

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2003
INDIVIDUAL WOMAN'S QUESTIONNAIRE**

NATIONAL POPULATION COMMISSION

IDENTIFICATION																																	
STATE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																																
LOCAL GOVT. AREA _____																																	
LOCALITY NAME _____																																	
ENUMERATION AREA _____																																	
URBAN /RURAL (URBAN = 1, RURAL = 2)																																	
CLUSTER NUMBER.....																																	
BUILDING NUMBER.....																																	
HOUSEHOLD NAME/NUMBER _____																																	
LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE																																	
(LARGE TOWN = 1, MEDIUM TOWN = 2, SMALL TOWN = 3, VILLAGE = 4)																																	
NAME AND LINE NUMBER OF WOMAN _____																																	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
TIME	_____	_____		

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____
 3 POSTPONED 6 INCAPACITATED (SPECIFY)

	HAUSA	YORUBA	IGBO	ENGLISH	OTHER	
LANGUAGE OF INTERVIEW	1	2	3	4	6	TRANSLATOR USED? YES NO 1 2
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	6	
SUPERVISOR		FIELD EDITOR			OFFICE EDITOR	KEYED BY
NAME _____	NAME _____			NAME _____	NAME _____	
DATE _____	DATE _____			DATE _____	DATE _____	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

GREETINGS. My name is _____ and I am working with the National Population Commission. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. We won't take too much of your time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

We hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED....1 | RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME (START OF INTERVIEW).	HOUR..... MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY1 TOWN.....2 VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS.....95 VISITOR.....96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born?	MONTH DON'T KNOW MONTH98 YEAR DON'T KNOW YEAR.....9998	
106	How old were you as at last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.	
107	Have you ever attended school?	YES1 NO2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY1 SECONDARY2 HIGHER.....3	
109	What is the highest (class/form/year) you completed at that level?	CLASS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO CARD WITH REQUIRED LANGUAGE..... 4 (SPECIFY LANGUAGE)</p>	
112	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p>	<p>YES 1</p> <p>NO 2</p>	
113	<p>CHECK 111:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED</p> <p>CODE '1' <input type="checkbox"/> CIRCLED</p>	→ 115	
114	<p>Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
115	<p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
116	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
117	<p>What is your religion?</p>	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>OTHER CHRISTIAN 3</p> <p>ISLAM 4</p> <p>TRADITIONALIST 5</p> <p>OTHER 6 (SPECIFY)</p>	
118	<p>What is your ethnic group?</p>	<p>_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> _____		→226								

211 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 NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF "1 YR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	
02	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
03	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
04	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
05	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
06	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
07	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF "1 YR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING...1 MULT...2	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> MONTHS.2 <input type="text"/> YEARS....3 <input type="text"/>	YES.....1 NO.....2
09	SING...1 MULT...2	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> MONTHS.2 <input type="text"/> YEARS....3 <input type="text"/>	YES.....1 NO.....2
10	SING...1 MULT...2	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> MONTHS.2 <input type="text"/> YEARS....3 <input type="text"/>	YES.....1 NO.....2
11	SING...1 MULT...2	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> MONTHS.2 <input type="text"/> YEARS....3 <input type="text"/>	YES.....1 NO.....2
12	SING...1 MULT...2	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ 221	DAYS.....1 <input type="text"/> MONTHS.2 <input type="text"/> YEARS....3 <input type="text"/>	YES.....1 NO.....2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2
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223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED Q.215.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED Q.217.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED Q. 220.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q220).</p>	<input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
228	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	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 1998 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1998		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in live births?	YES 1 NO 2	→ 237
236	When did the last such previous pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
238	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 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO.....2	Have you ever had an operation to avoid having any more children? YES1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO.....2	Have you ever had a partner who had an operation to avoid having any more children? YES1 NO2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO.....2	YES1 NO2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO.....2	YES1 NO2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO.....2	YES1 NO2
06	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.....1 NO.....2	YES1 NO2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO.....2	YES1 NO2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO.....2	YES1 NO2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO.....2	YES1 NO2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO.....2	YES1 NO2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO.....2	YES1 NO2
12	RHYTHM OR PERIODIC ABSTINENCE 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.....1 NO.....2	YES1 NO2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO.....2	YES1 NO2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO.....2	YES1 NO2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO2	YES.....1 NO2	YES1 NO2 YES1 NO2

303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	→307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	→329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	→329
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION..... B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM..... G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD..... K PERIODIC ABSTINENCE L WITHDRAWAL..... M OTHER _____ X (SPECIFY)	→316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL11 GOVT. HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PRIVATE DOCTOR'S OFFICE23 MOBILE CLINIC.....24 NON-GOV. ORGANIZATION.....25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW98	

314	<p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before his sterilization operation, was your (husband/partner) told that he would not be able to have any (more) children because of the operation?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>	
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
316A	<p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>		
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1998 OR LATER <input type="checkbox"/></p> <p>YEAR IS 1997 OR EARLIER <input type="checkbox"/></p>		→327
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANTS06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM09</p> <p>FOAM/JELLY10</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>PERIODIC ABSTINENCE12</p> <p>WITHDRAWAL13</p> <p>OTHER METHOD96</p>	<p>→322</p> <p>→331</p> <p>→320A</p> <p>→331</p> <p>→331</p> <p>→331</p>

320	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p>320A Where did you learn to use the lactational amenorrhea method?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL11</p> <p>GOVT. HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>COMMUNITY HEALTH WORKER.....15</p> <p>OTHER PUBLIC.....16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY/PATENT MEDICINE</p> <p>STORE.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>COMMUNITY HEALTH WORKER.....25</p> <p>OTHER PRIVATE</p> <p>MEDICAL.....26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIEND/RELATIVE.....33</p> <p>NGO.....34</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p>	<p>→328</p> <p>→325</p> <p>→325</p> <p>→325</p> <p>→325</p>
322	<p>You first obtained (CURRENT METHOD FROM 319) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→324</p>
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→325</p>
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES.....1</p> <p>NO.....2</p>	
325	<p>CHECK 322:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning that you could use?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→327</p>
326	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES.....1</p> <p>NO.....2</p>	

