked some questions using a computer. Please do not worry about using the computer, you will be shown how to use it and all of your questions will be answered before you start. The reason that we are asking you to use a computer is because some of the next questions may make you feel uncomfortable or embarrassed. We expect that you will feel more comfortable using a computer to answer because no one besides yourself will hear the questions or see the answer that you give. Your answers will be completely private and known only to yourself, no one in this community, not your teachers, nor your friends, nor your relatives will know what answers you have given. The interviewer also will not know any of the answers you provide. We understand that some people feel shy when talking about personal issues. However, we are collecting this information so that education and health programs can be created to meet the needs of yourself, your friends, and girls like you in Zambia. For this reason, we hope that you will be thoughtful and honest when answering the questions. If you have any questions, feel free to ask them now. When you are ready to begin, press the big green box at the bottom right of the screen.</p> <p>Stop for ACASI training of respondent and ACASI respondent practice questions.</p>																
INTRO1	<p>Shortly, you will listen to a series of questions, for which you will be asked to provide answers. Select the response that best fits your situation; try to be as accurate as possible. If at any time you do not understand a question or have any other problems, feel free to stop and ask the interviewer for assistance. Okay? Let's begin with a simple question for practice.</p>																
P1	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Are you male or female?</td> <td style="width: 15%;">MALE</td> <td style="width: 15%; text-align: right;">1</td> </tr> <tr> <td></td> <td>FEMALE</td> <td style="text-align: right;">2</td> </tr> </table>	Are you male or female?	MALE	1		FEMALE	2										
Are you male or female?	MALE	1															
	FEMALE	2															
P2	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">What is the name of the language you are listening to?</td> <td style="width: 15%;">ENGLISH</td> <td style="width: 15%; text-align: right;">1</td> </tr> <tr> <td></td> <td>NYANJA</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td>BEMBA</td> <td style="text-align: right;">3</td> </tr> <tr> <td></td> <td>KAONDE</td> <td style="text-align: right;">4</td> </tr> </table>	What is the name of the language you are listening to?	ENGLISH	1		NYANJA	2		BEMBA	3		KAONDE	4				
What is the name of the language you are listening to?	ENGLISH	1															
	NYANJA	2															
	BEMBA	3															
	KAONDE	4															
P3	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">What is your age in years?</td> <td style="width: 15%;">15 YEARS OLD</td> <td style="width: 15%; text-align: right;">15</td> </tr> <tr> <td></td> <td>16 YEARS OLD</td> <td style="text-align: right;">16</td> </tr> <tr> <td></td> <td>17 YEARS OLD</td> <td style="text-align: right;">17</td> </tr> <tr> <td></td> <td>18 YEARS OLD</td> <td style="text-align: right;">18</td> </tr> <tr> <td></td> <td>19 YEARS OLD</td> <td style="text-align: right;">19</td> </tr> </table>	What is your age in years?	15 YEARS OLD	15		16 YEARS OLD	16		17 YEARS OLD	17		18 YEARS OLD	18		19 YEARS OLD	19	
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	16 YEARS OLD	16															
	17 YEARS OLD	17															
	18 YEARS OLD	18															
	19 YEARS OLD	19															
INTRO2	<p>Now we would like to ask you some specific questions about sexual intercourse and your sexual partners. We know the questions may make you feel uncomfortable and that it might be difficult to remember exactly, however, we would ask that you answer honestly and as best you can, as this information is very important for understanding the health of Zambians. Remember, your answers are completely confidential and extremely important.</p>																

SECTION A: SEXUAL ACTIVITY AND CONDOM USE

	QUESTIONS	RESPONSES	SKIPS				
A1	Have you ever had sexual intercourse with a boyfriend?	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">YES</td> <td style="width: 15%; text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2	
YES	1						
NO	2						
A2	Have you ever had sexual intercourse with a "sugar daddy"?	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">YES</td> <td style="width: 15%; text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2	
YES	1						
NO	2						

A3	Have you ever had sexual intercourse with a casual acquaintance?	YES NO	1 2			
A4	Have you ever had sexual intercourse with a relative?	YES NO	1 2			
A5	Have you ever had sexual intercourse with a teacher?	YES NO	1 2			
A6	How old were you when you had sexual intercourse for the very <u>first</u> time?	NEVER HAD SEXUAL INTERCOURSE AGE IN YEARS [5-19] DON'T KNOW	0 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 88			→ C1
A7	The <u>first</u> time you had sexual intercourse, were you still attending school?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 88			
A8	What was your relationship to the first person with whom you had sexual intercourse?	BOYFRIEND "SUGAR DADDY" CASUAL ACQUAINTANCE RELATIVE TEACHER SOMEONE ELSE	1 2 3 4 5 6			
A9	Was the person you <u>first</u> had sexual intercourse with older than you, younger than you, or about the same age as you?	OLDER YOUNGER ABOUT THE SAME AGE DON'T KNOW/DON'T REMEMBER	1 2 3 88	→ A11 → A11 → A11		
A10	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER LESS THAN TEN YEARS OLDER OLDER, UNSURE HOW MUCH	1 2 3			
A11	The <u>first</u> time you had sexual intercourse, was a condom used?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 88			
A12	The first time you had sex did you want to have sex, not want to have sex, or you were unsure if you wanted to have sex?	WANTED TO HAVE SEX DID NOT WANT TO HAVE SEX UNSURE	1 2 3			
A13	Now I would like to ask you some questions about your recent sexual activity. When was the <u>last</u> time you had sexual intercourse?	TODAY/DAYS AGO MORE THAN A WEEK AGO MORE THAN A MONTH AGO MORE THAN A YEAR AGO	1 2 3 4	→ A16 → A16 → A22		
A14	In the last week, how many times did you have sex?	TIMES HAD SEX [1-35] DON'T KNOW	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 88			

A28	You have had sex at times when you did not want to.	AGREE 1 DISAGREE 2	
-----	---	-----------------------	--

SECTION B: UNWANTED PREGNANCIES AND ABORTION

	QUESTIONS	RESPONSES	SKIPS
B1	Sometimes a girl becomes pregnant when she does not want to be. Have you ever been pregnant when you did not want to be?	YES 1 NO 2	→ C1
B2	The last time you had such a pregnancy, what did you do? Did you ...?	NOTHING 1 ATTEMPT TO REMOVE PREGNANCY 2 SUCCESSFULLY REMOVE PREGNANCY 3 MISCARRY 4 SOMETHING ELSE 5	→ C1 → C1 → C1
B3	Where did you go to remove the pregnancy?	PUBLIC HEALTH FACILITY 1 PRIVATE HEALTH FACILITY 2 TRADITIONAL HEALER 3 SOMEONE GAVE SOMETHING TO DRINK 4 OTHER 5	→ C1 → C1 → C1 → C1
B4	Did you go to a Marie Stopes or a PPAZ clinic or did you go somewhere else?	MARIE STOPES 1 PPAZ 2 SOMEWHERE ELSE 3	

SECTION C: HIV/AIDS RISK PERCEPTION

	QUESTIONS	RESPONSES	SKIPS
C1	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 ALREADY INFECTED 5 DON'T KNOW 88	

SECTION D: SEXUAL VIOLENCE

	QUESTIONS	RESPONSES	SKIPS
D1	At any time in your life, as a child or as an adult, has anyone ever <u>forced</u> you in any way to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2	→ END ACAS
D2	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN YEARS [5-19] <input type="text"/> <input type="text"/> DON'T KNOW 88	
D3	Who was the person who was forcing you at that time?	A BOYFRIEND 1 A FRIEND/ACQUAINTANCE 2 FATHER/STEP-FATHER 3 OTHER RELATIVE 4 TEACHER 5 STRANGER 6	

	SOMEONE ELSE	7
END	If you would like to discuss any of the questions or issues raised in this survey, please feel free to discuss this with the interviewer. The interviewer can provide information to contact a social welfare officer to discuss your concerns, or can contact the social welfare officer for you. Thank you very much for participating in this important study.	

