





# CONFIDENTIAL

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008  
 MODEL HOUSEHOLD QUESTIONNAIRE  
 WITH HIV/AIDS AND MALARIA MODULES

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee  
 Assigned Number NHREC/01/01/2007

IDENTIFICATION	
STATE _____	
LOCAL GOVT. AREA _____	
LOCALITY _____	
ENUMERATION AREA _____	
URBAN/RURAL (URBAN=1, RURAL=2) _____	
CLUSTER NUMBER .....	
BUILDING NUMBER .....	
HOUSEHOLD HEAD NAME/NUMBER _____	
HOUSEHOLD SELECTED FOR MAN'S QUESTIONNAIRE (YES=1, NO=2) .....	

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	2	0	0	8				
2	0	0	8									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER _____								
RESULT*	_____	_____	_____	RESULT _____								
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>								
	_____	_____	_____									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4	OTHER 6 _____ SPECIFY	TRANSLATOR USED? YES NO 1 2						
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	6 _____ SPECIFY							
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY							
NAME _____		NAME _____		_____	_____							
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				_____	_____			

ENGLISH

**Introduction and Consent**

Greetings. My name is \_\_\_\_\_ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of February 22, 2008 to February 23, 2009. We would very much appreciate your participation. in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any queries, feel free to call any of the following contact person(s):

**2008 NDHS Contact Person:** Project Director; **Email:** saligar58@yahoo.com; **Phone:** 08033708114  
**NHREC Dcontact Person(s):** Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791  
Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the 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  
  ↓

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-38 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?			How old was (NAME) as at last birthday?	What is (NAME'S) current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES  ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES  ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES  ADD TO TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = BROTHER-IN-LAW/SISTER-IN-LAW
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES  ADD TO TABLE NO
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- 2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES  ADD TO TABLE NO
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  - 05 = GRANDCHILD
  - 06 = PARENT
  - 07 = PARENT-IN-LAW
  - 08 = BROTHER OR SISTER
  - 09 = BROTHER-IN-LAW/SISTER-IN-LAW
  - 10 = NIECE/NEPHEW BY BLOOD
  - 11 = NIECE/NEPHEW BY MARRIAGE
  - 12 = OTHER RELATIVE
  - 13 = ADOPTED/FOSTER/STEPCHILD
  - 14 = NOT RELATED
  - 98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE  IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 23
02	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	02	1 2 ↓ GO TO 23
03	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	03	1 2 ↓ GO TO 23
04	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	04	1 2 ↓ GO TO 23
05	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	05	1 2 ↓ GO TO 23
06	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	06	1 2 ↓ GO TO 23
07	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	07	1 2 ↓ GO TO 23
08	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	08	1 2 ↓ GO TO 23
09	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	09	1 2 ↓ GO TO 23
10	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	10	1 2 ↓ GO TO 23

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE  IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="checkbox"/>	Y N DK 1 2 8	11	1 2 ↓ GO TO 23
12	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	12	1 2 ↓ GO TO 23
13	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	13	1 2 ↓ GO TO 23
14	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	14	1 2 ↓ GO TO 23
15	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	15	1 2 ↓ GO TO 23
16	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	16	1 2 ↓ GO TO 23
17	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	17	1 2 ↓ GO TO 23
18	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	18	1 2 ↓ GO TO 23
19	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	19	1 2 ↓ GO TO 23
20	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	20	1 2 ↓ GO TO 23



LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	
01	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
02	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
03	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
04	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
05	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
06	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
07	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
08	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
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CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:

0=PRE-PRIMARY/KINDERGARTEN  
 1 = PRIMARY  
 2 = SECONDARY  
 3 = HIGHER  
 8 = DONT KNOW

EDUCATION YEAR:

01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL  
 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL  
 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL  
 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL\*  
 00 = LESS THAN 1 YEAR COMPLETED  
 (USE '00' FOR Q. 24 ONLY.  
 THIS CODE IS NOT ALLOWED  
 FOR Qs. 26 AND 28)  
 98 = DONT KNOW

\*FOR "HIGHER", TOTAL THE NUMBER OF YEARS  
 AT THE POST-SECONDARY LEVEL

LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	
11	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
12	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
13	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
14	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
15	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
16	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
17	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
18	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
19	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	
20	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	1 2 ↓ GO TO 27	[ ][ ] [ ][ ]	1 2 ↓ GO TO 29	[ ][ ] [ ][ ]	

**CODES FOR Qs. 24, 26, AND 28: EDUCATION**

**EDUCATION LEVEL:**

- 0=PRE-PRIMARY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DONT KNOW

**EDUCATION YEAR:**

- 01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
- 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
- 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
- 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL\*
- 00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY.  
THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DONT KNOW

\*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS			
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN			
	ONCHO-CERIASIS	LYMPHATIC FILARIASIS	GUINEA WORM	SCHISTO-SOMIASIS	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?
(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)				
01	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	
02	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
03	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
04	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
05	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
06	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
07	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
08	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
09	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
10	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	ONCHO-CERIASIS In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	LYMPHATIC FILARIASIS In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	GUINEA WORM In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	SCHISTOSOMIASIS In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?
(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)	
11	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8
12	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
16	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
17	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
18	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
19	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
20	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

**39** LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.  
 CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.  
 FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'.  
 IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.  
 FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	106 103 106 103 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81  OTHER _____ 96 (SPECIFY)	106 106 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	106
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT WOMAN WITH CHILD ..... 2 ADULT MAN ..... 3 FEMALE CHILD UNDER 15 YEARS OLD ..... 4 MALE CHILD UNDER 15 YEARS OLD ..... 5 FEMALE AND MALE CHILD UNDER 15 YEARS OLD ..... 6 ANY HOUSEHOLD MEMBER ..... 7  OTHER _____ 8 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
106	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 108																																							
107	What do you usually do to make the water safer to drink?  Anything else?  CIRCLE ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F ALUM ..... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z																																								
108	What kind of toilet facility do members of your household usually use?	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 111																																							
109	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 111																																							
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0																																							
0																																										
111	Does your household have the following items which are in good working order:	<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>ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CABLE TV</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GENERATING SET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ELECTRIC IRON</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	CABLE TV	1	2	GENERATING SET	1	2	AIR CONDITIONER	1	2	COMPUTER	1	2	ELECTRIC IRON	1	2	FAN	1	2	
	YES	NO																																								
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ELECTRIC IRON	1	2																																								
FAN	1	2																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 115         → 117
113	In this household, is food cooked mainly on an open fire, an open stove, or a closed stove?	OPEN FIRE ..... 1 OPEN STOVE ..... 2 CLOSED STOVE WITH CHIMNEY ..... 3  OTHER _____ 6 (SPECIFY)	    → 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY ..... 1 HOOD ..... 2 NEITHER ..... 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER _____ 6 (SPECIFY)	    → 117
116	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
117	MAIN MATERIAL FOR FINISH OF THE FLOOR.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET/RUG ..... 35  OTHER _____ 96 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL FOR FINISH OF THE ROOF.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL/ZINC ..... 31 WOOD ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 ROOFING SHINGLES ..... 35  OTHER _____ 96 (SPECIFY)																						
119	MAIN MATERIAL FOR FINISH OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT (MUD) ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARDBOARD ..... 24 REUSED WOOD ..... 25 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 35  OTHER _____ 96 (SPECIFY)																						
120A	How many rooms in total are in your household, including rooms for sleeping and all other rooms?	ROOMS (TOTAL) ..... <input type="text"/> <input type="text"/>																						
120B	How many rooms are used for sleeping in your household?	NUMBER OF ROOMS (SLEEPING) ..... <input type="text"/> <input type="text"/>																						
121	Does any member of this household own:  A canoe? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>CANOE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	CANOE .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ..	1	2	ANIMAL-DRAWN CART ...	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	
	YES	NO																						
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ANIMAL-DRAWN CART ...	1	2																						
CAR/TRUCK .....	1	2																						
BOAT WITH MOTOR .....	1	2																						
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 124																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How much of agricultural land do members of this household own?	PLOT ..... 1 <input type="text"/> <input type="text"/> ACRES ..... 2 <input type="text"/> <input type="text"/> HECTARES ..... 3 <input type="text"/> <input type="text"/> 95 OR MORE PLOTS/ACRES/ HECTARES ..... 995 DON'T KNOW ..... 998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.  Milk cows or bulls?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens/Ducks?  Pigs?  Other _____ (SPECIFY)  Other _____ (SPECIFY)	COWS/BULLS ..... <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> GOATS ..... <input type="text"/> <input type="text"/> SHEEP ..... <input type="text"/> <input type="text"/> CHICKENS/DUCKS ..... <input type="text"/> <input type="text"/> PIGS ..... <input type="text"/> <input type="text"/> OTHER ..... <input type="text"/> <input type="text"/>  OTHER ..... <input type="text"/> <input type="text"/>	
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
127	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 138
128	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98
131	Is this net an untreated net, a long-lasting net, or a re-treatable net?	UNTREATED NET 11 (SKIP TO 135) ←  LONG-LASTING NET ..... 21 (SKIP TO 135) ←  RE-TREATABLE NET ..... 31 (SKIP TO 133) ←  OTHER ..... 41 DON'T KNOW ..... 98	UNTREATED NET 11 (SKIP TO 135) ←  LONG-LASTING NET ..... 21 (SKIP TO 135) ←  RE-TREATABLE NET ..... 31 (SKIP TO 133) ←  OTHER ..... 41 DON'T KNOW ..... 98	UNTREATED NET 11 (SKIP TO 135) ←  LONG-LASTING NET ..... 21 (SKIP TO 135) ←  RE-TREATABLE NET ..... 31 (SKIP TO 133) ←  OTHER ..... 41 DON'T KNOW ..... 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8
134	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98
135	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) ..... 1 BELOW 15 PPM ..... 2 15 PPM AND ABOVE ..... 3 NO SALT IN HH ..... 4 SALT NOT TESTED ..... 6 (SPECIFY REASON) _____		