327	<p>CHECK 311/311A: CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION01 MALE STERILIZATION02 PILL03 IUD04 INJECTABLES05 IMPLANTS06 CONDOM07 FEMALE CONDOM.....08 DIAPHRAGM.....09 FOAM/JELLY.....10 LACTATIONAL AMEN. METHOD.....11 PERIODIC ABSTINENCE.....12 WITHDRAWAL.....13 OTHER METHOD96</p>	<p>→331 →331 →331 →331 →331 →331 →331 →331 →331 →331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL11 GOVT. HEALTH CENTER12 FAMILY PLANNING CLINIC13 MOBILE CLINIC14 COMMUNITY HEALTH WORKER.....15 OTHER PUBLIC _____16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY/ PATENT MEDICINE STORE22 PRIVATE DOCTOR.....23 MOBILE CLINIC24 COMMUNITY HEALTH WORKER.....25 OTHER PRIVATE MEDICAL _____26 (SPECIFY)</p> <p>OTHER SOURCE SHOP31 CHURCH32 FRIEND/RELATIVE33 NGO.....34 OTHER _____96 (SPECIFY)</p>	<p>→331</p>
329	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES1 NO2</p>	<p>→331</p>
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTERB FAMILY PLANNING CLINICC MOBILE CLINICD COMMUNITY HEALTH WORKER.....E OTHER PUBLIC _____F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINICG PHARMACY/ PATENT MEDICINE STOREH PRIVATE DOCTOR.....I MOBILE CLINICJ COMMUNITY HEALTH WORKER.....K OTHER PRIVATE MEDICAL _____L (SPECIFY)</p> <p>OTHER SOURCE SHOPM CHURCHN FRIEND/RELATIVEO NGO.....P OTHER _____X (SPECIFY)</p>	
331	<p>In the last 12 months, were you visited by a community health extension worker or family planning provider who talked to you about family planning?</p>	<p>YES1 NO2</p>	
332	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES1 NO2</p>	<p>→401</p>
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES1 NO2</p>	

SECTION 4A, PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1998 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1998 OR LATER <input type="checkbox"/> →487		
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST-BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST-BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), 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 (SKIP TO 407) ←.....2 LATER.....2 NOT AT ALL.....3 (SKIP TO 407) ←.....3	THEN.....1 (SKIP TO 423) ←.....2 LATER.....2 NOT AT ALL.....3 (SKIP TO 423) ←.....3	THEN.....1 (SKIP TO 423) ←.....2 LATER.....2 NOT AT ALL.....3 (SKIP TO 423) ←.....3
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSONS AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C COMMUNITY HEALTH EXTENSION WORKERD OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....E OTHER..... X (SPECIFY) NO ONE Y (SKIP TO 415) ←.....		
407A	Where did you receive antenatal care for this pregnancy? Anywhere else?	HOME YOUR HOMEA OTHER HOMEB PUBLIC SECTOR GOVT. HOSPITALC GOVT. HEALTH CENTRE.....D GOVT. HEALTH POSTE MOBILE CLINICF OTHER PUBLIC G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITALH MOBILE CLINICI OTHER PVT MEDICAL J (SPECIFY) OTHER X		
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98		

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98																				
410	CHECK 409 NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412)																				
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98																				
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT.....	1	2	HEIGHT.....	1	2	BLOOD PRESSURE.....	1	2	URINE SAMPLE.....	1	2	BLOOD SAMPLE.....	1	2		
	YES	NO																				
WEIGHT.....	1	2																				
HEIGHT.....	1	2																				
BLOOD PRESSURE.....	1	2																				
URINE SAMPLE.....	1	2																				
BLOOD SAMPLE.....	1	2																				
412A	During any of the antenatal visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8																				
413	Were you told about the signs of pregnancy complications?	YES.....1 NO.....2 (SKIP TO 415)←----- DON'T KNOW.....8																				
414	Were you told where to go if you had these complications?	YES.....1 NO.....2 DON'T KNOW.....8																				
415	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 (SKIP TO 417)←----- DON'T KNOW.....8																				
416	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW.....8																				
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrups? SHOW TABLET/SYRUPS	YES.....1 NO.....2 (SKIP TO 419)←----- DON'T KNOW.....8																				
418	During the pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....998																				
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES.....1 NO.....2 DON'T KNOW.....8																				
420	During this pregnancy, did you suffer from night blindness?	YES.....1 NO.....2 DON'T KNOW.....8																				
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES.....1 NO.....2 (SKIP TO 423)←----- DON'T KNOW.....8																				

422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA DRUGS TO RESPONDENT.	FANSIDAR.....A CHLOROQUINE.....B HALFAN.....C DARAPRIM/METAPRIM.....D AMODIAQUINE.....E NIVAQUINE.....F MALOZINE.....G UNKNOWN DRUG.....H OTHER _____ X (SPECIFY)		
422A	CHECK 422: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' <input type="checkbox"/> CODE 'A' NOT <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 423)←		
422B	How many times did you take Fansidar during this pregnancy?	NUMBER OF TIMES..... <input type="text"/>		
422C	CHECK: 407 ANTENATAL CARE RECEIVED DURING THE PREGNANCY?	CODE 'A' <input type="checkbox"/> OTHER <input type="checkbox"/> OR 'B' OR 'C' OR 'D' CIRCLED (SKIP TO 423)←		
422D	Did you get the Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT.....1 ANOTHER FACILITY VISIT.....2 OTHER SOURCE _____ 8 (SPECIFY)		
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8
424	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 426)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 426)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 426)← DON'T KNOW.....8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CARDS.....1 GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RECALL.....2 DON'T KNOW.....99998	GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CARDS.....1 GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RECALL.....2 DON'T KNOW.....99998	GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CARDS.....1 GRAMS FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RECALL.....2 DON'T KNOW.....99998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C COMMUNITY HEALTH WORKER.....D OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C COMMUNITY HEALTH WORKER.....D OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C COMMUNITY HEALTH WORKER.....D OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY) NO ONE.....Y

426A	<p>Around the time of the birth of (NAME), did you have any of the following problems:</p> <p>Long labour, that is, did your regular contractions last more than 12 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions not caused by a fever?</p>	<p>YES NO</p> <p>LABOUR MORE THAN 12 HOURS1 2</p> <p>EXCESSIVE BLEEDING1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>	<p>YES NO</p> <p>LABOUR MORE THAN 12 HOURS....1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>	<p>YES NO</p> <p>LABOUR MORE THAN 12 HOURS.....1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>
427	<p>Where did you give birth to (NAME)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME11 (SKIP TO 429) ←</p> <p>OTHER HOME12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTRE.....22 GOVT. HEALTH POST.....23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC.....31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429)←</p>	<p>HOME YOUR HOME11 (SKIP TO 429) ←</p> <p>OTHER HOME12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTRE.....22 GOVT. HEALTH POST.....23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC.....31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429)←</p>	<p>HOME YOUR HOME11 (SKIP TO 429) ←</p> <p>OTHER HOME12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTRE.....22 GOVT. HEALTH POST.....23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC.....31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429)←</p>
428	<p>Was (NAME) delivered by caesaerian section?</p>	<p>YES.....1 (SKIP TO 433)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 435)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 435)←</p> <p>NO.....2</p>
429	<p>After (NAME) was born did a health professional or a traditional birth attendant check on your health?</p>	<p>YES.....1</p> <p>NO.....2 (SKIP TO 433)←</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>
430	<p>How many days or weeks after the delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<p>DAYS AFTER DEL1</p> <p>WEEKS AFTER DEL2</p> <p>DON'T KNOW..... 998</p>		
431	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE12 AUXILIARY/MIDWIFE.....13 COMMUNITY HEALTH EXTENSION WORKER.....14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....21 OTHER _____ 96 (SPECIFY)</p>		
432	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME11 OTHER HOME12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTRE.....22 GOVT. HEALTH POST.....23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC.....31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p>		