I

ENGLISH

Q331: RESPONDENT'S SCHOOLING HISTORY

	A. SCHOOL YEAR [LINE 1, ASK:] In what school year did you start primary school? [LINES 2-16:] FILL UNTIL YOU REACH CURRENT SCHOOL YEAR (2013)	B. SCHOOL ATTENDANCE [LINES 2-16, ASK] Did you attend school during the [school year]?	C. GRADE What grade did you attend during the [school year]?	D. NAME OF SCHOOL What is the name of the school you attended in the [school year]? [PROBE:] Did you attend any other school(s) during this school year? RECORD ALL SCHOOLS MENTIONED	E. PROMOTION Were you promoted or not promoted after this school year, or did you leave school before the end of the school year? PROMOTED/PASSED 1 NOT PROMOTED/FAILED ... 2 LEFT SCHOOL 3 CURRENT SCHOOL YEAR.. 4 OTHER (EXPLAIN) 5
1	School year started primary:				
2	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
3	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
4	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
5	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
6	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
7	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
8	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
9	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			

IF NEEDED, CONTINUE AT THE BACK OF THE SHEET

Q331 (CONTINUED): RESPONDENT'S SCHOOLING HISTORY					
	A. SCHOOL YEAR FILL UNTIL YOU REACH CURRENT SCHOOL YEAR (2013)	B. SCHOOL ATTENDANCE Did you attend school during the [school year]?	C. GRADE What grade did you attend during the [school year]?	D. NAME OF SCHOOL What is the name of the school you attended in the [school year]? [PROBE:] Did you attend any other school(s) during this school year? RECORD ALL SCHOOLS MENTIONED	E. PROMOTION Were you promoted or not promoted after this school year, or did you leave school before the end of the school year? PROMOTED/PASSED 1 NOT PROMOTED/FAILED ... 2 LEFT SCHOOL 3 CURRENT SCHOOL YEAR.. 4 OTHER (EXPLAIN) 5
10	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
11	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
12	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
13	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
14	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
15	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			
16	Previous year + 1:	YES = 1 NO = 2 → C → Next Year			

ENGLISH

Q407: RESPONDENT'S WORK IN PAST YEAR

	A. Please list all the different kinds of work or activities you have done in the last year, aside from your household chores, starting with the work you are currently doing or did most recently. Include all work or activities or chores, whether or not you received payment. [PROBE:] Have you done any other work/activities/chores in the last 12 months?	B. Did you do this work at home or away from home? HOME 1 AWAY 2 BOTH 3	C. Did you do this work throughout the year, or was it linked to a specific season or time of the year, or you only did it once in a while? THROUGHOUT YEAR 1 SEASONAL 2 ONCE IN A WHILE 3 [IF C = '1' → E]	D. Was this work linked to an agricultural time, to a cultural or religious practice, to school holidays, or to something else? AGRICULTURAL 1 CULTURAL/RELIGIOUS 2 SCHOOL HOLIDAYS 3 SOMETHING ELSE 4 NOTHING 5	E. In how many months during the past one year did you do this work? MONTHS: 1-12	F. How many days in a week did you do this work, on average? DAYS: 1-7	G. How many hours in a day did you do this work, on average? HOURS: 1-24
1							
2							
3							
4							
5							
6							
7							
8							

REMEMBER TO COMPLETE COLUMNS H, I, J, K, L AT THE BACK OF THE SHEET

Q407 (CONTINUED): RESPONDENT'S INCOME FROM WORK IN PAST YEAR						
	A. COPY ALL THE WORK/ACTIVITIES LISTED IN COLUMN A, FOLLOWING THE SAME ORDER.	H. Were you paid in cash or kind for this work or were you not paid at all? CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 [IF H = '3' OR '4' → NEXT LINE]	I. Were you paid in cash daily, weekly, monthly, or on what basis? DAILY 1 WEEKLY 2 EVERY TWO WEEKS 3 MONTHLY 4 SEASONAL 5 OTHER (SPECIFY) 6	J. On average, each time you were paid in cash for doing this work, how much were you paid? ENTER AMOUNT IN KWACHA REBASED	K. In the last year, how much cash would you say you were paid in <u>total</u> for doing this work? ENTER AMOUNT IN KWACHA REBASED	L. Who decided or decides how this money that you earned in the last year is spent: you by yourself, you together with someone else, or someone else? HERSELF ALONE 1 HERSELF AND SOMEONE ELSE 2 SOMEONE ELSE 3
1						
2						
3						
4						
5						
6						
7						
8						

ENGLISH

Q412: RESPONDENT'S EXPENSES IN PAST MONTH

	<p>A. TYPE OF EXPENDITURE</p>	<p>B. In the past month, did you spend money on [...]?</p> <p>YES 1 NO 2</p> <p>[[IF B = '2' → NEXT LINE]</p>	<p>C. About how much did you spend on [...] in the past month?</p> <p>ENTER AMOUNT IN KWACHA REBASED</p>	<p>D. Did you use your own money to pay for [...] or did other person(s) give you money to pay for [...]?</p> <p>OWN MONEY ONLY 1 OWN MONEY & OTHERS 2 OTHERS MONEY ONLY 3</p>	<p>E. Did you have to ask for permission to spend money on [...]?</p> <p>YES 1 NO 2</p>	<p>F. Was [...] for yourself or for other person(s)?</p> <p>FOR SELF ONLY 1 FOR SELF & OTHERS 2 FOR OTHERS ONLY 3</p>
1	FOOD, CHIPS, SWEETS, DRINKS/SODA					
2	CLOTHES/SHOES					
3	PERSONAL ITEMS (BEAUTY PRODUCTS, SANITARY TOWELS, UNDERWEAR)					
4	BEAUTY SERVICES					
5	TALK TIME					
6	ENTERTAINMENT (FILMS, SPORT, MUSIC, PARTIES/FUNCTIONS)					
7	TRANSPORT					
8	OTHER _____					

REMEMBER TO COMPLETE COLUMNS G, H, I, J, K, L, M AT THE BACK OF THE SHEET

Q412 (CONTINUED): RESPONDENT'S EXPENSES IN PAST YEAR							
	G. TYPE OF EXPENDITURE	H. In the past year, did you spend money on [...]?	I. About how much did you spend on [...] in the past year?	J. Was this expenditure linked to a specific season or agricultural time, to a cultural or religious practice, to a specific time in the school year, or to something else?	K. Did you use your own money to pay for [...] or did other person(s) give you money to pay for [...]?	L. Did you have to ask for permission to spend money on [...]?	M. Was [...] for yourself or for other person(s)?
		YES 1 NO 2	ENTER AMOUNT IN KWACHA REBASED	SEASON/AGRICULTURAL 1 CULTURAL/RELIGIOUS 2 SCHOOL 3 SOMETHING ELSE 4 NOTHING 5	OWN MONEY ONLY 1 OWN MONEY & OTHERS 2 OTHERS MONEY ONLY 3	YES 1 NO 2	SELF ONLY 1 SELF & OTHERS 2 OTHERS ONLY 3
		[IF H = '2' → NEXT LINE]					
9	SCHOOL SUPPLIES						
10	SCHOOL FEES						
11	EXAM FEES						
12	RENT						
13	INVESTING IN BUSINESS						
14	HEALTH (MEDICAL SERVICES, MEDICINES, FAMILY PLANNING, HOSPITAL)						
15	TRANSPORT FOR HEALTH SERVICES						
16	FUNERAL						
17	MOBILE PHONE						
18	OTHER _____						

ENGLISH

Q422: RESPONDENT'S SAVINGS IN PAST YEAR

	A. TYPE OF EXPENDITURE	B. In the past year, have you saved your money in this place? YES 1 NO 2 [IF B = '2' → NEXT LINE]	C. About how much do you currently have saved in this place? ENTER AMOUNT IN KWACHA REBASED	D. In the past year, how often did you put money in this place: every week, every month, a few times a year, only once? EVERY WEEK 1 EVERY MONTH 2 A FEW TIMES 3 ONLY ONCE 4 [IF D = '1' OR '2' → F]	E. Were the times when you put money in this place linked to a specific season or agricultural time, to a cultural or religious practice, to a specific time in the school year, or to something else? SEASON/AGRICULTURAL 1 CULTURAL/RELIGIOUS 2 SCHOOL 3 SOMETHING ELSE 4 NOTHING 5	F. In the past year, did you use any of the money that you had put in this place? YES 1 NO 2 [IF F = '2' → NEXT LINE]	G. About how much of the money you had saved in this place did you use in the past year? ENTER AMOUNT IN KWACHA REBASED	H. What did you use this money for? RECORD ALL MENTIONED USE EXPENSE CODES BELOW
1	AT HOME (UNDER THE MATTRESS, IN A BOX, HOLE IN THE GROUND)							
2	WITH A FRIEND							
3	WITH PARENTS/ GUARDIAN							
4	SAVINGS GROUP/ KALOBA/ICHILIMBA							
5	BANK ACCOUNT							
6	SHOPKEEPER							
7	AGRICULTURAL INVESTMENTS							
8	OTHER _____							

EXPENSE CODES FOR H

- | | | | |
|------------------------------|----------------------------------|------------------------------|--|
| 1 = FOOD FOR YOURSELF | 4 = SCHOOL SUPPLIES FOR YOURSELF | 7 = GIFTS | 10 = MEDICAL EXPENSES FOR SELF |
| 2 = FOOD FOR YOUR FAMILY | 5 = SCHOOL FEES FOR SOMEONE ELSE | 8 = SANITARY TOWELS | 11 = MEDICAL EXPENSES FOR SOMEONE ELSE |
| 3 = SCHOOL FEES FOR YOURSELF | 6 = TRANSPORT | 9 = CLOTHES OR PERSONAL CARE | 12 = OTHER (SPECIFY _____) |