**SUPPORT FOR SICK PEOPLE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	<p>CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59</p> <p>AT LEAST ONE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 301</p>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>		
202	<p>ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK.</p> <p>You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons].</p> <p>First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay.</p> <p>By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.</p>			
203	<p>NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE</p>	<p>1ST SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/></p>	<p>2ND SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/></p>	<p>3RD SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/></p>
204	<p>Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8</p>
205	<p>Did your household receive any of these medical support at least once a month while (NAME) was sick?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>
206	<p>In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8</p>
207	<p>Did your household receive any of these emotional or psychological support in the past 30 days?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>
208	<p>In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8</p>
209	<p>Did your household receive any of these material support in the past 30 days?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>
210	<p>In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8</p>
211	<p>Did your household receive any of these social support in the past 30 days?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
		NAME _____	NAME _____	NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216	GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.			

**SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES .....	1		<input type="checkbox"/> → 401
		NO .....	2		
		DON'T KNOW .....	8		
302	How many household members died in the last 12 months?	NUMBER OF DEATHS .....			<input type="text"/>
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	
306	How old was (NAME) when (he/she) died?	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	
306A	Was the death of (NAME) registered with NPopC?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ <input type="checkbox"/> (SKIP TO 318) ←  18-59 <input type="checkbox"/> ↓	<18/60+ <input type="checkbox"/> (SKIP TO 318) ←  18-59 <input type="checkbox"/> ↓	<18/60+ <input type="checkbox"/> (SKIP TO 318) ←  18-59 <input type="checkbox"/> ↓	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	
311	Did your household receive any of these medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	
313	Did your household receive any of these emotional or psychological support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	
315	Did your household receive any of these material support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, NEVER SEVERE .... 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE .... 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE .... 2 NO ..... 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		



**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 <input type="checkbox"/> →</p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: <b>ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</b></p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: <b>ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> →</p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

406	NAME FROM COLUMN 2	1ST CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of these material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any of this social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

NO.

## CODING CATEGORIES

406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of these material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK:  What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

**WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5**

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

510	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 514.							
		WOMAN 1		WOMAN 2		WOMAN 3	
511	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME .....	NAME .....
512	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> .	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> .	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> .	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> .		
513	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> .	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> .	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> .	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> .		
514	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6		

# CONFIDENTIAL

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008  
MODEL WOMAN'S QUESTIONNAIRE  
WITH HIV/AIDS AND MALARIA MODULES**

National Health Research Ethics Committee  
Assigned Number NHREC/01/01/2007

NATIONAL POPULATION COMMISSION

IDENTIFICATION										
STATE _____										
LOCAL GOVT. AREA _____										
LOCALITY _____										
ENUMERATION AREA _____										
URBAN/RURAL (URBAN=1, RURAL=2) _____										
CLUSTER NUMBER _____										
BUILDING NUMBER _____										
HOUSEHOLD HEAD NAME/NUMBER _____										
NAME AND LINE NUMBER OF WOMAN _____										
IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 13)? (YES=1, NO=2) _____										
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE _____				DAY _____						
				MONTH _____						
				YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">8</td></tr></table>	2	0	0	8		
2	0	0	8							
INTERVIEWER'S NAME _____				INT. NUMBER _____						
RESULT* _____				RESULT _____						
NEXT VISIT: DATE _____				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: TIME _____										
*RESULT CODES:										
1 COMPLETED	4 REFUSED									
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____								
3 POSTPONED	6 INCAPACITATED	(SPECIFY)								
LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4						
				OTHER 6 _____ SPECIFY						
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4						
				6 _____ SPECIFY						
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR						
NAME _____		NAME _____		NAME _____						
DATE _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DATE _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
				KEYED BY						
				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

**ENGLISH**

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Greetings. My name is \_\_\_\_\_ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of February 22, 2008 to February 23, 2009. We would very much appreciate your participation. in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any queries, feel free to call any of the following contact person(s):

**2008 NDHS Contact Person:** Project Director; **Email:** saligar58@yahoo.com; **Phone:** 080337708114

**NHREC Contact Person(s):** Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791

Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, 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.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→104
103	Just before you moved here, did you live in a city, in a town, or in a village?	CITY ..... 1 TOWN ..... 2 VILLAGE ..... 3	
104	In the last 12 months, on how many separate occasions have you travelled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DONT KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110	What is the highest (class/form/year) you completed at that level?	CLASS/FORM/YEAR ..... <input type="text"/> <input type="text"/>	





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" data-bbox="1241 349 1345 472"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1241 472 1345 595"><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" data-bbox="1241 636 1345 759"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1241 759 1345 882"><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" data-bbox="1241 1008 1345 1131"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1241 1131 1345 1254"><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" data-bbox="1241 1207 1345 1272"><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 # 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.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

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), including any children who died after birth?
01	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"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

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 HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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), including any children who died after birth?
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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
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"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	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.</p> <p>FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.	<input type="text"/>
-----	---	----------------------

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
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. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL 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 <u>miscarried</u> , was <u>aborted</u> , or ended in a <u>stillbirth</u> ?	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. 2003 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2003		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Since January 2003, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2003.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2003?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2003 end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1241 152 1343 212"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1241 212 1343 273"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1241 273 1343 333"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1241 333 1343 394"><tr><td></td><td></td></tr></table> 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

301	<p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>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.</p>		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? YES ..... 1 NO ..... 2
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? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
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 ↘	YES ..... 1 NO ..... 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
09	DIAPHRAGM Women can place athen fleximbe disk in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
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 ↘	YES ..... 1 NO ..... 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
15	Have you heard of any other ways or traditional methods that women or men can use to avoid pregnancy?	YES ..... 1 <hr/> (SPECIFY) <hr/> (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2

303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→307
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→333
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"/>	
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"/>		→322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→322
311	Which method are you using? CIRCLE ALL MENTIONED. <b>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</b>	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER _____ X (SPECIFY)	→316 →312 →315 →311B →315 →313 →315 →319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
311B	What name/type of injectables are you using?	NORISTERAT (2 MONTHS) ..... 1 NORIGYNON (2 MONTHS) ..... 2 DEPO PROVERA (3 MONTHS) ... 3 OTHER _____ 6 (SPECIFY)	→315
312	What brand of pills are you using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	DUOFEM ..... 01 MICROBYNON ..... 02 LOFEMENAL ..... 03 NEOGYNON ..... 04 CONFIDENCE ..... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→314