		OTHER _____ 96 (SPECIFY)		
433	In the first two months after delivery, did you receive a vitamin A dose like this? (SHOW AMPULE/ CAPSULE/SYRUP)	YES.....1 NO.....2 DON'T KNOW8		
434	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 436)←-----┘ NO.....2 (SKIP TO 437)←-----┘		
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 439)←-----┘	YES.....1 NO.....2 (SKIP TO 439)←-----┘
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 439)←-----┘		
438	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 440)←-----┘		
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
440	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 447)←-----┘	YES.....1 NO.....2 (SKIP TO 447)←-----┘	YES.....1 NO.....2 (SKIP TO 447)←-----┘
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS, OTHERWISE, RECORD DAYS.	IMMEDIATELY.....00 0 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 0 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 0 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES.....1 NO.....2 (SKIP TO 444)←-----┘ DON'T KNOW8	YES.....1 NO.....2 (SKIP TO 444)←-----┘ DON'T KNOW8	YES.....1 NO.....2 (SKIP TO 444)←-----┘ DON'T KNOW8
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B SUGAR OR GLUCOSE WATER.....C GRIPE WATER.....D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICE.....F INFANT FORMULAG TEA/HERBAL DRINKS.....H HONEY.....I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B SUGAR OR GLUCOSE WATER.....C GRIPE WATER.....D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICE.....F INFANT FORMULAG TEA/HERBAL DRINKS.....H HONEY.....I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B SUGAR OR GLUCOSE WATER.....C GRIPE WATER.....D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICE.....F INFANT FORMULAG TEA/HERBAL DRINKS.....H HONEY.....I OTHER _____ X (SPECIFY)
444	CHECK 404 IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES1 (SKIP TO 448) ←-----┘ NO.....2	YES1 (SKIP TO 448) ←-----┘ NO.....2	YES1 (SKIP TO 448) ←-----┘ NO.....2

446	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
447	CHECK 404 IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN SECOND COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHT TIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHT TIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHT TIME FEEDINGS <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'	NUMBER OF TIMES..... <input type="text"/> DON'T KNOW..... 8	NUMBER OF TIMES..... <input type="text"/> DON'T KNOW..... 8	NUMBER OF TIMES..... <input type="text"/> DON'T KNOW..... 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO SECOND COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES)																																																																																																																																							
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>																																																																																																																																				
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 484)																																																																																																																																				
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8																																																																																																																																				
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN1 (SKIP TO 460) ← YES, NOT SEEN2 (SKIP TO 462) ← NO CARD.....3	YES, SEEN1 (SKIP TO 460) ← YES, NOT SEEN2 (SKIP TO 462) ← NO CARD.....3	YES, SEEN1 (SKIP TO 460) ← YES, NOT SEEN2 (SKIP TO 462) ← NO CARD.....3																																																																																																																																				
459	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 462)← NO.....2	YES.....1 (SKIP TO 462)← NO.....2	YES.....1 (SKIP TO 462)← NO.....2																																																																																																																																				
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				POLIO 1				POLIO 2				POLIO 3				DPT 1				DPT 2				DPT 3				MEASLES				VITAMIN A (MOST RECENT)				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				POLIO 1				POLIO 2				POLIO 3				DPT 1				DPT 2				DPT 3				MEASLES				VITAMIN A (MOST RECENT)				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				POLIO 1				POLIO 2				POLIO 3				DPT 1				DPT 2				DPT 3				MEASLES				VITAMIN A (MOST RECENT)			
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461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES1 (PROBE FOR VACCINATIONS ◀ — AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) ← NO.....2 (SKIP TO 464) ← DON'T KNOW.....8	YES1 (PROBE FOR VACCINATIONS ◀ — AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) ← NO.....2 (SKIP TO 464) ← DON'T KNOW.....8	YES1 (PROBE FOR VACCINATIONS ◀ — AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) ← NO.....2 (SKIP TO 464) ← DON'T KNOW.....8																																																																																																																																				

		LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
		NAME _____	NAME _____	NAME _____
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES.....1 NO.....2 (SKIP TO 466)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466)←----- DON'T KNOW.....8
463	Please tell me if (NAME) received any of the following vaccinations:			
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
463B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 463E)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463E)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463E)←----- DON'T KNOW.....8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 463G)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463G)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463G)←----- DON'T KNOW.....8
463F	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
463G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES.....1 NO.....2 NO VACCINATION IN THE LAST 2 YEARS.....3 DON'T KNOW.....8	YES.....1 NO.....2 NO VACCINATION IN THE LAST 2 YEARS.....3 DON'T KNOW.....8	YES.....1 NO.....2 NO VACCINATION IN THE LAST 2 YEARS.....3 DON'T KNOW.....8
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 467) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 467) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 467) ←----- DON'T KNOW.....8
466A	Does (NAME) have a fever now?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 469) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 469) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 469) ←----- DON'T KNOW.....8
468	When (NAME) had an illness with a cough, did he/she breath faster than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
469	CHECK 466 AND 467 FEVER OR COUGH?	“YES IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 467 ↓ (SKIP TO 471A)	“YES IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 467 ↓ (SKIP TO 471A)	“YES IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 467 ↓ (SKIP TO 471A)