Interviewer ID: [_____]

Respondent ID: [_|_|_|_|_|_|_|_|_|_|]

ENGLISH

Q512: RESPONDENT'S SOCIAL NETWORK

I want you to think about the five friends with whom you spend the most time, and whom you consider to be your closest friends. I am going to ask you some questions about each of these friends.					
			1	2	3
A	What is your friend's full name? Does your friend go by a nickname?	FULL NAME NICKNAME			
B	Is [FRIEND] a male or a female?	MALE 1 FEMALE 2			
C	What is the name of the place where [FRIEND] lives?	PLACE NAME			
D	How old is [FRIEND]?	AGE			
E	For how long have you and [FRIEND] known each other?	MONTHS YEARS			
F	Does [FRIEND] go to school? [[IF YES:] What is the name of the school that [FRIEND] attends?	YES 1 NO 2 SCHOOL NAME			
G	[[IF FRIEND IN SCHOOL:] What grade is [FRIEND] attending? [[IF FRIEND NOT IN SCHOOL:] How many grades did [FRIEND] complete?	GRADE: 1-12 IF HIGHER THAN 12: 13 IF NEVER WENT TO SCHOOL: 0			
H	What is [FRIEND]'s religious denomination? What church/mosque does [FRIEND] usually go to?	RELIGION CODES BELOW NAME CHURCH OR MOSQUE			

**REMEMBER TO COMPLETE
ROWS I, J, K, L, M
AT THE BACK OF THE SHEET**

RELIGION CODES
1 = CATHOLIC
2 = PROTESTANT
3 = MUSLIM
4 = OTHER (SPECIFY _____)
5 = NO RELIGION

Q512 (CONTINUED): RESPONDENT'S SOCIAL NETWORK					
			1	2	3
I	[IF FRIEND'S AGE < 15 → K] Is [FRIEND] married or has ever been married?	NEVER MARRIED 1 CURRENTLY MARRIED 2 FORMERLY MARRIED 3			
J	Does [FRIEND] have any children or is currently pregnant?	YES 1 NO 2			
K	When was the last time that you saw or talked to [FRIEND]?	TODAY 1 PAST WEEK 2 PAST MONTH 3 PAST YEAR 4 MORE THAN A YEAR AGO 5			
L	[IF K = '5' → NEXT FRIEND] How often do you usually see or talk to [FRIEND]?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 A FEW TIMES A YEAR 4			
M	What kind of things do you and [FRIEND] talk about [...]? [DO NOT READ LIST; RECORD ALL TOPICS SHE MENTIONS SPONTANEOUSLY] [FOR TOPICS NOT MENTIONED, ASK:] Do you ever talk about [...]?		1 = SPONTANEOUS 2 = AFTER PROBING 3 = NO	1 = SPONTANEOUS 2 = AFTER PROBING 3 = NO	1 = SPONTANEOUS 2 = AFTER PROBING 3 = NO
	a. SCHOOL b. WORK c. MONEY/SAVINGS d. RELIGION e. ASPIRATIONS f. ROMANTIC RELATIONSHIPS/SEX g. MARRIAGE h. CHILDBEARING/FAMILY PLANNING i. HIV/AIDS		a. 1 2 3 b. 1 2 3 c. 1 2 3 d. 1 2 3 e. 1 2 3 f. 1 2 3 g. 1 2 3 h. 1 2 3 i. 1 2 3	a. 1 2 3 b. 1 2 3 c. 1 2 3 d. 1 2 3 e. 1 2 3 f. 1 2 3 g. 1 2 3 h. 1 2 3 i. 1 2 3	a. 1 2 3 b. 1 2 3 c. 1 2 3 d. 1 2 3 e. 1 2 3 f. 1 2 3 g. 1 2 3 h. 1 2 3 i. 1 2 3

ENGLISH

Q708: USE OF HEALTH SERVICES IN PAST YEAR

	A. HEALTH FACILITY I would like to talk about each time that you went to a health facility in the past year, starting with the last (most recent) time that you went. What is the name of the health facility that you went to? What type of health facility is this? RECORD NAME OF PLACE AND FACILITY CODE	B. When did you visit this facility? ENTER MONTH AND YEAR	C. What service(s) did you seek at this facility? RECORD SERVICE CODE(S)	D. Did you receive all the service(s) you were seeking when you visited this facility? YES 1 NO 2	E. Did you receive any services [on top/ instead] of what you went to receive? YES 1 NO 2 IF YES, LIST SERVICE CODE(S)
1	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
2	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
3	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
4	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
5	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
6	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
7	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
8	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):
9	NAME: FACILITY CODE:	MONTH: YEAR:			SERVICE CODE(S):

REMEMBER TO COMPLETE COLUMNS F, G, H, I AT THE BACK OF THE SHEET

- FACILITY CODES**
- PUBLIC HOSPITAL 1
 - PRIVATE HOSPITAL 2
 - MISSION HOSPITAL 3
 - PUBLIC HEALTH CLINIC 4
 - PRIVATE HEALTH CLINIC 5
 - MISSION HEALTH CLINIC 6
 - TRADITIONAL HEALER 7
 - PHARMACY 8
 - OTHER (SPECIFY _____) 9
- SERVICE CODES**
- GENERAL HEALTH/ SICKNESS 1
 - FAMILY PLANNING 2
 - PREGNANCY TEST 3
 - ANTENATAL CARE 4
 - HIV TESTING 5
 - HIV CARE/TREATMENT 6
 - STI TESTING (NON-HIV) 7
 - STI CARE/TREATMENT (NON-HIV) 8
 - CHILD HEALTH/SICKNESS DELIVERY 9
 - POSTNATAL CARE 10
 - OTHER REPRODUCTIVE HEALTH SERVICES 11
 - PHARMACY/VITAMINS/ MEDICINE 12
 - 13

Q708 (CONTINUED): USE OF HEALTH SERVICES IN PAST YEAR

	A. HEALTH FACILITY COPY ALL THE HEALTH FACILITY VISITS LISTED IN COLUMN A, FOLLOWING THE SAME ORDER.	F. Who was/were the health provider(s) of the service(s) you received? RECORD ALL PERSONNEL CODES THAT APPLY	G. About how much did you spend at the health facility (include cost of any medicines)? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT	H. How much time did you spend at the health facility (including waiting time, time with health personnel, time to get medicine)? ENTER TIME IN HOURS AND MINUTES	I. How did you get to this health facility? RECORD TRANSPORT CODE How much did you pay for this transport? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT
1				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
2				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
3				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
4				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
5				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
6				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
7				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
8				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
9				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:

PERSONNEL CODES

- DOCTOR 1
- CLINICAL OFFICER 2
- NURSE/MIDWIFE 3
- TRADITIONAL BIRTH ATTENDANT 4
- COMMUNITY HEALTH WORKER 5
- COMMUNITY HEALTH ASSISTANT 6
- VCT COUNSELLOR 7
- PHARMACIST 8
- ENVIRONMENTAL HEALTH TECHNICIAN (EHT) 9
- TRADITIONAL HEALER 10
- OTHER (SPECIFY _____) 11
- NO ONE 12
- 13

TRANSPORT CODES

- BY FOOT / WALKING 1
- BICYCLE 2
- BUS/MINIBUS/ OTHER PUBLIC TRANSPORT 3
- PRIVATE VEHICLE 4
- OTHER (SPECIFY _____) 5

NYANJA

Q708: USE OF HEALTH SERVICES IN PAST YEAR

	<p>A. HEALTH FACILITY</p> <p>Nifuna kukamba pa nthawi iliyonse yamene munayenda ku chipatala mu caka casila kuyambila nthawi yozilizila yamene munayendako.</p> <p>Nizina bwanji ya chipatala kwamene munayenda? Kodi nichipatala cabwanji ici?</p> <p>RECORD NAME OF PLACE AND FACILITY CODE</p>	<p>B. Kodi munayendako liti kuli ici chipatala?</p> <p>ENTER MONTH AND YEAR</p>	<p>C. Kodi nithandizo ya bwanji yamene munayenda kusakila ku chipatala ici?</p> <p>RECORD SERVICE CODE(S)</p>	<p>D. Kodi munalandila thandizo yonse yamene mwenze kufuna pamene mwenze munayenda ku chipatala ici?</p> <p>YES 1 NO 2</p>	<p>E. Kodi munalandilako thandizo iliyonse kucoselako pali yamene munayendela mu kulandila?</p> <p>YES 1 NO 2</p> <p>IF YES, LIST SERVICE CODE(S)</p>
1	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
2	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
3	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
4	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
5	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
6	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
7	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
8	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
9	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):