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>What brand name of the condoms did you use?</p> <p>ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.</p>	<p><b>MALE CONDOMS</b></p> <p>GOLD CIRCLE ..... 01</p> <p>DUREX ..... 02</p> <p>RUGH RIDER ..... 03</p> <p>TWIN LOTUS ..... 04</p> <p><b>FEMALE CONDOM</b></p> <p>FEMIDOM ..... 05</p> <p>OTHER _____ ... 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
314	<p>How many (pill cycles/condoms) did you get the last time?</p>	<p>NUMBER OF PILL CYCLES/CONDOMS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
315	<p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?</p>	<p>COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99998</p>	<p>} → 319A</p>
316	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PRIVATE DOCTOR'S OFFICE ... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>NON-GOV. ORGANIZATION ... 25</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'B' 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>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p>	<p>COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 995</p> <p>DON'T KNOW ..... 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
319	In what month and year was the sterilization performed?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR ..... <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 320	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR ..... <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
320	CHECK 319/319A, 215 AND 230:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A      YES <input type="checkbox"/> NO <input type="checkbox"/>  GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).									
321	CHECK 319/319A:  YEAR IS 2003 OR LATER <input type="checkbox"/> YEAR IS 2002 OR EARLIER <input type="checkbox"/>  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.      ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003.  THEN SKIP TO → 331									
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.  USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.  ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.  ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?									
323	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 333 → 326 → 335          → 324A → 324A → 335 → 335							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>CHEMIST/PMS STORE ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></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>	
324A	<p>Where did you learn how to use the rhythm/lactational amenorrhea method?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>CHEMIST/PMS STORE ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></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>	
325	<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>MALE CONDOM ..... 07 → 332</p> <p>FEMALE CONDOM ..... 08 → 329</p> <p>DIAPHRAGM ..... 09 → 329</p> <p>FOAM/JELLY ..... 10 → 329</p> <p>LACTATIONAL AMEN. METHOD ... 11 → 335</p> <p>RHYTHM METHOD ..... 12 → 335</p>	
326	<p>You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES ..... 1 → 328</p> <p>NO ..... 2</p>	
327	<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 → 329</p>	
328	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
329	<p>CHECK 326:</p> <p>CODE '1' CIRCLED <input type="checkbox"/>      CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1 → 331</p> <p>NO ..... 2</p>	
330	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<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 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>MALE CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER METHOD ..... 96</p>	<p>→ 335</p> <p>→ 335</p>
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>CHEMIST/PMS ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></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>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 335</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/PMS ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL _____ M</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N</p> <p>CHURCH ..... O</p> <p>FRIEND/RELATIVE ..... P</p> <p>NGO ..... Q</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2003 OR LATER <input type="checkbox"/> NO BIRTHS IN 2003 OR LATER <input type="checkbox"/>	→573		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 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 NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <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) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	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 TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY/VILLAGE HEALTH WORKER ... E  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____														
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER ..... D</p> <p>GOVT. HEALTH POST/ DISPENSARY . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G</p> <p>OTHER PRIVATE MED. _____ H</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT ... 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ... 1 2</p>																
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 414) ←</p> <p>DON'T KNOW ..... 8</p>																
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW ..... 8</p>																
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ... 8</p>																

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 421) OTHER <input type="checkbox"/>		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) DON'T KNOW ..... 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ... 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
425	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8		
427	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR/ AMALAR/ MALOXINE ..... A CHLOROQUINE ... B  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
428	CHECK 427:  DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A'      CODE CIRCLED      A' NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓      (SKIP TO 432) ←		
429	How many times did you take (SP/Fansidar/Amalar/Maloxine) during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
429A	How many months pregnant were you when you took your <b>first</b> dose of (SP/Fansidar/Amalar/Maxoline)?	MONTH ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
429B	CHECK 429:	2 OR MORE    1 TIME TIMES <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 430)		
429C	How many months pregnant were you when you took your <b>second</b> dose of (SP/Fansidar/Amalar/Maxoline)?	MONTH ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
430	CHECK 407:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A',    OTHER <input type="checkbox"/> B' OR 'C' CIRCLED <input type="checkbox"/> ↓      (SKIP TO 432) ←		
431	Did you get the (SP/Fansidar/Amalar/Maloxine) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE .... 6		
432	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8
434	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
435	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ..... Y
436	Where did you give birth to (NAME)?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 (SKIP TO 443) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←	HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW . 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>
438	Was (NAME) delivered by caesarean section (operation)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 442) ←</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>		
441	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY</p> <p>MIDWIFE ..... 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 21</p> <p>COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←</p>		
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	<p>YES ..... 1 (SKIP TO 445) ←</p> <p>NO ..... 2 (SKIP TO 453) ←</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>
443	<p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH . . A</p> <p>FACILITY NOT OPEN . B</p> <p>TOO FAR/ NO TRANSPORTATION C</p> <p>DON'T TRUST FACILITY/POOR QUALITY SERVICE D</p> <p>NO FEMALE PROVIDER AT FACILITY .. E</p> <p>HUSBAND/FAMILY DID NOT ALLOW .. F</p> <p>NOT NECESSARY .. G</p> <p>NOT CUSTOMARY .. H</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____							
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2							
445	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="751 367 855 427"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="751 427 855 488"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="751 488 855 548"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998									
446	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY)									
447	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST/DISPENSARY.. 23 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY)									
448	CHECK 442:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 453)									
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 453) ← DON'T KNOW ..... 8									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 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></table></p> <p>DAYS ... 2 <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></table></p> <p>WEEKS . 3 <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></table></p> <p>DON'T KNOW ... 998</p>														
451	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>														
452	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST/DISPENSARY... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>														
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>														
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1 (SKIP TO 456) ←</p> <p>NO ..... 2 (SKIP TO 457) ←</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 459) ←	YES ..... 1 NO ..... 2 (SKIP TO 459) ←
456	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
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←
461	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 ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink?  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 FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	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"/>  STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98
467	CHECK 404:  IS CHILD LIVING?	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)
468	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	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"/>		
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

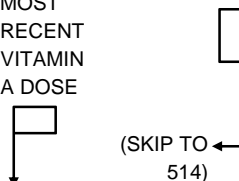
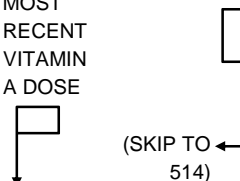
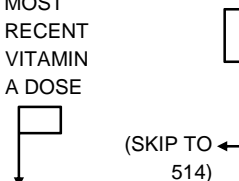
**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	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"/>								
503	FROM 212 AND 216	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 570)	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 570)	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 570)								
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3								
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 508) ← NO ..... 2	YES ..... 1 (SKIP TO 508) ← NO ..... 2	YES ..... 1 (SKIP TO 508) ← NO ..... 2								
506	(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. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>					