470	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 471A) ←-----J	YES.....1 NO.....2 (SKIP TO 471A) ←-----J	YES.....1 NO.....2 (SKIP TO 471A) ←-----J
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER.....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....G PHARMACY/PATENT MEDICINE STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER.....K OTHER PVT. MEDICAL _____ (SPECIFY) L OTHER SOURCE SHOP.....M TRAD. PRACTITIONER.....N SPIRITUAL HEALER.....O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER.....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....G PHARMACY/PATENT MEDICINE STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER.....K OTHER PVT. MEDICAL _____ (SPECIFY) L OTHER SOURCE SHOP.....M TRAD. PRACTITIONER.....N SPIRITUAL HEALER.....O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER.....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....G PHARMACY/PATENT MEDICINE STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER.....K OTHER PVT. MEDICAL _____ (SPECIFY) L OTHER SOURCE SHOP.....M TRAD. PRACTITIONER.....N SPIRITUAL HEALER.....O OTHER _____ X (SPECIFY)
471A	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
472A	CHECK 466 AND 471A: HAD FEVER OR CONVULSIONS?	“YES” IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 471A ↓ (SKIP TO 475)	“YES” IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 471A ↓ (SKIP TO 475)	“YES” IN 466 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 471A ↓ (SKIP TO 475)
473A	Was (NAME) given any drugs for the (fever/convulsions)?	YES.....1 NO.....2 (SKIP TO 474R)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 474R)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 474R)←----- DON'T KNOW.....8
474	What drugs did (NAME) take? RECORD ALL MENTIONED ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL CHLOROQUINEA FANSIDAR.....B AMODIAQUINE (CAMOQUINE).....C QUININED OTHER DRUGS ASPIRINE PARACETAMOL(PANADOL)F OTHER _____ X (SPECIFY) DON'T KNOWZ	ANTI-MALARIAL CHLOROQUINEA FANSIDAR.....B AMODIAQUINE (CAMOQUINE).....C QUININED OTHER DRUGS ASPIRINE PARACETAMOL(PANADOL)F OTHER _____ X (SPECIFY) DON'T KNOWZ	ANTI-MALARIAL CHLOROQUINEA FANSIDAR.....B AMODIAQUINE (CAMOQUINE).....C QUININED OTHER DRUGS ASPIRINE PARACETAMOL(PANADOL)F OTHER _____ X (SPECIFY) DON'T KNOWZ
474A	Did (NAME) get any injection or suppository for the (fever/convulsions)?	INJECTION.....A SUPPOSITORY.....B NONE.....C DON'T KNOW.....Z	INJECTION.....A SUPPOSITORY.....B NONE.....C DON'T KNOW.....Z	INJECTION.....A SUPPOSITORY.....B NONE.....C DON'T KNOW.....Z
474B	CHECK 474: WHICH MEDICINES?	CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED ↓ (SKIP TO 474F)	CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED ↓ (SKIP TO 474F)	CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED ↓ (SKIP TO 474F)
474C	How long after the (fever/convulsions) started did (NAME) first take chloroquine?	SAME DAY0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8

474D	For how many days did (NAME) take the chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8
474E	Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8
474F	CHECK 474: WHICH MEDICINES?	CODE 'B' <input type="checkbox"/> CIRCLED ↓ CODE 'B' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474J)	CODE 'B' <input type="checkbox"/> CIRCLED ↓ CODE 'B' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474J)	CODE 'B' <input type="checkbox"/> CIRCLED ↓ CODE 'B' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474J)
474G	How long after the (fever/convulsions) started did (NAME) first take Fansidar?	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8
474H	For how many days did (NAME) take Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8
474I	Did you have Fansidar at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Fansidar first?	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8
474J	CHECK 474: WHICH MEDICINES?	CODE 'C' <input type="checkbox"/> CIRCLED ↓ CODE 'C' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474N)	CODE 'C' <input type="checkbox"/> CIRCLED ↓ CODE 'C' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474N)	CODE 'C' <input type="checkbox"/> CIRCLED ↓ CODE 'C' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474N)
474K	How long after the (fever/convulsions) started did (NAME) first take (Amodiaquine/Camoquine)?	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY.....0 NEXT DAY.....1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8
474L	For how many days did (NAME) take (Amodiaquine/Camoquine)? IF 7 OR MORE DAYS, RECORD '7'	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8	DAYS..... <input type="checkbox"/> DON'T KNOW..... 8
474M	Did you have the (Amodiaquine/Camoquine) at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the (Amodiaquine/Camoquine) first?	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8
474N	CHECK 474: WHICH MEDICINES?	CODE 'D' <input type="checkbox"/> CIRCLED ↓ CODE 'D' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474R)	CODE 'D' <input type="checkbox"/> CIRCLED ↓ CODE 'D' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474R)	CODE 'D' <input type="checkbox"/> CIRCLED ↓ CODE 'D' <input type="checkbox"/> NOT CIRCLED ↓ (SKIP TO 474R)

474Q	How long after the (fever/convulsions) started did (NAME) first take Quinine?	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER.....2 THREE OR MORE DAYS AFTER THE FEVER.....3 DON'T KNOW.....8
474P	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS..... <input type="text"/> DON'T KNOW.....8	DAYS..... <input type="text"/> DON'T KNOW.....8	DAYS..... <input type="text"/> DON'T KNOW.....8
474Q	Did you have the Quinine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8	AT HOME.....1 OTHER SOURCE.....2 DON'T KNOW.....8
474R	Was anything else done about (NAME)'s (fever/convulsions)?	YES.....1 NO.....2 (SKIP TO 475) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 475) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 475) ←----- DON'T KNOW.....8
474S	What was done about (NAME)'s (fever/convulsions)?	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGINGB GAVE HERBSC PRAYED/TOOK CHILD TO CHURCH.....D OTHERX (SPECIFY)	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGINGB GAVE HERBSC PRAYED/TOOK CHILD TO CHURCH.....D OTHERX (SPECIFY)	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGINGB GAVE HERBSC PRAYED/TOOK CHILD TO CHURCH.....D OTHERX (SPECIFY)
475	Has (NAME) had diarrhoea in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 483) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 483) ←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 483) ←----- DON'T KNOW.....8
476	Now I would like to know how much fluid (NAME) was offered to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?.	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 NOTHING TO DRINK5 DON'T KNOW8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 NOTHING TO DRINK5 DON'T KNOW8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 NOTHING TO DRINK5 DON'T KNOW8
477	When (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 STOPPED FOOD5 NEVER GAVE FOOD.....6 DON'T KNOW.....8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 STOPPED FOOD5 NEVER GAVE FOOD.....6 DON'T KNOW.....8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE.....4 STOPPED FOOD5 NEVER GAVE FOOD.....6 DON'T KNOW.....8
478	Was he/she given any of the following to drink: a A fluid made from a special packet called ORS ? b Salt-Sugar-Solution (ORT)?	YES NO DK FLUID FROM ORS PKT 1 2 8 SALT SUGAR 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SALT SUGAR 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SALT SUGAR 1 2 8
479	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 481)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 481)←----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 481)←----- DON'T KNOW.....8
480	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBAL MEDICINES.....D OTHERX (SPECIFY)	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBAL MEDICINES.....D OTHERX (SPECIFY)	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBAL MEDICINES.....D OTHERX (SPECIFY)
481	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 483)←-----	YES.....1 NO.....2 (SKIP TO 483)←-----	YES.....1 NO.....2 (SKIP TO 483)←-----