REMEMBER TO COMPLETE COLUMNS F, G, H, I AT THE BACK OF THE SHEET

- FACILITY CODES**
- PUBLIC HOSPITAL 1
 - PRIVATE HOSPITAL 2
 - MISSION HOSPITAL 3
 - PUBLIC HEALTH CLINIC 4
 - PRIVATE HEALTH CLINIC 5
 - MISSION HEALTH CLINIC 6
 - TRADITIONAL HEALER 7
 - PHARMACY 8
 - OTHER (SPECIFY _____) 9
- SERVICE CODES**
- GENERAL HEALTH/ SICKNESS 1
 - FAMILY PLANNING 2
 - PREGNANCY TEST 3
 - ANTENATAL CARE 4
 - HIV TESTING 5
 - HIV CARE/TREATMENT 6
 - STI TESTING (NON-HIV) 7
 - STI CARE/TREATMENT (NON-HIV) 8
 - CHILD HEALTH/SICKNESS DELIVERY 9
 - POSTNATAL CARE 10
 - OTHER REPRODUCTIVE HEALTH SERVICES 11
 - PHARMACY/VITAMINS/ MEDICINE 12

Q708 (CONTINUED): USE OF HEALTH SERVICES IN PAST YEAR

	<p>A. HEALTH FACILITY</p> <p>COPY ALL THE HEALTH FACILITY VISITS LISTED IN COLUMN A, FOLLOWING THE SAME ORDER.</p>	<p>F.</p> <p>Kodi pamene munayenda nibandani bamene bana kupasani thandizo yamene munalandila?</p> <p>RECORD ALL PERSONNEL CODES THAT APPLY</p>	<p>G.</p> <p>Kodi ndi zingati zamene munasebenzesa/munat aya ku chipatala (muyikileko mtengo wa mankhwala)?</p> <p>ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT</p>	<p>H.</p> <p>Kodi ni nthawi itali bwanji yamene munatenga ku chipatala (kuikilapo nthawi yoyembezeke na nthawi yokambisana naba za nchito za lemoyo, nanthawi yotenga mankhwala)?</p> <p>ENTER TIME IN HOURS AND MINUTES</p>	<p>I.</p> <p>Kodi munasebenzesa njila zabwanji kuyenda ku chipatala?</p> <p>RECORD TRANSPORT CODE</p> <p>Kodi munalipila zingati poyenda ku chipatala?</p> <p>ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT</p>
1				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
2				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
3				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
4				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
5				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
6				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
7				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
8				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
9				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:

PERSONNEL CODES

DOCTOR	1
CLINICAL OFFICER	2
NURSE/MIDWIFE	3
TRADITIONAL BIRTH ATTENDANT	4
COMMUNITY HEALTH WORKER	5
COMMUNITY HEALTH ASSISTANT	6
VCT COUNSELLOR	7
PHARMACIST	8
ENVIRONMENTAL HEALTH TECHNICIAN (EHT)	9
TRADITIONAL HEALER	10
OTHER (SPECIFY _____)	11
NO ONE	12
	13

TRANSPORT CODES

BY FOOT / WALKING	1
BICYCLE	2
BUS/MINIBUS/ OTHER PUBLIC TRANSPORT	3
PRIVATE VEHICLE	4
OTHER (SPECIFY _____)	5

BEMBA

Q708: USE OF HEALTH SERVICES IN PAST YEAR

	A. HEALTH FACILITY Kuti natemwa ukulandako panshita yonse epomwatandalile ku ciputulwa cabumi mumwaka wapwa, ukwambila nenshita yakulekelesha eyo mwaileko. Lishinanshi ilya iciputulwa cabumi mwaileko? Ciputulwa camusango shani? RECORD NAME OF PLACE AND FACILITY CODE	B. Nilisa mwatandalile iciputulwa ici? ENTER MONTH AND YEAR	C. Bwafwilisho nshi mwalefwaya kuciputulwa ici? RECORD SERVICE CODE(S)	D. Bushe mwalipoka ubwafwilisho bonse mwalefwaya lintu mwatandalile iciputulwa ici? YES 1 NO 2	E. Bushe mwalipokelelapo ubwafwilisho nabumbi ubuli bonse ukulundapo pabwafilisho mwakonkele? YES 1 NO 2 IF YES, LIST SERVICE CODE(S)
1	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
2	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
3	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
4	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
5	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
6	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
7	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
8	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
9	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):

REMEMBER TO COMPLETE COLUMNS F, G, H, I AT THE BACK OF THE SHEET

- FACILITY CODES**
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 - PRIVATE HEALTH CLINIC 5
 - MISSION HEALTH CLINIC 6
 - TRADITIONAL HEALER 7
 - PHARMACY 8
 - OTHER (SPECIFY _____) 9
- SERVICE CODES**
- GENERAL HEALTH/ SICKNESS 1
 - FAMILY PLANNING 2
 - PREGNANCY TEST 3
 - ANTENATAL CARE 4
 - HIV TESTING 5
 - HIV CARE/TREATMENT 6
 - STI TESTING (NON-HIV) 7
 - STI CARE/TREATMENT (NON-HIV) 8
 - CHILD HEALTH/SICKNESS 9
 - DELIVERY 10
 - POSTNATAL CARE 11
 - OTHER REPRODUCTIVE HEALTH SERVICES 12
 - PHARMACY/VITAMINS/ MEDICINE 13

Q708 (CONTINUED): USE OF HEALTH SERVICES IN PAST YEAR

	A. HEALTH FACILITY COPY ALL THE HEALTH FACILITY VISITS LISTED IN COLUMN A, FOLLOWING THE SAME ORDER.	F. Nibanani ba kangilila ba bumi abamyafwilisheko nobwafwilisho mwapokelele? RECORD ALL PERSONNEL CODES THAT APPLY	G. Mwaposele shinga kuchiputulwa cha bumi (ukubikilako nolupiya mwaposele pa muti)? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT	H. Ninshitanshi mwaposele pa chiputulwa chabumi (ukubikilako nshita mwalelelela nshita mwali naba kangalilaba bumi elo nenshita mwapokelele umuti)? ENTER TIME IN HOURS AND MINUTES	I. Mwafikile shani kulichi chiputulwa chabum? RECORD TRANSPORT CODE Mwalipile shinga? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT
1				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
2				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
3				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
4				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
5				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
6				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
7				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
8				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:
9				HOURS: MINUTES:	TRANSPORT CODE: PAYMENT:

PERSONNEL CODES

- DOCTOR 1
- CLINICAL OFFICER 2
- NURSE/MIDWIFE 3
- TRADITIONAL BIRTH ATTENDANT 4
- COMMUNITY HEALTH WORKER 5
- COMMUNITY HEALTH ASSISTANT 6
- VCT COUNSELLOR 7
- PHARMACIST 8
- ENVIRONMENTAL HEALTH TECHNICIAN (EHT) 9
- TRADITIONAL HEALER 10
- OTHER (SPECIFY _____) 11
- NO ONE 12
- 13

TRANSPORT CODES

- BY FOOT / WALKING 1
- BICYCLE 2
- BUS/MINIBUS/ OTHER PUBLIC TRANSPORT 3
- PRIVATE VEHICLE 4
- OTHER (SPECIFY _____) 5

KAONDE

Q708: USE OF HEALTH SERVICES IN PAST YEAR

	A. HEALTH FACILITY Bena kukeba kwamba, pakimye kyonse, pomwaile kukipatele mumwaka wapita, kutendekelapo ne kimye kyapelako mukatatata pomwaileko. Ke jizhina ka, ja kipatela komwaile? Akye kipatela kyabepi? RECORD NAME OF PLACE AND FACILITY CODE	B. Mwaileko jubaka kukipatela? ENTER MONTH AND YEAR	C. Bukwashoka bo mwakebelenga, akwe ku kipatela? RECORD SERVICE CODE(S)	D. Bushe mwatambwile bukwaso bonse bo mwakebelenga po mwaile ku kipatela? YES 1 NO 2	E. Bushe mwatambwileko bukwaso bukwapo peulu, pabukwaso bo mwaile nakutambula? YES 1 NO 2 IF YES, LIST SERVICE CODE(S)
1	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
2	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
3	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
4	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
5	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
6	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
7	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
8	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):
9	NAME: FACILITY CODE:	MONTH YEAR			SERVICE CODE(S):

REMEMBER TO COMPLETE COLUMNS F, G, H, I AT THE BACK OF THE SHEET

- FACILITY CODES**
- PUBLIC HOSPITAL 1
 - PRIVATE HOSPITAL 2
 - MISSION HOSPITAL 3
 - PUBLIC HEALTH CLINIC 4
 - PRIVATE HEALTH CLINIC 5
 - MISSION HEALTH CLINIC 6
 - TRADITIONAL HEALER 7
 - PHARMACY 8
 - OTHER (SPECIFY _____) 9
- SERVICE CODES**
- GENERAL HEALTH/ SICKNESS 1
 - FAMILY PLANNING 2
 - PREGNANCY TEST 4
 - ANTENATAL CARE 3
 - HIV TESTING 5
 - HIV CARE/TREATMENT 6
 - STI TESTING (NON-HIV) 7
 - STI CARE/TREATMENT (NON-HIV) 8
 - CHILD HEALTH/SICKNESS DELIVERY 9
 - DELIVERY 10
 - POSTNATAL CARE 11
 - OTHER REPRODUCTIVE HEALTH SERVICES 12
 - PHARMACY/VITAMINS/ MEDICINE 13