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	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 VACCINES.	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)  (SKIP TO 510) ← NO ..... 2 (SKIP TO 510) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)  (SKIP TO 510) ← NO ..... 2 (SKIP TO 510) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)  (SKIP TO 510) ← NO ..... 2 (SKIP TO 510) ← DON'T KNOW ..... 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES ..... 1 NO ..... 2 (SKIP TO 511A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511A) ← DON'T KNOW ..... 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	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
509B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 509E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) ← DON'T KNOW ..... 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509E	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 509G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) ← DON'T KNOW ..... 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting 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
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 511B) ←	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 511B) ←	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 511B) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	<p>At which national immunization day campaigns did (NAME) receive vaccinations?</p> <p>RECORD ALL CAMPAIGNS MENTIONED.</p> <p><b>NOTE: ALL RECOMMENDED VACCINES INCLUDE POLIO, MEASLES, YELLOW FEVER, CSM, BCG, ETC.</b></p>	<p><b>POLIO 2006</b> ..... A (NIDS/FEB,MAR)</p> <p><b>MEASLES 2006</b> ... B (SNIDS/OCT)</p> <p><b>ALL 2006</b> ..... C (IPDS/MAY-JULY)</p> <p><b>ALL 2007</b> ..... D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p><b>ALL 2008</b> ..... E (IPDS/JAN,FEB 2008) (SIPDS/APR 2008)</p> <p>(SKIP TO 511B) ←</p>	<p><b>POLIO 2006</b> ..... A (NIDS/FEB,MAR)</p> <p><b>MEASLES 2006</b> ... B (SNIDS/OCT)</p> <p><b>ALL 2006</b> ..... C (IPDS/MAY-JULY)</p> <p><b>ALL 2007</b> ..... D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p><b>ALL 2008</b> ..... E (IPDS/JAN,FEB 2008) (SIPDS/APR 2008)</p> <p>(SKIP TO 511B) ←</p>	<p><b>POLIO 2006</b> ..... A (NIDS/FEB,MAR)</p> <p><b>MEASLES 2006</b> ... B (SNIDS/OCT)</p> <p><b>ALL 2006</b> ..... C (IPDS/MAY-JULY)</p> <p><b>ALL 2007</b> ..... D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p><b>ALL 2008</b> ..... E (IPDS/JAN,FEB 2008) (SIPDS/APR 2008)</p> <p>(SKIP TO 511B) ←</p>
511A	<p>What are the main reasons (NAME) has not received any vaccinations?</p> <p>PROBE: Any other reasons?</p> <p>CIRCLE ALL MENTIONED</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>
511B	<p>CHECK 506 AND 509B</p> <p>DATE FOR POLIO VACCINE RECORDED IN 506 OR CODE '1' RECORDED IN 509B</p>	<p>NO POLIO VACCINE RECEIVED</p> <p>POLIO VACCINE RECEIVED</p> <p>(SKIP TO 512) ←</p>	<p>NO POLIO VACCINE RECEIVED</p> <p>POLIO VACCINE RECEIVED</p> <p>(SKIP TO 512) ←</p>	<p>NO POLIO VACCINE RECEIVED</p> <p>POLIO VACCINE RECEIVED</p> <p>(SKIP TO 512) ←</p>
511C	<p>Now I want to ask you specifically about vaccinating your child against polio.</p> <p>What are the main reasons (NAME) has not received any polio vaccinations?</p> <p>PROBE: Any other reasons?</p> <p>CIRCLE ALL MENTIONED</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>	<p>LACK OF INFO. ... A</p> <p>FEAR OF SIDE-EFFECTS ..... B</p> <p>FEAR CHILD MAY GET DISEASE ... C</p> <p>VACCINES DO NOT WORK ..... D</p> <p>RELIGIOUS REASONS E</p> <p>POST TOO FAR ... F</p> <p>CHILD WAS ABSENT G</p> <p>OTHER _____ X SPECIFY</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	CHECK 506:  DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE OTHER 	DATE FOR MOST RECENT VITAMIN A DOSE OTHER 	DATE FOR MOST RECENT VITAMIN A DOSE OTHER 
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
519	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> <p>_____ (NAME OF PLACE)</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	CHECK 523:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED (SKIP TO 526) ←
525	Where did you first seek advice or treatment?  USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY1, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  a) A fluid made from a special sugar-salt solution (ORS/ORT)?  b) A pre-packaged ORS/ORT liquid?  c) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (IF 2 OR 8 SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (IF 2 OR 8 SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (IF 2 OR 8 SKIP TO 533) ← DON'T KNOW ..... 8
530	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
531	CHECK 530:  GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←
532	How many times was (NAME) given zinc?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←
537	CHECK 533:  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←
541	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... N TRADITIONAL PRACTITIONER O  OTHER _____ X (SPECIFY)
542	CHECK 541:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←
543	Where did you first seek advice or treatment?  USE LETTER CODE FROM 541.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570) DON'T KNOW ..... 8
547	What drugs did (NAME) take?  Any other drugs?  CIRCLE ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H  OTHER DRUGS ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H  OTHER DRUGS ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H  OTHER DRUGS ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
548	CHECK 547: ANY CODE A-G CIRCLED?	YES                  NO <input type="checkbox"/> <input type="checkbox"/> ↓                                  ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES                  NO <input type="checkbox"/> <input type="checkbox"/> ↓                                  ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES                  NO <input type="checkbox"/> <input type="checkbox"/> ↓                                  ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?  ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'G' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.  IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.  IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE... C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL ... F  ANTIBIOTIC PILL/ SYRUP ..... G  NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE... C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL ... F  ANTIBIOTIC PILL/ SYRUP ..... G  NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE... C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI-MALARIAL ... F  ANTIBIOTIC PILL/ SYRUP ..... G  NO DRUG AT HOME . Y



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 547: ANY CODE A-F CIRCLED?	YES                      NO <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES                      NO <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	YES                      NO <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570)
551	CHECK 547:  SP/FANSIDAR/AMALAR/ MALOXINE ('A') GIVEN	CODE 'A'              CODE 'A' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554)	CODE 'A'              CODE 'A' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554)	CODE 'A'              CODE 'A' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554)
552	How long after the fever started did (NAME) first take SP/Fansidar/Amalar/Maloxine?	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8
553	For how many days did (NAME) take the SP/Fansidar/Amalar/ Maloxine?  IF 3 DAYS OR MORE, RECORD 3.	DAYS              . . . . . <input type="checkbox"/>  DON'T KNOW              . . . 8	DAYS              . . . . . <input type="checkbox"/>  DON'T KNOW              . . . 8	DAYS              . . . . . <input type="checkbox"/>  DON'T KNOW              . . . 8
554	CHECK 547:  CHLOROQUINE ('B') GIVEN	CODE 'B'              CODE 'B' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557)	CODE 'B'              CODE 'B' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557)	CODE 'B'              CODE 'B' CIRCLED                      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557)
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8	SAME DAY              . . . . . 0 NEXT DAY              . . . . . 1 TWO DAYS AFTER FEVER              . . . . . 2 THREE DAYS AFTER FEVER              . . . . . 3 FOUR OR MORE DAYS AFTER FEVER              . . 4 DON'T KNOW              . . . 8
556	For how many days did (NAME) take the chloroquine?  IF 7 DAYS OR MORE, 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
557	CHECK 547:  AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 560) ←
558	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
559	For how many days did (NAME) take the Amodiaquine?  IF 7 DAYS OR MORE, 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
560	CHECK 547:  QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 563) ←
561	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
562	For how many days did (NAME) take the quinine?  IF 7 DAYS OR MORE, 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
563	CHECK 547:  ARTEMISININ COMBINATION THERAPY - ACT ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 566)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 566)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 566)
564	How long after the fever started did (NAME) first take (ARTEMISININ COMBINATION THERAPY (ACT))?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
565	For how many days did (NAME) take the (ARTEMISININ COMBINATION THERAPY (ACT))? IF 7 DAYS OR MORE, RECORD	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8
566	CHECK 547:  OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570)
567	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
568	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8
569		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 570.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 570.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
570	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2003 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 571)</p> <p>_____</p> <p>(NAME)</p>		573																				
571	<p>The last time (NAME FROM 570) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 OTHER _____ 96 (SPECIFY)</p>																					
572	<p>CHECK 528(a) AND 528(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p>		574																				
573	<p>Have you ever heard of a special product called ORS or other pre-packaged ORS liquids you can get for the treatment of diarrhea?</p>	<p>YES ..... 1 NO ..... 2</p>																					
574	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 575)</p> <p>_____</p> <p>(NAME)</p>		601																				
575	<p>Now I would like to ask you about liquids or foods (NAME FROM 574) had yesterday during the day or at night.</p> <p>Did (NAME FROM 574) (drink/eat):</p> <p>Plain water? Commercially produced infant formula? Any commercially-fortified baby food like Cerelac? Any (other) porridge or gruel?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER .....	1	2	8	FORMULA .....	1	2	8	BABY CEREAL .....	1	2	8	OTHER PORRIDGE/GRUEL..	1	2	8	
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OTHER PORRIDGE/GRUEL..	1	2	8																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
576	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 574)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 574)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Bread, rice, noodles, or other foods made from grains [e.g. millet, sorghum, maize, wheat, porridge, or other local grains?</p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>f) Irish/white potatoes, white yams, manioc, cassava, cocoyams, or anyother foods made from roots?</p> <p>g) Any dark green, leafy vegetables?</p> <p>h) Ripe mangoes, pawpaw, palm-nuts, etc.</p> <p>i) Any other fruits or vegetables [e.g. bananas, plantains, watermelon, apples/sauce, green beans, avocados, tomatoes]?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><b>a</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>b</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>c</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>d</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>e</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>f</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>g</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>h</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>i</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>j</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>k</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>l</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>m</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>n</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>o</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>p</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>q</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>r</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	<b>a</b>	1	2	8	1	2	8	<b>b</b>	1	2	8	1	2	8	<b>c</b>	1	2	8	1	2	8	<b>d</b>	1	2	8	1	2	8	<b>e</b>	1	2	8	1	2	8	<b>f</b>	1	2	8	1	2	8	<b>g</b>	1	2	8	1	2	8	<b>h</b>	1	2	8	1	2	8	<b>i</b>	1	2	8	1	2	8	<b>j</b>	1	2	8	1	2	8	<b>k</b>	1	2	8	1	2	8	<b>l</b>	1	2	8	1	2	8	<b>m</b>	1	2	8	1	2	8	<b>n</b>	1	2	8	1	2	8	<b>o</b>	1	2	8	1	2	8	<b>p</b>	1	2	8	1	2	8	<b>q</b>	1	2	8	1	2	8	<b>r</b>	1	2	8	1	2	8	
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577	<p>CHECK 575 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 576 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/> → 601</p>																																																																																																																																													
578	<p>How many times did (NAME FROM 574) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																																																																																																																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	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"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
608	Are you the first, second, ... wife/partner?	RANK ..... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?		
	CURRENTLY WIDOWED <input type="checkbox"/>		→ 613
	NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>		→ 615
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?		
	NOT ASKED <input type="checkbox"/>	CURRENTLY WIDOWED <input type="checkbox"/>	→ 613
		CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>	→ 615
612	How did your previous marriage or union end?	DEATH ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	<input type="checkbox"/> → 615
613	To whom did most of your late husband's property go?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 NO PROPERTY ..... 5 OTHER _____ 6 (SPECIFY)	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 617
616	How old were you when you first started living with him?	AGE ..... <input type="text"/>	
617	<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
618	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95</p>	→ 621 → 621
619	CHECK 107: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 641
621	CHECK 107: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		→ 625A
622	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
623	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 625A
624	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>ABOUT THE SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 625A
625	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER ..... 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH ..... 3</p>	
625A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
626	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> <p>WHEN IS LESS THAN A DAY RECORD "00"</p>	<p>DAYS AGO ..... 1 <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/></p>	→ 628 → 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
630	What was your relationship to this (second/third) person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98
634	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3