482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTRE.....B</p> <p>GOVT. HEALTH POST.....C</p> <p>MOBILE CLINIC.....D</p> <p>COMM. HEALTH WORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....G</p> <p>PHARMACY/PATENT MEDICINE STORE.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>MOBILE CLINIC.....J</p> <p>COMM. HEALTH WORKER.....K</p> <p>OTHER PVT. MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....M</p> <p>TRAD. PRACTITIONER.....N</p> <p>SPIRITUAL HEALER.....O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTRE.....B</p> <p>GOVT. HEALTH POST.....C</p> <p>MOBILE CLINIC.....D</p> <p>COMM. HEALTH WORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....G</p> <p>PHARMACY/PATENT MEDICINE STORE.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>MOBILE CLINIC.....J</p> <p>COMM. HEALTH WORKER.....K</p> <p>OTHER PVT. MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....M</p> <p>TRAD. PRACTITIONER.....N</p> <p>SPIRITUAL HEALER.....O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTRE.....B</p> <p>GOVT. HEALTH POST.....C</p> <p>MOBILE CLINIC.....D</p> <p>COMM. HEALTH WORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....G</p> <p>PHARMACY/PATENT MEDICINE STORE.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>MOBILE CLINIC.....J</p> <p>COMM. HEALTH WORKER.....K</p> <p>OTHER PVT. MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....M</p> <p>TRAD. PRACTITIONER.....N</p> <p>SPIRITUAL HEALER.....O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		<p>GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.</p>	<p>GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.</p>	<p>GO BACK TO SECOND COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE01 THROW IN THE TOILET/LATRINE02 THROW OUTSIDE THE DWELLING03 THROW OUTSIDE THE YARD04 BURY IN THE YARD05 RINSE AWAY06 USE DISPOSABLE DIAPERS07 USE WASHABLE DIAPERS08 NOT DISPOSED OF09 OTHER _____ 96 (SPECIFY)	
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> AT LEAST ONE RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488
487	Have you ever heard of a special product called an ORS packet you can get for the treatment of diarrhoea?	YES1 NO2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→490

489	<p>When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment?</p> <p>IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?</p>	<p>YES1 NO2 DEPENDS3</p>																																	
490	<p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>Many different factors can prevent women 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, a small problem or no problem?</p> <p>Knowing where to go.</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>The distance to a health facility.</p> <p>Having to take transport.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p>	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>SMALL PROBLEM</th> <th>NO PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>The distance to a health facility.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM	Knowing where to go.	1	2	3	Getting permission to go.	1	2	3	Getting money needed for treatment.	1	2	3	The distance to a health facility.	1	2	3	Having to take transport.	1	2	3	Not wanting to go alone.	1	2	3	Concern that there may not be a female health provider.	1	2	3	
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491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2000 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2000 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>	→494																																	
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a. Plain water?</p> <p>b. Commercially produced infant formula?</p> <p>c. Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d. Fruit juice?</p> <p>e. Herbal drink?</p> <p>f. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<table border="1"> <thead> <tr> <th></th> <th>LAST 7 DAYS NUMBER OF DAYS</th> <th>YESTERDAY/ LAST NIGHT NUMBER OF TIMES</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td><input type="text"/></td> <td>a. <input type="text"/></td> </tr> <tr> <td>b.</td> <td><input type="text"/></td> <td>b. <input type="text"/></td> </tr> <tr> <td>c.</td> <td><input type="text"/></td> <td>c. <input type="text"/></td> </tr> <tr> <td>d.</td> <td><input type="text"/></td> <td>d. <input type="text"/></td> </tr> <tr> <td>e.</td> <td><input type="text"/></td> <td>e. <input type="text"/></td> </tr> <tr> <td>f.</td> <td><input type="text"/></td> <td>f. <input type="text"/></td> </tr> </tbody> </table>		LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	a.	<input type="text"/>	a. <input type="text"/>	b.	<input type="text"/>	b. <input type="text"/>	c.	<input type="text"/>	c. <input type="text"/>	d.	<input type="text"/>	d. <input type="text"/>	e.	<input type="text"/>	e. <input type="text"/>	f.	<input type="text"/>	f. <input type="text"/>												
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493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains [e.g. millet, sorghum, maize, rice, wheat, porridge, or other local grains]?</p> <p>b Pumpkin, red or yellow yams, carrots, or sweet potatoes?</p> <p>c Food made from roots or tubers [e.g. Irish potatoes, white yams, cocoyam, cassava, or other local roots/tubers]?</p> <p>d Any green leafy vegetables?</p> <p>e Mango, pawpaw, and palm-nuts?</p> <p>f Any other fruits and vegetables [e.g. bananas, plantains, water-melon, apples/sauce, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish, or eggs?</p> <p>h Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>i Cheese or yoghurt (local cheese) ?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>
494	Did you sleep under a bednet last night?	YES1 NO2	
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES1 NO2 NEVER PREPARED MEALS3	
496	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco/cigarette do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→499A
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
499A	Have you ever drunk an alcohol-containing beverage?	YES1 NO2	→ 50 1