Q708 (CONTINUED): USE OF HEALTH SERVICES IN PAST YEAR

	<p>A. HEALTH FACILITY COPY ALL THE HEALTH FACILITY VISITS LISTED IN COLUMN A, FOLLOWING THE SAME ORDER.</p>	<p>F. Ba n'anyi bemipele bukwasho bo mwatabwile? RECORD ALL PERSONNEL CODES THAT APPLY</p>	<p>G. Mwaiginjisho maali akufika nobe ku inga kukipatela kubikilaka na maali yomwapotele muchi? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT</p>	<p>H. Mwaigijisho kimye kyakufika nobe kuka ku kipatela, kubikilako kimye kya kupembela, kimye kyo mwajinga naba doctor, ne kimye kyo mwaile nakutabula muchi? ENTER TIME IN HOURS AND MINUTES</p>	<p>I. Mwayendele byepi pakuba amba mufike kukipatela? RECORD TRANSPORT CODE Mwalipijile maali akufika nobe kuinga, ku transport womwaigijisho? ENTER AMOUNT IN KWACHA REBASED OR "0" IF NO PAYMENT</p>
1				HOURS:	TRANSPORT CODE:
2				MINUTES:	PAYMENT:
3				HOURS:	TRANSPORT CODE:
4				MINUTES:	PAYMENT:
5				HOURS:	TRANSPORT CODE:
6				MINUTES:	PAYMENT:
7				HOURS:	TRANSPORT CODE:
8				MINUTES:	PAYMENT:
9				HOURS:	TRANSPORT CODE:
				MINUTES:	PAYMENT:

PERSONNEL CODES

- DOCTOR 1
- CLINICAL OFFICER 2
- NURSE/MIDWIFE 3
- TRADITIONAL BIRTH ATTENDANT 4
- COMMUNITY HEALTH WORKER 5
- COMMUNITY HEALTH ASSISTANT 6
- VCT COUNSELLOR 7
- PHARMACIST 8
- ENVIRONMENTAL HEALTH TECHNICIAN (EHT) 9
- TRADITIONAL HEALER 10
- OTHER (SPECIFY _____) 11
- NO ONE 12
- 13

TRANSPORT CODES

- BY FOOT / WALKING 1
- BICYCLE 2
- BUS/MINIBUS/ OTHER PUBLIC TRANSPORT 3
- PRIVATE VEHICLE 4
- OTHER (SPECIFY _____) 5

ENGLISH

LITERACY, MATHEMATIC, AND COGNITIVE EVALUATION

IDENTIFICATION													
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SECTION A: LITERACY EVALUATION		
A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
	Now I would like you to read this sentence to me. [SHOW SENTENCES TO RESPONDENT] [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:] Can you read any part of the sentence to me?	
A1	[SENTENCE IN NYANJA] Ulimi ninchito yolimba.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A2	[SENTENCE IN LOCAL LANGUAGE 2] Indicate chosen language: NYANJA 1 BEMBA 2 KAONDE 3	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A3	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A4	[SENTENCE IN ENGLISH 2] Children work hard in school.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A5	RECORD THE TIME END SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
	[HAND THE QUESTIONNAIRE TO THE PARTICIPANT FOR THE ENTIRE MATHEMATICAL EVALUATION SECTION AND ASSIST THE PARTICIPANT IN INSERTING THEIR ANSWERS IN THE CORRECT PLACE. IF THE PARTICIPANT HAS QUESTIONS ABOUT THE PROBLEMS, YOU MAY HELP HER TO UNDERSTAND THE MEANING OF A QUESTION BUT <u>DO NOT</u> ASSIST HER IN FINDING THE ANSWER. LET THE RESPONDENT KNOW HOW LONG SHE WILL HAVE TO COMPLETE THE EXERCISE AND MAKE CLEAR THAT IF SHE DOES NOT KNOW AN ANSWER TO A QUESTION SHE SHOULD FEEL FREE TO MOVE ON TO THE NEXT] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 4 OR LOWER: ASK TO COMPLETE B1-B10] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 5 OR 6: ASK TO COMPLETE B1-B15] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 7 OR HIGHER: ASK TO COMPLETE B1-B20]	TIME LIMIT 15 MINUTES 20 MINUTES 25 MINUTES
B0	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
B1	Write the missing number: 14, 15, ____, 17, ____, 19, 20, ____, ____, 23.	
B2	Write these numbers in order starting from the biggest number to the smallest 8, 10, 5, 11, 4: ____, ____, ____, ____, ____.	
B3	Adding: $8 + 5 = \square$	$\begin{array}{r} 258 \\ + 310 \\ \hline \square \end{array}$
B4	Subtracting: $15 - 9 = \square$	$\begin{array}{r} 494 \\ - 253 \\ \hline \square \end{array}$
B5	Multiplying: $4 \times 7 = \square$	$\begin{array}{r} 29 \\ \times 5 \\ \hline \square \end{array}$
B6	Dividing: $18 \div 6 = \square$ $735 \div 3 = \square$	
B7	Fractions: $\frac{1}{7} + \frac{3}{7} = \square$ $\frac{5}{9} - \frac{2}{9} = \square$	
B8	Chilufya borrowed K 18 from his father. He paid back K 11. How much was left to pay?	\square
B9	A teacher shared 45 sweets between 9 pupils. If the pupils had equal shares, how many sweets did each pupil receive?	\square
B10	How many half-kg packets of sugar weigh 3 kg?	\square

SECTION B: MATHEMATICAL EVALUATION		
Here are a few more questions where you can use your mathematical skills.		
B11	A baker made 5453 buns on Friday and 7874 buns on Saturday. Find the number of buns which were baked in the two days.	<input type="text"/>
B12	A man bought a bicycle at K 15 and sold it at K 20 . What was his profit in kwacha?	<input type="text"/>
B13	A tailor made a dress at a cost of K 35 and sold it at K 29 . What loss in kwacha did she make?	<input type="text"/>
B14	Chicai started walking from her home at 07 10 hrs and reached school at 08 20 hrs . How long did she take?	<input type="text"/>
B15	Find the area of a square whose length is 6 cm .	<input type="text"/>
Here are few more problems that you can solve using your mathematical skills.		
B16	$\frac{3}{4} + \frac{1}{5} =$ <input type="text"/>	
B17	Change 0.27 into a percentage.	<input type="text"/>
B18	Find the missing number. <input type="text"/> x 7 = 21	
B19	If x + 3 = 10 , what is x equal to?	<input type="text"/>
B20	Liseli leaves K 800 in her bank savings account for one year. The simple interest paid by the bank is 5% per year. Find the new balance of Liseli's account at the end of one year.	<input type="text"/>
B21	RECORD THE TIME END SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION C: COGNITIVE EVALUATION		
<p>The following is a game. I am going to show you a few diagrammatic drawings. Each drawing contains a pattern that has one piece missing. For the missing piece, you will be shown different choices for ways to fill in the blank area. I would like you to consider all the available choices and then select the piece that you think best fits into the patterned drawing that you are looking at. Think of this like a puzzle, where you need to insert the piece that fits best with the drawing you see. I will show you each drawing and different choices for the pieces that could fit. For each drawing, please indicate the piece that you see as the best one to complete the pattern.</p> <p>[FOR EACH DRAWING, RECORD THE NUMBER OF THE MISSING PIECE (1, 2, 3, 4, 5, OR 6) THAT THE PARTICIPANT SELECTS; IF THE PARTICIPANTS SAYS DON'T KNOW, RECORD 88. IF THE PARTICIPANT DOES NOT WANT TO ANSWER, RECORD 77.]</p>		
D0	RECORD THE TIME BEGUN SECTION C USE 24 HOUR TIME	HOUR MINUTES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
	<p>PRACTICE D1 </p> <p>PRACTICE D2 </p> <p> D3 </p> <p> D4 </p> <p> D5 </p> <p> D6 </p> <p> D7 </p> <p> D8 </p> <p> D9 </p>	<p>D10 </p> <p>D11 </p> <p>D12 </p> <p>D13 </p> <p>D14 </p> <p>D15 </p> <p>D16 </p> <p>D17 </p> <p>D18 </p>
D19	RECORD THE TIME END SECTION C USE 24 HOUR TIME	HOUR MINUTES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>

