

□	□	□	□
---	---	---	---

□	□	□	□	□	□
dd		MMM		yy	

MTN-032 Demographic Information Form (DEM)

INTERVIEWER READS: The following are some basic questions regarding your background to help us know what type of people participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.

1.	What is your date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or dd MMM yy If unknown, record age: <input type="text"/> <input type="text"/>
2.	How many children have you had who were alive at birth?	<input type="text"/> <input type="text"/>
3.	How many total children are you currently taking care of (i.e. children, grandchildren, etc.)?	<input type="text"/> <input type="text"/>
4.	What is your ethnic group or tribe? (<i>mark ethnic group/tribe code</i>)	<input type="text"/> <input type="text"/> Ethnic Tribe Code Other, specify: _____
5.	What is the language most spoken at home? (<i>mark language code</i>)	<input type="text"/> <input type="text"/> Language Code Other, specify: _____
6.	Do you currently earn an income of your own?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → If No, go to item 8
7.	How do you earn your current income? (<i>mark all that apply</i>)	<input type="checkbox"/> ₁ Formal employment <input type="checkbox"/> ₂ Self-employment <input type="checkbox"/> ₃ Other, specify: _____
8.	What is your highest level of education? (<i>mark one</i>)	<input type="checkbox"/> ₁ No schooling <input type="checkbox"/> ₂ Primary school, not complete <input type="checkbox"/> ₃ Primary school, complete <input type="checkbox"/> ₄ Secondary school, not complete <input type="checkbox"/> ₅ Secondary school, complete <input type="checkbox"/> ₆ Attended college or university, not complete <input type="checkbox"/> ₇ Attended college or university, complete
9.	What is your religion? (<i>mark one</i>)	<input type="checkbox"/> ₁ Christian <input type="checkbox"/> ₂ Muslim <input type="checkbox"/> ₃ Other specify: _____ <input type="checkbox"/> ₄ None → If None, go to item 11
10.	How many times a week do you attend religious services? (<i>mark one</i>)	<input type="checkbox"/> ₁ More than once a week <input type="checkbox"/> ₂ Once a week <input type="checkbox"/> ₃ Less than once a week <input type="checkbox"/> ₄ Never
11.	Name of area/location where you currently live:	_____
12.	For how long have you lived in this location/area? (<i>mark one</i>)	<input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> months years
13.	Do you consider this your home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No, <i>specify</i> _____
14.	Do you, or does someone in your family, own the household you are currently living in?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

--	--	--	--

dd		MMM		yy	

MTN-032 Demographic Information Form (DEM)

15.	How many rooms are in the household you are currently living in?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
16.	Does your household have:...? <i>[read options and mark all that apply]</i>	<input type="checkbox"/> ₁ Electricity <input type="checkbox"/> ₂ A radio <input type="checkbox"/> ₃ A television <input type="checkbox"/> ₄ A mobile telephone <input type="checkbox"/> ₅ A non-mobile telephone <input type="checkbox"/> ₆ A refrigerator
17.	What kind of toilet facility does your household have? <i>[mark toilet facility code]</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Toilet Facility Code Other, specify: _____
18.	What is the main source of drinking water for members of your household? <i>[mark water source code]</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Water Source Code Other, specify: _____
19.	Do you own a mobile phone?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

MTN-032 Demographic Information Form (DEM)

Item-Specific Instructions:

- Item 1:** If any portion of the date of birth is unknown, record age at time of screening. If age is unknown, record the participant's best estimate of her age. Do not complete both answers.
- Item 2:** Record the total number of reported live births, not the total number of pregnancies, or other birth outcomes.
- Item 3:** Record the total number of children the participant is caring for, including natural children, grandchildren, nieces, nephews, etc. This may be interpreted differently by different people, and may include any children, in the home or otherwise who the participant considers herself to be taking caring of in some way (e.g. financially, physically, emotionally).
- Item 4:** Record the 2-digit country-specific code below that is associated with the participant's ethnic group or tribe. If the participant responds with "other," record, "99" and the participant's verbatim (word-for-word) response. If the participant identifies with more than one ethnic group or tribe, enter 99 "other" and specify all the groups identified.

Malawi		South Africa	Uganda	Zimbabwe
01 – Chewa	05 - Other African	07 – Zulu	11 – Black	16 – Shona
02 – Lomwe	Tribe	08 – Xhosa	06 – White	17 – Ndebele
03 – Yao	06 – White	09 – Indian	99 – Other	05 - Other African Tribe
04 – Tumbuka	99 – Other	10 – Colored		06 – White
		05 - Other African Tribe		99 – Other
		06 – White		
		99 – Other		

- Item 5:** Record the 2-digit country-specific code below that is associated with the participant's language. If the participant speaks multiple languages at home, she should specify which language is MOST spoken at home. If the participant responds with "other," record "99" and the participant's verbatim (word-for-word) response.

Malawi	South Africa	Uganda	Zimbabwe
08 – Chichewa	01 – IsiZulu	04 – English	04 – English
04 - English	04 – English	04 – English	07 – Ndebele
99 – Other	02 – Sesotho	05 – Luganda	06 – Shona
	99 – Other	99 – Other	99 – Other
	03 – IsiXhosa		

- Item 7:** Record whether the participant's source(s) of income are from formal employment (for example: shop clerk, farmer, seamstress, teacher), self-employment (ex: shop owner, artist, restaurant owner), or other type of employment. If "other, specify" box is marked, record the participant's verbatim (word-for-word) response on the line. If the participant responds in a language other than English, provide the English translation of the response on the line.
- Item 8:** If the participant attended or completed a post-secondary diploma or certificate program, mark the "attended college or university, complete" box.
- Item 12:** Mark either months or years. If the participant has lived in the same location for greater than or equal to 12 months, mark response in years. If less than 12 months, mark response in months. If participant responds with years and months, round to the nearest year (ex: 7 years 2 months should be rounded to 7 years).
- Item 13:** This item intends to determine whether the participant identifies the current location where she lives as her home. It is okay if different participants have differing interpretations of what is meant by "home." If they do not consider the location specified in item 11 to be their home, record the location/area that the participant considers their home verbatim (word-for-word) in the space provided.
- Item 15:** Do not count bathrooms as rooms.
- Item 17:** Record the 2-digit code below to indicate the type of toilet facility used in the household. If 'other' is selected, specify type.

01 – Flush or pour flush toilet,	03 – Traditional pit latrine (mud floor)
02 – Ventilated Improved Pit (VIP) latrine	04 – No facility/bush/field
(lid, cement floor, fly trap)	99 – Other

- Item 18:** Record the 2-digit code below to indicate the type of water source used in the household. If 'other' is selected, specify type.

01 – Piped (dwelling/compound)	04 – Borehole/well (public/shared)
02 – Piped (public/shared)	05 – Spring/river/pond/dam
03 – Borehole/well (dwelling/compound)	99 – Other

- Item 19:** Record whether participant owns her own mobile phone. If she has access to a cell phone or shares one but she doesn't own it herself, she should respond "No."