499B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE95	
499C	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES1 NO2	→ 501
499D	CHECK 499B DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/>	NONE <input type="checkbox"/>	→501
499E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER95	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN..... 2 NO, NOT IN UNION..... 3	<input type="checkbox"/> →505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN..... 2 NO..... 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> →510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE..... 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO..... 2 DON'T KNOW..... 8	→510 →510
508	How many other wives does he have?	NUMBER. <input type="text"/> <input type="text"/> DON'T KNOW..... 98	→510
509	Are you the first, second, ... wife?	RANK..... <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE..... 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
512	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ... 95	→524
514A	CHECK 106: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>15-24 YEARS OLD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>25-49 YEARS OLD</p> <input type="checkbox"/> </div> </div>		→515
514B	The first time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. RECORD MONTHS ONLY IF 11 MONTHS OR LESS.	DAYS AGO.....1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4									—524
516	The last time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2	—517								
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV..... 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS..... 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER..... 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE..... 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	—519								
517A	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 15-19 YEARS OLD </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> 20-49 YEARS OLD </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div>		—518								
517B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER..... 1 ABOUT THE SAME AGE..... 2 LESS THAN 10 YEARS OLDER..... 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE... 5 DON'T KNOW 8									
518	For how long have you had sexual relations with this man?	DAYS.....1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS.....2 MONTHS.....3 YEARS.....4									
519	Have you had sex with any other man in the last 12 months?	YES..... 1 NO..... 2	—524								
520	The last time you had sexual intercourse with this other man, was a condom used?	YES..... 1 NO..... 2	—521								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV..... 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS..... 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
521	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER..... 01 MAN IS BOYFRIEND/FIANCÉ..... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→522A								
521A	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→522								
521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT THE SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE... 5 DON'T KNOW 8									
522	For how long have you had sexual relations with this man?	DAYS.....1 <table border="1" data-bbox="1187 1163 1279 1205"><tr><td></td><td></td></tr></table> WEEKS.....2 <table border="1" data-bbox="1187 1211 1279 1253"><tr><td></td><td></td></tr></table> MONTHS.....3 <table border="1" data-bbox="1187 1260 1279 1302"><tr><td></td><td></td></tr></table> YEARS.....4 <table border="1" data-bbox="1187 1308 1279 1350"><tr><td></td><td></td></tr></table>									
522A	Other than these two men, have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524								
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→522D								
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV..... 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS..... 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522D	<p>What is your relationship to this man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	SPOUSE/COHABITING PARTNER..... 01 MAN IS BOYFRIEND/FIANCÉ..... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523
522D1	<p>CHECK 106:</p> <p>15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/></p>		→522E
522D2	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?</p>	YOUNGER 1 ABOUT THE SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE.... 5 DON'T KNOW 8	
522E	<p>For how long have you had sexual relations with this man?</p>	DAYS.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS.....4 <input type="checkbox"/> <input type="checkbox"/>	
523	<p>In total, with how many different men have you had sex in the last 12 months?</p>	NUMBER OF PARTNERS <input type="checkbox"/> <input type="checkbox"/>	
524	<p>Do you know of a place where a person can get male condoms?</p>	YES 1 NO 2	→527
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE CLINIC D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY/PATENT MEDICINE STORE H PRIVATE DOCTOR I MOBILE CLINIC J COMMUNITY HEALTH WORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O NGO P OTHER _____ X (SPECIFY)	
526	<p>If you wanted to, could you yourself get a condom?</p>	YES 1 NO 2 DON'T KNOW/UNSURE 8	
527	<p>Do you know of a place where a person can get female condoms?</p>	YES 1 NO 2	→530

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
528	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER..... B</p> <p>FAMILY PLANNING CLINIC..... C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... G</p> <p>PHARMACY/PATENT MEDICINE STORE H</p> <p>PRIVATE DOCTOR..... I</p> <p>MOBILE CLINIC J</p> <p>COMMUNITY HEALTH WORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP..... M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>NGO..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																					
529	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/UNSURE..... 8</p>																																					
530	<p>Is it acceptable or not acceptable to you for information on condoms to be provided:</p> <p>On the radio?</p> <p>On the television?</p> <p>In newspaper or magazine?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">ACCEPT- ABLE</td> <td style="text-align: center;">NOT ACCEPT- ABLE</td> <td></td> </tr> <tr> <td>DK</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEWSPAPER/ MAGAZINE....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE		DK				RADIO.....	1	2	8	TELEVISION.....	1	2	8	NEWSPAPER/ MAGAZINE....	1	2	8																	
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RADIO.....	1	2	8																																				
TELEVISION.....	1	2	8																																				
NEWSPAPER/ MAGAZINE....	1	2	8																																				
531	<p>In the last few months, have you heard/read about condoms</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster?</p> <p>From leaflets or brochures?</p> <p>From town crier?</p> <p>Mobile public announcement?</p>	<table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">YES</td> <td></td> </tr> <tr> <td>NO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE . .</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>TOWN CRIER</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOBILE PUBLIC ANNOUNCEMENT.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> </table>			YES		NO				RADIO.....	1		2	TELEVISION.....	1		2	NEWSPAPER OR MAGAZINE . .	1		2	POSTER.....	1		2	LEAFLETS OR BROCHURES.....	1		2	TOWN CRIER	1		2	MOBILE PUBLIC ANNOUNCEMENT.....	1		2	
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MOBILE PUBLIC ANNOUNCEMENT.....	1		2																																				

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> </div>		→614
602	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE 2 →604</p> <p>SAYS SHE CAN'T GET PREGNANT 3 →614</p> <p>UNDECIDED/DON'T KNOW: AND PREGNANT..... 4 →610</p> <p>AND NOT PREGNANT OR UNSURE 5 →608</p>	
603	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS1</p> <p>YEARS2</p> <p>SOON/NOW 993 →609</p> <p>SAYS SHE CAN'T GET PREGNANT ... 994 →614</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER 996 →609</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	
604	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>		→610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around;"> NOT ASKED <input type="checkbox"/> CURRENTLY NOT USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div>		→608
606	CHECK 603: <div style="display: flex; justify-content: space-around;"> NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> </div>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p>	<p>NOT MARRIEDA</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>GOD WILL DECIDE/FATE.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE.....98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	→614
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last 3 months have you heard/read about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From town crier? Mobile public announcement?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLETS OR BROCHURES 1 2 TOWN CRIER 1 2 MOBILE PUBLIC ANNOUNCEN 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
619	In the last 3 months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES 1 NO 2	→621																				
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER(S) F SON(S) G MOTHER-IN-LAW H FRIENDS/NEIGHBOURS I OTHER _____ X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→628																				
622	CHECK 311/311A: AT LEAST ONE CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																					
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																					
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted infection? She knows her husband has sex with women other than his wives? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STI.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STI.....	1	2	8	OTHER WOMEN.....	1	2	8	RECENT BIRTH.....	1	2	8	TIRED/MOOD.....	1	2	8	
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RECENT BIRTH.....	1	2	8																				
TIRED/MOOD.....	1	2	8																				
628A	When a wife knows her husband has a sexually transmitted infection, is she justified in asking that he use a condom?	YES 1 NO 2 DON'T KNOW 8																					