NYANJA

LITERACY, MATHEMATIC, AND COGNITIVE EVALUATION

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SECTION A: LITERACY EVALUATION		
A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
	Manje nifuna mubelenge ivi volemba. [SHOW SENTENCES TO RESPONDENT] [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:] Kodi munganibelengelako mbali iliyonse ya ivi volemba?	
A1	[SENTENCE IN NYANJA] Ulimi ninchito yolimba.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A2	[SENTENCE IN LOCAL LANGUAGE 2] Indicate chosen language: NYANJA 1 BEMBA 2 KAONDE 3	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A3	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A4	[SENTENCE IN ENGLISH 2] Children work hard in school.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A0	RECORD THE TIME END SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
	[HAND THE QUESTIONNAIRE TO THE PARTICIPANT FOR THE ENTIRE MATHEMATICAL EVALUATION SECTION AND ASSIST THE PARTICIPANT IN INSERTING THEIR ANSWERS IN THE CORRECT PLACE. IF THE PARTICIPANT HAS QUESTIONS ABOUT THE PROBLEMS, YOU MAY HELP HER TO UNDERSTAND THE MEANING OF A QUESTION BUT DO NOT ASSIST HER IN FINDING THE ANSWER. LET THE RESPONDENT KNOW HOW LONG SHE WILL HAVE TO COMPLETE THE EXERCISE AND MAKE CLEAR THAT IF SHE DOES NOT KNOW AN ANSWER TO A QUESTION SHE SHOULD FEEL FREE TO MOVE ON TO THE NEXT] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 4 OR LOWER: ASK TO COMPLETE B1-B10] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 5 OR 6: ASK TO COMPLETE B1-B15] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 7 OR HIGHER: ASK TO COMPLETE B1-B20]	TIME LIMIT 15 MINUTES 20 MINUTES 25 MINUTES
B0	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
B1	Lemba manambala yamene palibe: 14, 15, ____, 17, ____, 19, 20, ____, ____, 23.	
B2	Lemba manambala aya mumundandanda kuyambila ikulu kusilizila ing'ono 8, 10, 5, 11, 4: ____, ____, ____, ____, ____.	
B3	Adding: $8 + 5 = \square$	$\begin{array}{r} 258 \\ + 310 \\ \hline \square \end{array}$
B4	Subtracting: $15 - 9 = \square$	$\begin{array}{r} 494 \\ - 253 \\ \hline \square \end{array}$
B5	Multiplying: $4 \times 7 = \square$	$\begin{array}{r} 29 \\ \times 5 \\ \hline \square \end{array}$
B6	Dividing: $18 \div 6 = \square$ $735 \div 3 = \square$	
B7	Fractions: $\frac{1}{7} + \frac{3}{7} = \square$ $\frac{5}{9} - \frac{2}{9} = \square$	
B8	Chilufya anakongola K18 kuliba tate bake. Analipilako K11. Kodi kunasala zingati kuti asilize kulipila?	<input type="text"/>
B9	Apunzisi anagabanisa ma switi yali 45 pali bana ba sukulu bali 9. Ngati banaba pasa yolingana, kodi niyangati yamene mwana wa sukulu umodzi anatenga?	<input type="text"/>
B10	Kodi niyangati ma packet ya half ya sugar yamene yangaleme kufika 3kg?	<input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
Apa pali mafunso yenangu yamene muzasebenzesa nzelu zanu zamasamu.		
B11	Abaker anapanga ma buns yali 5453 pa Cisanu (Friday) pa Cibelu (Saturday) anapanga yali 7874 . Peza namba yama buns yanapangiwa mu masiku yabili aya.	<input type="text"/>
B12	Mwamuna anagula njinga pa K 15 abwela aigulisa pa K 20 . Yenze zingati profit yake?	<input type="text"/>
B13	Atelala anapanga delesi pamutengo wa K 35 anagulisa pamutengo wa K 29 . Analuza zingati?	<input type="text"/>
B14	Chicai anayamba kuyenda kucoke panyumba pawo na 07 10 hrs nakufika kusukulu na 08 20 hrs . Kodi anatenga nthawi itali bwanji?	<input type="text"/>
B15	Pezani area ya square yemene ilinautali wa 6 cm .	<input type="text"/>
Apa pali mafunso yenangu futi yamene muzasebenzesa nzelu zamasamu kupeza masamu aya.		
B16	$\frac{3}{4} + \frac{1}{5} =$ <input type="text"/>	
B17	Chinjani 0.27 muma percentage.	<input type="text"/>
B18	Pezani nambala yamene siyilipo.	<input type="text"/> x 7 = 21
B19	If $x + 3 = 10$, what is x equal to?	<input type="text"/>
B20	Liseli asiya K 800 mu savings account yake ku bank pacaka cimodzi. 5% interest ilipiliwa nabaku bank pa caka. Peza ndalama zamene zizankalamo mu account ya Liseli pakusila kwa caka.	<input type="text"/>
B21	RECORD THE TIME END SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION C: COGNITIVE EVALUATION		
<p>Cokonkapo ni game. Nizakulangiza zing'ono zazitunzitanzi zolembewa. Ciliconse colembewa cilipo nambali yamene siyilipo, nizakuonesa masanko yosiyanasiyana munjila mofakila mumalo mwamene mulibe. Nifuna uganizilepo pali masanko yamene yalipo nakusankapo mbali yamene uganizila kuti izakwana bwino pamalo pamene uyangana. Ganizilapo monga ni puzzle, pamene ufunika kuyika mbali yamene ikwanila bwino mukantunzi kamene uwona. Nizakulangiza mbali zonse nambali zosiyanasiyana zamene zingakwane. Pali ntunzi iliyonse, nipempako kuti unilangize mbali yamene uwona kuti izasiliza puzzle bwino bwino.</p> <p>[FOR EACH DRAWING, RECORD THE NUMBER OF THE MISSING PIECE (1, 2, 3, 4, 5, OR 6) THAT THE PARTICIPANT SELECTS; IF THE PARTICIPANTS SAYS DON'T KNOW, RECORD 88. IF THE PARTICIPANT DOES NOT WANT TO ANSWER, RECORD 77.]</p>		
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BEMBA

LITERACY, MATHEMATIC, AND COGNITIVE EVALUATION

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SECTION A: LITERACY EVALUATION		
A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
	Nomba nalatemwa ukuti mumbelengeleko ifi filembelwe. [SHOW SENTENCES TO RESPONDENT] [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:] Kuti wambelengelako ifili fyonse pali aya amalembo?	
A1	[SENTENCE IN NYANJA] Ulimi ninchito yolimba.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A2	[SENTENCE IN LOCAL LANGUAGE 2] Indicate chosen language: NYANJA 1 BEMBA 2 KAONDE 3	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A3	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A4	[SENTENCE IN ENGLISH 2] Children work hard in school.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A0	RECORD THE TIME END SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
	[HAND THE QUESTIONNAIRE TO THE PARTICIPANT FOR THE ENTIRE MATHEMATICAL EVALUATION SECTION AND ASSIST THE PARTICIPANT IN INSERTING THEIR ANSWERS IN THE CORRECT PLACE. IF THE PARTICIPANT HAS QUESTIONS ABOUT THE PROBLEMS, YOU MAY HELP HER TO UNDERSTAND THE MEANING OF A QUESTION BUT DO NOT ASSIST HER IN FINDING THE ANSWER. LET THE RESPONDENT KNOW HOW LONG SHE WILL HAVE TO COMPLETE THE EXERCISE AND MAKE CLEAR THAT IF SHE DOES NOT KNOW AN ANSWER TO A QUESTION SHE SHOULD FEEL FREE TO MOVE ON TO THE NEXT] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 4 OR LOWER: ASK TO COMPLETE B1-B10] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 5 OR 6: ASK TO COMPLETE B1-B15] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 7 OR HIGHER: ASK TO COMPLETE B1-B20]	TIME LIMIT 15 MINUTES 20 MINUTES 25 MINUTES
B0	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
B1	Lemba ama nambala ayabulile: 14, 15, ____, 17, ____, 19, 20, ____, ____, 23.	
B2	Lemba aya ama nambala ukufuma ku iyikulu ukulekelesha kuinono 8, 10, 5, 11, 4: ____, ____, ____, ____, ____.	
B3	Adding: $8 + 5 = \square$	$\begin{array}{r} 258 \\ + 310 \\ \hline \square \end{array}$
B4	Subtracting: $15 - 9 = \square$	$\begin{array}{r} 494 \\ - 253 \\ \hline \square \end{array}$
B5	Multiplying: $4 \times 7 = \square$	$\begin{array}{r} 29 \\ \times 5 \\ \hline \square \end{array}$
B6	Dividing: $18 \div 6 = \square$ $735 \div 3 = \square$	
B7	Fractions: $\frac{1}{7} + \frac{3}{7} = \square$ $\frac{5}{9} - \frac{2}{9} = \square$	
B8	Chilufya ayashime K 18 kuli ba wishi. Abweseshe K 11. Bushe nilunga lushele ukutila apwisha uku bwesha ulupiya?	\square
B9	Ba kafundisha bayakenye amaswiti ayali 45 kubana be sukulu abali 9. Cila mwana nga apokele amaswiti yalingana nabanakwe, bushe niyanga amaswiti eyo cila mwana apokele?	\square
B10	Bushe niyanga ama afu kg ya shuga ayeenga fina 3 kg?	\square