		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this(second/third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 644
642	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/PMS ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL _____ M</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N</p> <p>CHURCH ..... O</p> <p>FRIENDS/RELATIVES ..... P</p> <p>NGO ..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 701
645	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C MOBILE CLINIC ..... D FIELDWORKER ..... E  OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H CHEMIST/PMS ..... I PRIVATE DOCTOR ..... J MOBILE CLINIC ..... K FIELDWORKER ..... L OTHER PRIVATE MEDICAL _____ M (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... N CHURCH ..... O FRIENDS/RELATIVES ..... P NGO ..... Q  OTHER _____ X (SPECIFY)	
646	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? 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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703: 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"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p>	<p>NOT MARRIED ..... A</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>FATALISTIC ..... 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 NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		713
709	<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>	711 713
710	<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>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	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	→ 713
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	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.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715  → 715
714	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)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a poster? Read about family planning in leaflets and brochures? Heard about family planning from town crier? Heard about family planning from 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 ANNOUNCEMENT 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715A	CHECK 715: AT LEAST ONE "YES" <input type="checkbox"/> (HAS HEARD OR READ MESSAGE) NOT A SINGLE "YES" <input type="checkbox"/> (HAS NOT HEARD OR READ MESSAGE)		→ 716
715B	Please tell me which family planning messages you have heard or seen in the past few months? PROBE: Any others? PROBE UNTIL YOU HAVE EXHAUSTED ALL ANSWERS.	AS FOR ME AND MY PARTNER WE "DEY KAMPE" WITH FEMALE CONDOM. .... A UNSPACED CHILDREN MAKES THE GOING TOUGH. FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TODAY. .... B WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY. .... C IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY..... D WHY IS YOUR WIFE LOOKING SO GOOD? ..... E OTHER _____ . X (SPECIFY)	
716	In the last few months have you: Heard about family planning through a peer group discussion? Heard about family planning in school? Heard about family planning through community leaders?	YES NO PEER GROUP DISCUSSION ..... 1 2 IN SCHOOL ..... 1 2 COMMUNITY LEADERS ..... 1 2	
717	CHECK 601 and 602: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER CODES <input type="checkbox"/>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
720	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)	
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801
722	Does your husband/partner want 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	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>
802	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p>	
803	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8</p>	<p>→ 806</p>
805	<p>What was the highest (grade/form/year) he completed at that level?</p>	<p>GRADE ..... <input type="text"/> DON'T KNOW ..... 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
807	<p>Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 811</p>
808	<p>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. In the last seven days, have you done any of these things or any other work?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 811</p>
809	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 811</p>
810	<p>Have you done any work in the last 12 months?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 818</p>
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
812	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		<p>→ 814</p>
813	<p>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?</p>	<p>OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	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	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)																																	
824	Who usually makes decisions about making major household purchases: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)																																	
825	Who usually makes decisions about making purchases for daily household needs: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)																																	
826	Who usually makes decisions about visits to your family or relatives: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)																																	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3													
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828	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:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>If she goes out without telling him?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she neglects the children?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she argues with him?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she refuses to have sex with him?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she burns the food?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she fails to prepare food on time?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>If she refuses to have another child?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	If she goes out without telling him?	1	2	8	If she neglects the children?	1	2	8	If she argues with him?	1	2	8	If she refuses to have sex with him?	1	2	8	If she burns the food?	1	2	8	If she fails to prepare food on time?	1	2	8	If she refuses to have another child?	1	2	8	
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908A	Can HIV & AIDS be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES    NO    DK DURING PREG. .... 1    2    8 DURING DELIVERY ... 1    2    8 BREASTFEEDING ... 1    2    8	
910	CHECK 909: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 912
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
912	Have you heard about special antiretroviral drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
913	CHECK 208 AND 215:  NO BIRTHS <input type="checkbox"/> → 922  LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2005                      JANUARY 2005                      → 922		
914	CHECK 407 FOR LAST BIRTH:  HAD <input type="checkbox"/> NO <input type="checkbox"/> ANTENATAL ANTENATAL CARE                      CARE                      → 922		
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	During any of the antenatal visits for your last birth, did anyone talk to you about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES    NO    DK AIDS FROM MOTHER 1    2    8 THINGS TO DO . 1    2    8 TESTED FOR AIDS . 1    2    8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 922
918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
919	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15 FIELDWORKER ..... 16  OTHER PUBLIC _____ 17 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ... 22 PHARMACY ..... 23 CHEMIST/PMS ..... 24 MOBILE CLINIC ..... 25 FIELDWORKER ..... 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) <b>OTHER</b> _____ 96 (SPECIFY)	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 923
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 929
922	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	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
924	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	
925	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>STAND-ALONE VCT CENTER ... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>OTHER PUBLIC _____ 17</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE VCT CENTER .. 22</p> <p>PHARMACY ..... 23</p> <p>CHEMIST/PMS ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 26</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 27</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER</b> _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 929</p>
928	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY ..... J</p> <p>CHEMIST/PMS ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>FIELDWORKER ..... M</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ N</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER</b> _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
929	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
930	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
931	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
932	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
933	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ANYONE WITH AIDS ..... 3</p>	<p>→ 938</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
934	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
936	CHECK 933, 934, AND 935: NOT A SINGLE <input type="checkbox"/> YES' ↓	AT LEAST ONE 'YES' <input type="checkbox"/> →	938
937	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
940	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
941	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 951
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F  OTHER PUBLIC _____ G (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ... I PHARMACY ..... J CHEMIST/PMS ..... K MOBILE CLINIC ..... L FIELDWORKER ..... M OTHER PRIVATE MEDICAL _____ N (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... O OTHER _____ X (SPECIFY)	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 958
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
958	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
959	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
960	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
961	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
962	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
963	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
964	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
965	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
966	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
967	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
968	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
969	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1004A	If a tuberculosis patient is within the house, how likely is it that tuberculosis can spread to other members of the household, highly likely, somewhat likely, or not likely at all?	HIGHLY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT LIKELY AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8	
1004B	If a member of your household has tuberculosis, should other people in the household be screened for tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→1009
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12  OTHER PUBLIC ..... 16 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 PHARMACY ..... 23 CHEMIST/PMS ..... 24 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 25 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY) <b>OTHER PLACE</b> AT HOME ..... 31  OTHER ..... 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	What (other) type of tobacco do you currently smoke or use, apart from cigarettes?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	
1013	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 or not?  Getting permission to go?  Getting money needed for treatment?  The distance to the health facility?  Having to take transport?  Not wanting to go alone?  Concern that there may not be a female health provider?  Concern that there may not be a male health provider?  Concern that there may not be any health provider?  Concern that there may be no drugs available?	BIG NOT A BIG PROB- PROB- LEM LEM  PERMISSION TO GO ... 1 2  GETTING MONEY ..... 1 2  DISTANCE ..... 1 2  TAKING TRANSPORT ... 1 2  GO ALONE ..... 1 2  NO FEMALE PROV. .... 1 2  NO MALE PROVIDER ... 1 2  NO PROVIDER ... 1 2  NO DRUGS ... 1 2	
1014	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1016
1015	What type of health insurance?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE C OTHER _____ X (SPECIFY)	
1016	CHECK 217:  (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-17 ↓		→ 1018
1017	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.  Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
1018	(Besides your own child/children), are you the primary caregiver for any children age 0-17?	YES ..... 1 NO ..... 2	→ FGC01
1019	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	

FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FGC01	Have you ever heard of female circumcision? <sup>2</sup>	YES ..... 1 NO ..... 2	→ FGC03
FGC02	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1101
FGC03	Have you yourself ever been circumcised?	YES ..... 1 NO ..... 2	→ FGC09
FGC04	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ FGC06
FGC05	Was the genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC06	Was your genital area sewn closed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC07	How old were you when you were circumcised?  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 INFANCY ..... 95 DON'T KNOW ..... 98	
FGC08	Who performed the circumcision? <sup>3</sup>	<b>TRADITIONAL</b> TRAD. CIRCUMCISER ..... 11 TRAD. BIRTH ATTENDANT ..... 12 OTHER TRAD. _____ 16 (SPECIFY) <b>HEALTH PROFESSIONAL</b> DOCTOR ..... 21 TRAINED NURSE/MIDWIFE ..... 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW ..... 98	
FGC09	CHECK 214 AND 216:  HAS ONE LIVING DAUGHTER <input type="checkbox"/> HAS MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ FGC19
FGC10	CHECK FGC09:  ONE LIVING DAUGHTER <input type="checkbox"/> Has your daughter been circumcised? IF YES: RECORD '01'  MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> Have any of your daughters been circumcised? IF YES: How many? RECORD NUMBER	NUMBER CIRCUMCISED ..... <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED ..... 95	→ FGC18
FGC11	CHECK FGC10:  ONE LIVING DAUGHTER <input type="checkbox"/> What is your daughter's name?  _____ (DAUGHTER'S NAME)  MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> Which of your daughters was circumcised most recently?	DAUGHTER'S LINE NUMBER FROM Q. 212 ..... <input type="text"/> <input type="text"/>	

FGC12	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q. FGC11) at that time.  Was any flesh removed from her genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ FGC14
FGC13	Was her genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC14	Was her genital area sewn closed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC15	How old was (NAME OF THE DAUGHTER FROM Q. FGC11) when this occurred?  IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>  DURING INFANCY ..... 95 DON'T KNOW ..... 98	
FGC16	Who performed the circumcision? <sup>3</sup>	<b>TRADITIONAL</b> TRAD. CIRCUMCISER ..... 11 TRAD. BIRTH ATTENDANT ..... 12 OTHER TRAD. _____ 16 (SPECIFY) <b>HEALTH PROFESSIONAL</b> ..... DOCTOR ..... 21 TRAINED NURSE/MIDWIFE ..... 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW ..... 98	
FGC17	Do you have any daughter who is not circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ FGC19
FGC18	Do you intend to have any of your daughters circumcised in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC19	What benefits do girls themselves get if they are circumcised?  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	
FGC20	Do you believe that this practice is required by your religion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC21	Do you think that this practice should be continued, or should it be stopped?	CONTINUED ..... 1 DISCONTINUED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	



1109	Did the treatment stop the problem?	YES, NO MORE LEAKAGE AT ALL 1 YES, BUT STILL SOME LEAKAGE . 2 NO, STILL HAVE PROBLEM ..... 3	
1110	Are there any (other) women in your household who suffer from obstetric fistula?	YES ..... 1 NO ..... 2	→ 1201
1111	How many (other) women in your household suffer from vesicovaginal fistula (VVF)?	NUMBER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

SECTION 12. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1202	CHECK 1201:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1301	
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1204	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	How old is (NAME)?	<input type="text"/> GO TO (2)	<input type="text"/> GO TO (3)	<input type="text"/> GO TO (4)	<input type="text"/> GO TO (5)	<input type="text"/> GO TO (6)	<input type="text"/> GO TO (7)	
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 1301								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (13)) ←
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1301							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							

SECTION 13. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1301	CHECK HOUSEHOLD Q.9A AND FRONT COVER: WOMAN SELECTED FOR THIS SECTION?  YES <input type="checkbox"/> NO <input type="checkbox"/>		1332																												
1302	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		1331																												
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nigeria. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																															
1303	CHECK 601 AND 602: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		1315																												
1304	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	MONEY .....	1	2	8	
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1305A	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.  A (Does/did) your (last) husband ever:	<p><b>1305B CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b></p> <p>How often did this happen during the <b>last 12 months</b>: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → 1 NO 2</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → 1 NO 2</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → 1 NO 2</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	YES 1 → 1 NO 2	2	3	b) threaten to hurt or harm you or someone close to you?	YES 1 → 1 NO 2	2	3	c) insult you or make you feel bad about yourself?	YES 1 → 1 NO 2	2	3													
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1306A	(Does/did) your (last) husband ever do any of the following things to you:	<b>1306B</b> CHECK 603: ASK ONLY <b>IF RESPONDENT IS NOT A WIDOW</b> How often did this happen during the <b>last 12 months</b> : often, only sometimes, or not at all?																																																			
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1307	CHECK 1306A (a-i):  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>	1310																																																			
1308	How long after you first got married to your (last) husband did (this/any of these things) first happen?  IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/> BEFORE MARRIAGE/ BEFORE LIVING TOGETHER ..... 95																																																			
1309	Did the following ever happen as a result of what your (last) husband did to you:	<table border="1"> <tbody> <tr> <td>a) You had cuts, bruises or aches?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>b) You had severe burns?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>c) You had eye injuries, sprains, dislocations, or minor burns?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>d) You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td>YES ..... 1 NO ..... 2</td> </tr> </tbody> </table>	a) You had cuts, bruises or aches?	YES ..... 1 NO ..... 2	b) You had severe burns?	YES ..... 1 NO ..... 2	c) You had eye injuries, sprains, dislocations, or minor burns?	YES ..... 1 NO ..... 2	d) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO ..... 2																																											
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1310	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	1313																																																		
1311	CHECK 603:  RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/>	1313																																																			
1312	In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																																																			
1313	Does (did) your husband drink alcohol?	YES ..... 1 NO ..... 2	1315																																																		
1314	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																																																			