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	 	 →703 →707
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES..... 1 NO.....2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY..... 1 SECONDARY..... 2 HIGHER.....3 DON'T KNOW.....8	→706
705	What was the highest (class/form/year) he completed at that level ?	CLASS <input type="text"/> <input type="text"/> DON'T KNOW.....98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	 	
707	Aside from your own housework, are you currently working?	YES..... 1 NO.....2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES..... 1 NO.....2	→710
709	Have you done any work in the last 12 months?	YES..... 1 NO.....2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	 	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	 	→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
714A	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> <input type="checkbox"/> NO		→715
714B	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD04 OTHER RELATIVES.....05 NEIGHBOURS06 FRIENDS07 SERVANTS/HIRED HELP08 CHILD IS IN SCHOOL09 INSTITUTIONAL CHILD CARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY)	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY.....1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	→719
717	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE.....4 RESPONDENT AND SOMEONE ELSE JOINTLY.....5	
718	On average, how much of your household's expenditures do your earnings pay for: none, almost none, less than half, about half, more than half, or all?	NONE.....1 ALMOST NONE2 LESS THAN HALF3 ABOUT HALF4 MORE THAN HALF5 ALL.....6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day? Children's health care? Children's education?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN <10..... 1 2 8 HUSBAND 1 2 8 OTHER MALES..... 1 2 8 OTHER FEMALES 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
721	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:		YES	NO	
	If she goes out without telling him?	DK			
	If she neglects the children?	GOES OUT	1	2	8
	If she argues with him?	NEGL. CHILDREN ...	1	2	8
	If she refuses to have sex with him?	ARGUES	1	2	8
	If she burns the food?	REFUSES SEX	1	2	8
	If food is not cooked on time?	BURNS FOOD	1	2	8
		FOOD NOT COOKED			
		ON TIME	1	2	8

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→817
801A	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED.	SEX WITH PROSTITUTES A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS B SEX WITH PROSTITUTES C NOT USING CONDOM D HOMOSEXUAL CONTACT E BLOOD TRANSFUSION F INJECTIONS G KISSING H MOSQUITO BITES I CIRCUMCISION J RAZOR BLADES/BARBER/CLIPPER..... K SHARP OBJECTS..... L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES..... K AVOID KISSING..... L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER..... N AVOID USING SHARP OBJECTS O OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																						
808	Can a person reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8																						
808A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																						
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																						
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2																						
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→813																					
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING	1	2	8						
	YES	NO	DK																					
DURING PREG	1	2	8																					
DURING DELIVERY ...	1	2	8																					
BREASTFEEDING	1	2	8																					
812A	Have you heard of any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8																						
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→814A																					
814	Have you ever talked with (your husband/the man you are living with) about ways to prevent getting the virus that causes AIDS?	YES 1 NO 2																						
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers/magazines? In Church/Mosque? At home? In School?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ACCEPT ABLE</th> <th style="text-align: center;">NOT ACCEPT ABLE</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ON THE TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IN NEWSPAPERS/ MAGAZINES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IN CHURCH/MOSQUE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AT HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IN SCHOOL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		ACCEPT ABLE	NOT ACCEPT ABLE	ON THE RADIO.....	1	2	ON THE TV	1	2	IN NEWSPAPERS/ MAGAZINES	1	2	IN CHURCH/MOSQUE	1	2	AT HOME	1	2	IN SCHOOL.....	1	2	
	ACCEPT ABLE	NOT ACCEPT ABLE																						
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AT HOME	1	2																						
IN SCHOOL.....	1	2																						
814B	Would you buy fresh vegetables from a seller who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																						
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, SECRET 1 NO, NOT SECRET 2 DK/NOT SURE 8																						
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8																						
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS..... 8																						
816B	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8																						
816C	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→816D																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816C1	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
816C2	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 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
816C3	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→816FX
816D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→816G
816F	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 DISPENSARY 15 OTHER PUBLIC _____ 16 (SPECIFY)	
816FX	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/PATENT MEDICINE STORE 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIENDS/RELATIVES 33 OTHER _____ 96 (SPECIFY)	
816G	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5 DON'T KNOW/UNSURE 8	→816I →816I →816K →816J
816H	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	ABSTAIN FROM SEX B USE CONDOMS C AVOID MULTIPLE SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F ENSURE SAFE BLOOD TRANSFUSION G ENSURE INJECTION WITH STERILIZED NEEDLE H AVOID KISSING I AVOID MOSQUITO BITES J SEEK PROTECTION FROM TRADITIONAL HEALER K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	→816J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816I	<p>Why do you think that you have a (MODERATE/GREAT CHANCE) of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>DO NOT USE CONDOMSA</p> <p>MORE THAN ONE SEXUAL PARTNER...B</p> <p>SEX WITH PROSTITUTES C</p> <p>SPOUSE HAS OTHER PARTNER(S) D</p> <p>HOMOSEXUAL CONTACTE</p> <p>HAD BLOOD TRANSFUSION.....F</p> <p>HAD INJECTIONS WITH UNSTERILISED NEEDLES..... G</p> <p>SEEK PROTECTION FROM TRADITIONAL HEALER H</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
816J	<p>Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>RECORD ALL MENTIONED.</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEXB</p> <p>STARTED USING CONDOMS C</p> <p>RESTRICTED SEX TO ONE PARTNER D</p> <p>REDUCED NUMBER OF PARTNERSE</p> <p>ADVICE SPOUSE/PARTNER TO BE FAITHFUL F</p> <p>NO MORE HOMOSEXUAL CONTACTS G</p> <p>ENSURE INJECTION WITH STERILIZED NEEDLES H</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO BEHAVIOUR CHANGEY</p>	
816K	<p>From which sources of information have you learned most about AIDS?</p> <p>Any other source?</p> <p>RECORD ALL MENTIONED.</p>	<p>RADIOA</p> <p>T.V.B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLETS/POSTERS D</p> <p>HEALTH WORKERSE</p> <p>CHURCHES/MOSQUES F</p> <p>SCHOOLS/TEACHERS G</p> <p>COMMUNITY MEETINGS H</p> <p>FRIENDS/RELATIVESI</p> <p>WORKPLACEJ</p> <p>OTHER _____ X (SPECIFY)</p>	
817	<p>(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?</p>	<p>YES1</p> <p>NO2</p>	→819A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	<p>If a man has a sexually transmitted infection, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAINA GENITAL DISCHARGE/DRIPPINGB FOUL SMELLING DISCHARGEC BURNING PAIN ON URINATIOND REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK IMPOTENCEL</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMSY DON'T KNOWZ</p>	
819	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAINA GENITAL DISCHARGEB FOUL SMELLING DISCHARGEC BURNING PAIN ON URINATIOND REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK HARD TO GET PREGNANT/HAVE CHILDL</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMSY DON'T KNOWZ</p>	
819A	<p>CHECK 514: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE HAS NOT HAD SEXUAL <input type="checkbox"/> INTERCOURSE</p>		→901
819A1	<p>CHECK 817: KNOWS STIs <input type="checkbox"/> DOES NOT <input type="checkbox"/> KNOW STIs</p>		→819C
819B	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
819C	<p>Sometimes, women experience a bad-smelling, abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling, abnormal genital discharge?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
819D	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
819E	<p>CHECK 819B, 819C, 819D: AT LEAST <input type="checkbox"/> ONE 'YES' OTHER <input type="checkbox"/></p>		→901
819F	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you seek any kind of advice or treatment?</p>	<p>YES1 NO2</p>	→819H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819G	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
	YES	NO																
CLINIC/HOSPITAL	1	2																
TRADITIONAL HEALER	1	2																
SHOP/PHARMACY	1	2																
FRIENDS/RELATIVES	1	2																
819H	<p>When you had (PROBLEM FROM 819B/819C/819D), did you inform the person with whom you were having sex?</p>	<p>YES1 NO2 SOME/NOT ALL3 DID NOT HAVE PARTNER4</p>	→901															
819I	<p>When you had (PROBLEM FROM 819B/819C/819D), did you do something to avoid infecting your sexual partner(s)?</p>	<p>YES1 NO2 PARTNER ALREADY INFECTED3</p>	→901															
819J	<p>What did you do to avoid infecting your partner(s)? Did you....</p> <p>Use medicine? Stop having sex? Use a condom when having sex?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE.....	1	2	STOP SEX.....	1	2	USE CONDOM.....	1	2				
	YES	NO																
USE MEDICINE.....	1	2																
STOP SEX.....	1	2																
USE CONDOM.....	1	2																