SECTION B: MATHEMATICAL EVALUATION		
Apa pali amepusho nayambi ayalefwaika uku bomfya amano yobe munsamushi.		
B11	Ka panga wamukate, apangile ama buns 5453 pa Friday, elo apanga ayali 7874 pa Saturday. Fwaya impendwa yama buns eyo apangile munshiku ishi shibili?	<input type="text"/>
B12	Umwaume alishitile injinga iya pamutengo wa K 15 elyo aishitisha pa K 20 . Bushe asangilemo lunga ulwapulilemo?	<input type="text"/>
B13	Kabila wamalaya, abilile ilaya pamutengo wa K 35 elyo ashitisha pa K 29 , bushe nilunga alushilemo?	<input type="text"/>
B14	Chicai ayambile ukwenda ukufuma ku ng'anda pa 07 10 hrs yakacelo elo afika ku sukulu ne nshita ya 08 20 hrs iyakacelo. Bushe asendele inshita inga?	<input type="text"/>
B15	Fwayeni area ya square iyilepele mubutali 6 cm .	<input type="text"/>
Here are few more problems that you can solve using your mathematical skills.		
B16	$\frac{3}{4} + \frac{1}{5} =$ <input type="text"/>	
B17	Twaleni 0.27 muma percentage. <input type="text"/>	
B18	Fwayeni nambala iyibulile. <input type="text"/> x 7 = 21	
B19	If $x + 3 = 10$, what is x equal to? <input type="text"/>	
B20	Liseli asha K 800 mu banki iytwa savings account pa mwaka, iyi banki ilundapo 5% interest. Fwayeni ulupiya ulwinga bamo muli account yakwa Liseli pampela ya mwaka. <input type="text"/>	
B21	RECORD THE TIME END SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION C: COGNITIVE EVALUATION		
<p>Akalakonkapo kabwangalo. Nalamilangako ifikope ifyalengwa. Mucikope conse muli kamo akalengelwe aka bulilemo. Pali aka akabulilemo, nalakulanga utulengwa utwingalingana necilengwa. Ndefwaya uloleshepo pali tonse eto nalakulanga, elyo iwe usalepo eko walamona ati kalinga mucilengwa ulemona. Tontonkanya ukutila iyi ni puzzle, emo ulefwaika ukubika ichilengwa ichilelingana nechi lengwa icho ule mona. Nala kulanga cila cilengwa ne misango iyapusanpusa iyi ngedelana. Pa cilengwa conse, napapata langisha ico ulemona ukutila eci lingene ne cilengwa.</p> <p>[FOR EACH DRAWING, RECORD THE NUMBER OF THE MISSING PIECE (1, 2, 3, 4, 5, OR 6) THAT THE PARTICIPANT SELECTS; IF THE PARTICIPANTS SAYS DON'T KNOW, RECORD 88. IF THE PARTICIPANT DOES NOT WANT TO ANSWER, RECORD 77.]</p>		
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LOGGED BY: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> DATE: _____				ENTERED BY: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> DATE: _____			

SECTION A: LITERACY EVALUATION		
A0	RECORD THE TIME BEGUN SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
	Pano mbeni kukeba muntangileko abyebyambo. [SHOW SENTENCES TO RESPONDENT] [IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:] Mwakonsha kubelenga byambo biji byonse kwiami?	
A1	[SENTENCE IN NYANJA] Ulimi ninchito yolimba.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A2	[SENTENCE IN LOCAL LANGUAGE 2] Indicate chosen language: NYANJA 1 BEMBA 2 KAONDE 3	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A3	[SENTENCE IN ENGLISH 1] Parents love their children.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A4	[SENTENCE IN ENGLISH 2] Children work hard in school.	CANNOT READ AT ALL 1 READ ONLY PARTS OF THE SENTENCE 2 READ WHOLE SENTENCE 3
A0	RECORD THE TIME END SECTION A USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
	[HAND THE QUESTIONNAIRE TO THE PARTICIPANT FOR THE ENTIRE MATHEMATICAL EVALUATION SECTION AND ASSIST THE PARTICIPANT IN INSERTING THEIR ANSWERS IN THE CORRECT PLACE. IF THE PARTICIPANT HAS QUESTIONS ABOUT THE PROBLEMS, YOU MAY HELP HER TO UNDERSTAND THE MEANING OF A QUESTION BUT DO NOT ASSIST HER IN FINDING THE ANSWER. LET THE RESPONDENT KNOW HOW LONG SHE WILL HAVE TO COMPLETE THE EXERCISE AND MAKE CLEAR THAT IF SHE DOES NOT KNOW AN ANSWER TO A QUESTION SHE SHOULD FEEL FREE TO MOVE ON TO THE NEXT] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 4 OR LOWER: ASK TO COMPLETE B1-B10] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 5 OR 6: ASK TO COMPLETE B1-B15] [IF RESPONDENT'S HIGHEST GRADE COMPLETED IS 7 OR HIGHER: ASK TO COMPLETE B1-B20]	TIME LIMIT 15 MINUTES 20 MINUTES 25 MINUTES
B0	RECORD THE TIME BEGUN SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION B: MATHEMATICAL EVALUATION		
B1	Lembayi nambala yabulapo: 14, 15, ____, 17, ____, 19, 20, ____, ____, 23.	
B2	Lembayi aye manambala kutendekela neyi katampe kulekelesha neyicheche 8, 10, 5, 11, 4: ____, ____, ____, ____, ____.	
B3	Adding: $8 + 5 = \square$	$\begin{array}{r} 258 \\ + 310 \\ \hline \square \end{array}$
B4	Subtracting: $15 - 9 = \square$	$\begin{array}{r} 494 \\ - 253 \\ \hline \square \end{array}$
B5	Multiplying: $4 \times 7 = \square$	$\begin{array}{r} 29 \\ \times 5 \\ \hline \square \end{array}$
B6	Dividing: $18 \div 6 = \square$ $735 \div 3 = \square$	
B7	Fractions: $\frac{1}{7} + \frac{3}{7} = \square$ $\frac{5}{9} - \frac{2}{9} = \square$	
B8	Chilufya wakongwele maali akufika ku K 18 kwibashanji, wibapeleko K 11, kwashagile maali anga? \square	
B9	Bafungishi ba abenye ma sweet 45 pabaana basukulu baji 9, nge baana bakusukulu bajinga nalubaji lwakumanyina, ma sweet yanga yowatambwile uji wonse mwaana wasukulu? \square	
B10	Ma half kg anga asugar woakonsha kufikizha 3kg? \square	

SECTION B: MATHEMATICAL EVALUATION		
Pano nsakwimipuzha mepuzho acheche kukeba kumona mana yenu mumakumi.		
B11	Bapanga mabread, bapangile mabuns aji 5453 pa Friday ne 7874 buns pa Saturday. Tanwayi nambala wama buns woapangile mumooba abiji.	<input type="text"/>
B12	Wamulume wapotele nkinga pa K 15 ne kwiyipotesha pa K 20 , watainemo profit yakufika nobe kuyinga mumakwacha?	<input type="text"/>
B13	Ba tailor bapangile dress pamutengo wakufika ku K 35 nekwiipotesha pa K 29 . Ba luzhile maali akufika nobe kuyinga.	<input type="text"/>
B14	Chicai watendekele kwenda kufuma kunzubo pa kimye kya 07 10 hrs nekufika kusukulu pa kimye kya 08 20 hrs . Watayile kimye kyabaya byepi?	<input type="text"/>
B15	Tanayi area ya square yoyiji na length ya 6 cm .	<input type="text"/>
Pano keaye masamushi acheche yomwakonsha kutana nemana muji nawo mumakumi.		
B16	$\frac{3}{4} + \frac{1}{5} = \boxed{}$	
B17	Chinjayi 0.27 mupercentage.	<input type="text"/>
B18	Tanayi nambala yabulapo.	<input type="text"/> x 7 = 21
B19	If $x + 3 = 10$, what is x equal to?	<input type="text"/>
B20	Liseli washa maali akufika ku K 800 mubanki yangi wa savings account pa mwaka umo, banki ubikapo maali acheche peulu akufika ku 5% pa mwaka. Tanayi inga yo afikile maali anji Liseli yonse mu account pakupwa kwa mwaka.	<input type="text"/>
B21	RECORD THE TIME END SECTION B USE 24 HOUR TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>