1315	CHECK 201, 226, AND 229:  EVER BEEN PREGNANT <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		1318
1316	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	1318
1317	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M EMPLOYER/SOMEONE AT WORK ..... N POLICE/SOLDIER ..... O  OTHER _____ X (SPECIFY)	
1318	CHECK 601 AND 602:  <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> EVER MARRIED  From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?  From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1321
1319	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
1320	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1321	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1324
1322	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

1323	Who was the person who was forcing you at that time?	CURRENT HUSBAND ..... 01 FORMER HUSBAND ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER ..... 04 STEP-FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER _____ . 96 (SPECIFY)	
1324	CHECK 601 AND 602: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> EVER MARRIED In the last 12 months has anyone forced you to have sexual intercourse against your will?                      In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
1325	CHECK 1306A (a-i), 1318, 1321, AND 1324: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		1329
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop the person(s) from doing this to you again?	YES ..... 1 NO ..... 2	1328
1327	From whom have you sought help to stop this? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND'S FAMILY ..... B CURRENT/LAST HUSBAND ..... C CURRENT/FORMER BOYFRIEND ..... D FRIEND ..... E NEIGHBOUR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE (e.g. Victim Support Unit)..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION (e.g YWCA) ..... K OTHER _____ X (SPECIFY)	1329
1328	Have you ever told any one else about this?	YES ..... 1 NO ..... 2	
1329	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1330	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT .....	1	2	3	FEMALE ADULT .....	1	2	3
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1331	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																	
_____ _____ _____																		
1332	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
0	06	JUN	07	0
8	05	MAY	08	8
*	04	APR	09	*
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
7	05	MAY	20	7
*	04	APR	21	*
	03	MAR	22	
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	01	JAN	24	
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12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
6	05	MAY	32	6
*	04	APR	33	*
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	02	FEB	35	
	01	JAN	36	
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12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
5	05	MAY	44	5
*	04	APR	45	*
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
4	05	MAY	56	4
*	04	APR	57	*
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	02	FEB	59	
	01	JAN	60	
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12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
3	05	MAY	68	3
*	04	APR	69	*
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	





# CONFIDENTIAL

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008  
MODEL MAN'S QUESTIONNAIRE  
WITH HIV/AIDS MODULE**

National Health Research Ethics Committee  
Assigned Number NHREC/01/01/2007

NATIONAL POPULATION COMMISSION

IDENTIFICATION																																
STATE _____			<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> </table>																													
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HOUSEHOLD HEAD NAME/NUMBER _____																																
NAME AND LINE NUMBER OF MAN _____																																
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INTERVIEWER'S NAME _____	_____	_____	_____	MONTH _____																												
RESULT* _____	_____	_____	_____	YEAR <table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td></tr></table>	2	0	0	8																								
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TIME _____	_____	_____	_____	RESULT _____																												
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																												
*RESULT CODES:																																
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	OTHER 6 _____ SPECIFY																															
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4																												
	6 _____ SPECIFY																															
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR																												
NAME _____		NAME _____		NAME _____																												
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				KEYED BY																												
				NAME _____																												

**ENGLISH**

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Greetings. My name is \_\_\_\_\_ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee (NHREC). We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any queries, feel free to call any of the following contact person(s):

**2008 NDHS Contact Person:** Project Director; **Email:** saligar58@yahoo.com; **Phone:** 080337708114  
**NHREC Contact Person(s):** Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791  
 Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, 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.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in a village?	CITY ..... 1 TOWN ..... 2 VILLAGE ..... 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	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	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110	What is the highest (class/form/year) you completed at that level?	CLASS ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           PRIMARY <input type="checkbox"/>            ↓         </div> <div style="text-align: center;">           SECONDARY            OR HIGHER <input type="checkbox"/> </div> </div>		→115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT. (3)  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           CODE '2', '3'            OR '4'            CIRCLED <input type="checkbox"/>            ↓         </div> <div style="text-align: center;">           CODE '1' OR '5'            CIRCLED <input type="checkbox"/> </div> </div>		→116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	CATHOLIC ..... 1 OTHER CHRISTIAN ..... 2 ISLAM ..... 3 TRADITIONALIST ..... 4  OTHER _____ 6 (SPECIFY)	
119	What is your ethnic group?	_____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered 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 ..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered 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 ..... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter 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 DON'T KNOW ..... 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <input type="text"/> <input type="text"/> GIRLS DEAD ..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → 212 HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301		
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born? (AGE IN COMPLETED YEARS)	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> → 301 NO LIVING CHILDREN <input type="checkbox"/> → 301		
214	How many years old is your (youngest) living child? (AGE IN COMPLETED YEARS)	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-3 YEARS OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER _____ 2 (SPECIFY)	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH ..... 01 FACILITY CLOSED ..... 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER ..... 05 NOT THE FIRST CHILD ..... 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ..... 07 HE DID NOT THINK IT WAS NECESSARY ..... 08 FAMILY DID NOT THINK IT WAS NECESSARY ..... 09 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
221	When a child has diarrhea, how much fluid should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>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.</p>	302 Have you ever used (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↓	
02	MALE STERILIZATION Men 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?  YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↓	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↓	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↓	
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 ↓	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↓	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↓	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↓	
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 ↓	
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES ..... 1 NO ..... 2 ↓	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a poster? Read about family planning in leaflets and brochures? Heard about family planning from town crier? Heard about family planning from mobile public announcement?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>TOWN CRIER</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>MOBILE PUBLIC ANNOUNCEMENT</td> <td style="text-align:right">1</td> <td style="text-align:right">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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303A	CHECK 303: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             AT LEAST ONE              "YES"              (HAS HEARD OR              READ MESSAGE)           </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;">             NOT A SINGLE              "YES"              (HAS <b>NOT</b> HEARD OR              READ MESSAGE)           </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div>		→303C																								
303B	Please tell me which family planning messages you have heard or seen in the past few months?  PROBE: Any others?  PROBE UNTIL YOU HAVE EXHAUSTED ALL ANSWERS.	AS FOR ME AND MY PARTNER WE "DEY KAMPE" WITH FEMALE CONDOM. .... A  UNSPACED CHILDREN MAKES THE GOING TOUGH. FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TODAY. .... B  WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY. .... C  IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY. .... D  WHY IS YOUR WIFE LOOKING SO GOOD? ..... E  OTHER _____ X (SPECIFY)																									
303C	In the last few months have you: Heard about family planning through a peer group discussion? Heard about family planning in school? Heard about family planning through community leaders?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>PEER GROUP DISSCUSION .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>IN SCHOOL .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>COMMUNITY LEADERS .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	PEER GROUP DISSCUSION .....	1	2	IN SCHOOL .....	1	2	COMMUNITY LEADERS .....	1	2													
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COMMUNITY LEADERS .....	1	2																									
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2																									
305	Now I would like to ask you about a woman's risk of pregnancy. 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	└→ 307																								
306	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																									
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8																									

308	<p>I will now read to you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> <p>CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8</p>	
309	<p>CHECK 301 (07) KNOWS MALE CONDOM</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	→ 313	
310	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 313
311	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C MOBILE CLINIC ..... D FIELDWORKER ..... E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H CHEMIST/PMS ..... I PRIVATE DOCTOR ..... J MOBILE CLINIC ..... K FIELDWORKER ..... L OTHER PRIVATE MEDICAL _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N CHURCH ..... O FRIENDS/RELATIVES ..... P NGO ..... Q OTHER _____ X (SPECIFY)</p>	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES ..... 1 NO ..... 2</p>	
313	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	→ 401	
314	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 401