SECTION 9. FEMALE GENITAL CUTTING (CIRCUMCISION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?	YES1 NO2	→903
902	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES1 NO2	→925
903	Have you ever been circumcised?	YES1 NO2 DON'T KNOW8	<input type="checkbox"/> →909
904	Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	YES1 NO2 DON'T KNOW8	→906
905	Was the genital area cut on the surface without removing any flesh?	YES1 NO2 DON'T KNOW8	
906	Was your genital area sewn closed?	YES1 NO2 DON'T KNOW8	
907	How old were you when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/> DURING INFANCY95 DON'T KNOW98	
908	Who did the circumcision?	TRADITIONAL TRAD. "CIRCUMCISER"11 TRAD. BIRTH ATTENDANT12 OTHER TRADITIONAL16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR21 TRAINED NURSE/MIDWIFE22 OTHER HEALTH PROFESSIONAL26 (SPECIFY) DON'T KNOW98	
909	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→919
910	Have any of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED95	→918
911	To which of your daughters did this happen most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER	DAUGHTER'S LINE NUMBER FROM Q212 <input type="text"/> <input type="text"/>	
912	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q.911) at this time? Was any flesh removed from her genital area?	YES1 NO2 DON'T KNOW8	→914
913	Was her genital area cut on the surface without removing any flesh?	YES1 NO2 DON'T KNOW8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Was her genital area sewn closed?	YES1 NO2 DON'T KNOW8	
915	How old was (NAME OF THE DAUGHTER FROM Q.911) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS..... <input type="text"/> DURING INFANCY95 DON'T KNOW98	
916	Who did the circumcision?	TRADITIONAL TRAD. "CIRCUMCISER"11 TRAD. BIRTH ATTENDANT12 OTHER TRADITIONAL16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR21 TRAINED NURSE/MIDWIFE22 OTHER HEALTH PROFESSIONAL26 (SPECIFY) DON'T KNOW98	
917	At the time of circumcision or afterwards, did (NAME OF THE DAUGHTER FROM Q.911) have any of the following: Excessive bleeding? Difficulty in passing urine or urine retention? Swelling in the genital area? Infection in the genital area? / Wound that did not heal properly?	YES NO DK EXCESSIVE BLEEDING1 2 8 DIF. IN PASSING URINE/ URINE RETENTION1 2 8 SWELLING1 2 8 INFECTION/NOT HEAL PROPERLY1 2 8	}919
918	Do you intend to have any of your daughters circumcised in the future?	YES1 NO2 DON'T KNOW8	
919	What benefits do girls themselves get if they undergo this circumcision? PROBE: Any other benefits? RECORD ALL MENTIONED.	CLEANLINESS/HYGIENE A SOCIAL ACCEPTANCE B BETTER MARRIAGE PROSPECTS C PRESERVE VIRGINITY/PREVENT PREMARITAL SEX D MORE SEXUAL PLEASURE FOR THE MAN E RELIGIOUS APPROVAL F OTHER X (SPECIFY) NO BENEFITS Y DON'T KNOW Z	
920	What benefits do girls themselves get if they do <u>not</u> undergo this circumcision? PROBE: Anything else? RECORD ALL MENTIONED.	FEWER MEDICAL PROBLEMS A AVOIDING PAIN B MORE SEXUAL PLEASURE FOR HER C MORE SEXUAL PLEASURE FOR THE MAN D FOLLOWS RELIGION E OTHER X (SPECIFY) NO BENEFITS Y DON'T KNOW Z	
921	Would you say that this practice is a way to prevent a girl from having sex before marriage or does it have no effect?	PREVENT SEX1 NO EFFECT2 DON'T KNOW8	
922	Do you believe that this practice is required by your religion?	YES1 NO2 DON'T KNOW8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
923	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED1 DISCONTINUED2 DEPENDS3 DON'T KNOW8									
924	Do you think that men want this practice to be continued, or discontinued?	CONTINUED1 DISCONTINUED2 DEPENDS3 DON'T KNOW8									
925	RECORD THE TIME.	HOUR <table border="1" data-bbox="1190 415 1284 520"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1190 478 1284 520"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

NOTE: GO BACK TO THE HOUSEHOLD QUESTIONNAIRE AND ADMINISTER THE HEIGHT AND WEIGHT SECTION.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2003
INDIVIDUAL MAN'S QUESTIONNAIRE**

NATIONAL POPULATION COMMISSION

IDENTIFICATION																																	
STATE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																
LOCAL GOVT. AREA _____																																	
LOCALITY NAME _____																																	
ENUMERATION AREA _____																																	
URBAN /RURAL (URBAN = 1, RURAL = 2) _____																																	
CLUSTER NUMBER.....																																	
BUILDING NUMBER.....																																	
HOUSEHOLD NAME/NUMBER _____																																	
LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE (LARGE TOWN = 1, MEDIUM TOWN = 2, SMALL TOWN = 3, VILLAGE = 4)	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> </table>																																
NAME AND LINE NUMBER OF MAN _____																																	

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>								
TIME	_____	_____										

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY)
 3 POSTPONED 6 INCAPACITATED

	HAUSA	YORUBA	IGBO	ENGLISH		
OTHER LANGUAGE OF INTERVIEW	1	2		3	4	TRANSLATOR USED? YES NO 1 2
NATIVE LANGUAGE OF RESPONDENT	1	2	3		4	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____										

ENGLISH