SECTION C: COGNITIVE EVALUATION		
<p>Akwe kekukaya, nsakwimitajisha bintu bicheche byakufunjika funjika. Byakufunjika biji byonse biji nakalubaji kabulapo, pakalubaji kabulapo nsakwimitajisha mikumbu yapusana pusana, mbeni kukeba mutale payonse mikumbu yapusana pusana nekusalapo kalubaji komwamona amba kakonsha kukwana pabibye byakufunjika funjika, mulanguluke pabyobyoby bintu nobe puzzle pomusakukebeka kubika kalubaji pabya kufunjika byo mwena kumona, nsakwimitajisha byakufunjika pyapusana pusana byo byakonsha kufika mukalubaji ko kenakukebeka. Talaipo kalubaji komwena kumona kuba amba kakosha kukwana mubyakufunjika.</p> <p>[FOR EACH DRAWING, RECORD THE NUMBER OF THE MISSING PIECE (1, 2, 3, 4, 5, OR 6) THAT THE PARTICIPANT SELECTS; IF THE PARTICIPANTS SAYS DON'T KNOW, RECORD 88. IF THE PARTICIPANT DOES NOT WANT TO ANSWER, RECORD 77.]</p>		
D19	RECORD THE TIME BEGUN SECTION C USE 24 HOUR TIME	HOUR MINUTES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
	<p>PRACTICE</p> <p>D1 <input style="width: 30px; height: 30px; background-color: #cccccc;" type="text"/></p> <p>PRACTICE</p> <p>D2 <input style="width: 30px; height: 30px; background-color: #cccccc;" type="text"/></p> <p>D3 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D4 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D5 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D6 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D7 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D8 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D9 <input style="width: 30px; height: 30px;" type="text"/></p>	<p>D10 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D11 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D12 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D13 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D14 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D15 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D16 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D17 <input style="width: 30px; height: 30px;" type="text"/></p> <p>D18 <input style="width: 30px; height: 30px;" type="text"/></p>
D19	RECORD THE TIME END SECTION C USE 24 HOUR TIME	HOUR MINUTES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>

**ADOLESCENT GIRLS EMPOWERMENT PROGRAM
ANTHROPOMETRY FORM**

DATE: DAY MONTH 2013 TIME: (24 HOUR TIME) START: END:	INTERVIEWER ID:	RESPONDENT ID
---	------------------------	----------------------

RESPONDENT'S HEIGHT

RESPONDENT'S HEIGHT IN CENTIMETERS CM	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	RESULT CODE: 1 = COMPLETED AT HOUSEHOLD 2 = COMPLETED AT OTHER LOCATION 3 = REFUSED 9 = RESPONDENT PHYSICALLY DISABLED 14 = OTHER, FINAL RESULT _____ 27 = OTHER, REVISIT NEEDED _____
--	---	---

RESPONDENT'S WEIGHT

RESPONDENT'S WEIGHT IN KILOGRAMS KG	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	RESULT CODE: 1 = COMPLETED AT HOUSEHOLD 2 = COMPLETED AT OTHER LOCATION 3 = REFUSED 9 = RESPONDENT PHYSICALLY DISABLED 14 = OTHER, FINAL RESULT _____ 27 = OTHER, REVISIT NEEDED _____
--	---	---

RESPONDENT'S CHILDREN

Does the respondent have any living children? YES NO → END

Does this child/ Do these children live with the respondent? YES NO → END

	1st child		2nd child	
NAME OF CHILD (from Q928)	_____		_____	
CHILD'S DATE OF BIRTH (from Q931)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CHILD'S CURRENT AGE (from Q953) RECORD AGE IN COMPLETED YEARS	AGE <input type="text"/> <input type="text"/>		AGE <input type="text"/> <input type="text"/>	
	[If child >5 years old → next child]		[If child >5 years old → End]	
CHILD'S HEIGHT IN CENTIMETERS	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> MEASUREMENT TAKEN: LYING DOWN 1 STANDING UP 2	RESULT CODE: 1 = COMPLETED AT HH 2 = COMPLETED OTHER 3 = RESP. REFUSED 15 = CHILD REFUSED 16 = CHILD DISABLED 14 = OTHER, FINAL 28 = CHILD NOT PRESENT 27 = OTHER, REVISIT	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> MEASUREMENT TAKEN: LYING DOWN 1 STANDING UP 2	RESULT CODE: 1 = COMPLETED AT HH 2 = COMPLETED OTHER 3 = RESP. REFUSED 15 = CHILD REFUSED 16 = CHILD DISABLED 14 = OTHER, FINAL 28 = CHILD NOT PRESENT 27 = OTHER, REVISIT
CHILD'S WEIGHT IN KILOGRAMS	KG <input type="text"/> <input type="text"/> . <input type="text"/> MEASUREMENT TAKEN: ALONE 1 WHILE BEING HELD 2	RESULT CODE: 1 = COMPLETED AT HH 2 = COMPLETED OTHER 3 = RESP. REFUSED 15 = CHILD REFUSED 16 = CHILD DISABLED 14 = OTHER, FINAL 28 = CHILD NOT PRESENT 27 = OTHER, REVISIT	KG <input type="text"/> <input type="text"/> . <input type="text"/> MEASUREMENT TAKEN: ALONE 1 WHILE BEING HELD 2	RESULT CODE: 1 = COMPLETED AT HH 2 = COMPLETED OTHER 3 = RESP. REFUSED 15 = CHILD REFUSED 16 = CHILD DISABLED 14 = OTHER, FINAL 28 = CHILD NOT PRESENT 27 = OTHER, REVISIT

NOTES _____ _____ _____ _____ _____ _____ _____ _____

SUPERVISOR: SIGN _____ DATE _____	
ENTERED BY: SIGN _____ DATE _____	

**ADOLESCENT GIRLS EMPOWERMENT PROGRAM
BIOMARKER FORM - LUSAKA SITES**

FORM NUMBER:

--	--	--	--

RESPONDENT ID

--	--	--	--	--	--	--	--	--	--

CLINIC CODE:

--

A CHAWAMA
B CHAZANGA
C CHIPATA

D KAMWALA
E KANYAMA

HIV TEST

DATE: DAY MONTH 2013

--	--	--	--	--	--	--	--

TIME: (24 HOUR TIME)
START: END:

--	--	--	--	--	--	--	--

INTERVIEWER ID:

--	--	--

RESULT CODE:

--

HIV RESULT CODES:
1 = COMPLETED AT HOUSEHOLD
2 = COMPLETED AT OTHER LOCATION
9 = INCAPABLE PHYSICALLY OR MENTALLY
17 = REFUSED HIV, ALREADY BEEN TESTED
18 = REFUSED HIV, OTHER REASON
14 = OTHER, FINAL
26 = PRIVACY NOT OBTAINED
27 = OTHER, REVISIT NEEDED

CONSENT OBTAINED?

YES ... 1 → SIGN

--	--	--	--

NO ... 2 → EXPLAIN ON OBSERVATION PAGE

--	--	--	--

DETERMINE		UNIGOLD	
LOT	LOT	LOT	LOT
EXP DATE	EXP DATE	EXP DATE	EXP DATE
REACTIVE 1	REACTIVE 1	REACTIVE 1	REACTIVE 1
NON-REACTIVE 2	NON-REACTIVE 2	NON-REACTIVE 2	NON-REACTIVE 2

FINAL RESULT:
POSITIVE 1
NEGATIVE 2
INDETERMINATE 3

RESULTS GIVEN?
YES ... 1 NO ... 2
REFERRED FOR SERVICES?
YES ... 1 NO ... 2

IF FINAL RESULT INDET:
SPECIMEN COLLECTED FOR LAB TESTING?
YES ... 1
NO ... 2 → EXPLAIN

HSV-2 TEST

DATE: DAY MONTH 2013

--	--	--	--	--	--	--	--

TIME: (24 HOUR TIME)
START: END:

--	--	--	--	--	--	--	--

INTERVIEWER ID:

--	--	--

RESULT CODE:

--

HSV-2 RESULT CODES:
1 = COMPLETED AT HOUSEHOLD
2 = COMPLETED AT OTHER LOCATION
9 = INCAPABLE PHYSICALLY OR MENTALLY
17 = REFUSED HSV-2, ALREADY BEEN TESTED
18 = REFUSED HSV-2, OTHER REASON
14 = OTHER, FINAL
26 = PRIVACY NOT OBTAINED
27 = OTHER, REVISIT NEEDED

CONSENT OBTAINED?

YES ... 1 → SIGN

--	--	--	--

NO ... 2 → EXPLAIN ON OBSERVATION PAGE

--	--	--	--

SPECIMEN COLLECTED?

YES ... 1 → SIGN

--	--	--	--

NO ... 2 → EXPLAIN ON OBSERVATION PAGE

--	--	--	--

SUPERVISOR:

SIGN _____ DATE _____

ENTERED BY:

SIGN _____ DATE _____

AGEP: Future Contact Information

CI.30 After you relocate, do you plan to return to your current household?

0 = No

1 = Yes

88 = Don't know

CI.31 [Draw a map and add any other information about how to contact the respondent in a year from now (2014)]

TIME END [|] : [|] (24 HOUR TIME)