315	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/PMS ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL _____ M</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N</p> <p>CHURCH ..... O</p> <p>FRIENDS/RELATIVES ..... P</p> <p>NGO ..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
316	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2																
405	Do you have more than one wife or woman you live with as if married?	YES ..... 1 NO ..... 2	→ 407															
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF MORE THAN 4 WIVES, USE ADDITIONAL MAN'S QUESTIONNAIRE.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 411A															
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/>																
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 413															
412	How old were you when you first started living with her? (AGE IN COMPLETED YEARS)	AGE ..... <input type="text"/>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
414	<p>Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/> → 417</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95 → 417</p>	
415	<p>CHECK 107:      AGE <input type="text"/> 15-24      AGE <input type="text"/> 25-59</p>		→ 501
416	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 501
417	<p>CHECK 107:      AGE <input type="text"/> 15-24      AGE <input type="text"/> 25-59</p>		→ 419
418	<p>The <u>first</u> time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
419	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>		
420	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1      <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2      <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3      <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4      <input type="text"/> <input type="text"/></p>	<p>→ 422</p> <p>→ 435</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																										
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																												
422	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←																																										
423	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																										
424	What was your relationship to this (second/third) person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)																																										
425	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>														
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 429) ←																																										
427	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4																																										
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←																																											
429	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 98																																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>		→ 432
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DK ..... 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NO CONDOM USED OR Q422 NOT ASKED <input type="checkbox"/>		→ 441
437	You told me that a condom was used the last time you had sex. What brand name of the condoms did you use?  ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	<b>MALE CONDOMS</b> GOLD CIRCLE ..... 01 DUREX ..... 02 RUGH RIDER ..... 03 TWIN LOTUS ..... 04 <b>FEMALE CONDOM</b> FEMIDOM ..... 05  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
438	How many condoms did you get the last time?	NUMBER OF CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
439	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  FREE ..... 99995 DON'T KNOW ..... 99998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>CHEMIST/PMS ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIENDS/RELATIVES ..... 33</p> <p>NGO ..... 34</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p>	
441	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
442	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 501</p>
443	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>PILL ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>FEMALE CONDOM ..... F</p> <p>DIAPHRAGM ..... G</p> <p>FOAM/JELLY ..... H</p> <p>LAM ..... I</p> <p>RHYTHM METHOD ..... J</p> <p>WITHDRAWAL ..... K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	


**SECTION 5. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 508
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/>  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?  Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 COUPLE INFECUND ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	→ 508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993  HE/ALL HIS WIVES/PARTNERS ARE INFECUND ..... 994  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
509	<p>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?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	



**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____  _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	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	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE/ ORGANIZATION ..... 2 SELF-EMPLOYED ..... 3	
608	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	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/>		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT ..... 1 WIFE(WIVES)/PARTNER(S) ..... 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY ..... 3 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making major household purchases?</p> <p>b) making purchases for daily household needs?</p> <p>c) deciding about visits to the wife's family or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have?</p>	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	<p style="text-align: center;">DIS- DK/ AGREE AGREE DE- PENDS</p> <p>CHILDBEARING WOMAN'S CONCERN 1 2 8</p> <p>DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8</p>				
615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> <p>If she does not cook on time?</p> <p>If she refuses to have more children?</p>	<p style="text-align: center;">YES NO DK/ DE- PENDS</p> <p>GOES OUT . . . . . 1 2 8</p> <p>NEGL. CHILDREN . . . 1 2 8</p> <p>ARGUES . . . . . 1 2 8</p> <p>REFUSES SEX . . . . . 1 2 8</p> <p>BURNS FOOD . . . . . 1 2 8</p> <p>COOKS LATE 1 2 8</p> <p>REFUSES CHILDREN 1 2 8</p>				
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>	<p style="text-align: center;">DON'T KNOW/ DEPENDS</p> <p>YES NO</p> <p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p>				

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708A	Can HIV & AIDS be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> </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																
710	CHECK 709: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/>		→712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
712	Have you heard about special antiretroviral drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
712A	CHECK FOR PRESENCE OF OTHER PERSONS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	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	→718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	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	
716	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
717	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15 FIELDWORKER ..... 16  OTHER PUBLIC _____ 17 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ... 22 PHARMACY ..... 23 CHEMIST/PMS ..... 24 MOBILE CLINIC ..... 25 FIELDWORKER ..... 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY)  <b>OTHER</b> _____ 96 (SPECIFY)	→720
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→720
719	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F  OTHER PUBLIC _____ G (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ... I PHARMACY ..... J CHEMIST/PMS ..... K MOBILE CLINIC ..... L FIELDWORKER ..... M OTHER PRIVATE MEDICAL _____ N (SPECIFY) <b>OTHER</b> _____ X (SPECIFY)	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 3	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
727	CHECK 724, 725, AND 726: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 729
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 742
741	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F  OTHER PUBLIC _____ G (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ... I PHARMACY ..... J CHEMIST/PMS ..... K MOBILE CLINIC ..... L FIELDWORKER ..... M OTHER PRIVATE MEDICAL _____ N (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... O OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
746	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
747	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
748	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
749	Do you think that most men you know who are not married and are having sex have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
750	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
751	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
752	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
754	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
755	Do you think that most women you know who are not married and are having sex have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
756	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
757	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 805
802	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  CIRCLE ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
802A	What are the signs or symptoms that would lead you to think a person has tuberculosis or TB?  Any others?  RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING SEVERAL WEEKS ..... C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHTSWEATING ..... G PAIN IN CHEST ..... H TIREDNESS/FATIGUE ..... I WEIGHT LOSS ..... J PALENESS ..... K  OTHER _____ X SPECIFY DON'T KNOW ..... Z	
802B	Do you know of other illnesses that are associated with tuberculosis or TB?	COLD ..... A PNEUMONIA ..... B FEVER ..... C HIV/AIDS ..... D BRONCHITIS/UPPER RESPIRATORY ..... E LUNG CANCER ..... F  OTHER _____ X SPECIFY DON'T KNOW ..... Z	
802C	Do you know of where someone can go to receive treatment for tuberculosis?  PROBE: Any other place?  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B  OTHER PUBLIC _____ C (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... D PHARMACY ..... E CHEMIST/PMS ..... F OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... G OTHER PRIVATE MEDICAL _____ H (SPECIFY)  <b>OTHER PLACE</b> AT HOME ..... I  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
803	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
804A	If a tuberculosis patient is within the house, how likely is it that tuberculosis can spread to other members of the household, highly likely, somewhat likely, or not likely at all?	HIGHLY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT LIKELY AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8	
804B	If a member of your household has tuberculosis, should other people in the household be screened for tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	
805	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00 → 810	
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00 → 810	
808	The last time you had an injection given to you by a health worker, where did you go to get the injection?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 OTHER PUBLIC _____ 16 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 PHARMACY ..... 23 CHEMIST/PMS ..... 24 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) <b>OTHER PLACE</b> AT HOME ..... 31  OTHER _____ 96 (SPECIFY)	
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
810	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2 → 812	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 814
813	What (other) type of tobacco do you currently smoke or use?  CIRCLE ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	
814	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 816
815	What type of health insurance?  CIRCLE ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... C  OTHER _____ X (SPECIFY)	
816	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 ↓ OTHER <input type="checkbox"/>		→ 818
817	Now I would like to ask you about your own child(ren) who (is/are) age 0 -17.  Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
818	(Besides your own child/children), are you the primary caregiver for any children age 0- 17?	YES ..... 1 NO ..... 2	→ FGC01
819	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	

FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FGC01	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→FGC03
FGC02	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?	YES ..... 1 NO ..... 2	→901
FGC03	What benefits do girls themselves get if they are circumcised?  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	
FGC04	Do you believe that this practice is required by your religion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
FGC05	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED ..... 1 DISCONTINUED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

**SECTION 9. MATERNAL AND ADULT MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914							
903	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
904	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
905	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (7)) ←	
907	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	<p>How many years ago did (NAME) die?</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	
911	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	
912	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 914.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (13)) ←
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2
911	Did (NAME) die during childbirth?	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
913	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 914.							
TICK HERE IF CONTINUATION SHEET USED..... <input type="checkbox"/>							
914	RECORD THE TIME.	HOURS ..... <input type="text"/> <input type="text"/>					MINUTES ..... <input type="text"/> <input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_