

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; text-align: center;"><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; width: 20px; height: 20px;"></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; width: 20px; height: 20px;"></table>	DATE _____	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>				
				<table border="1" style="display: inline-table; width: 20px; height: 20px;"></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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1241 472 1345 595" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1241 636 1345 759" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1241 759 1345 882" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1241 1008 1345 1131" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1241 1131 1345 1254" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1241 1207 1345 1272" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT # 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"/>
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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="1238 152 1345 210"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1238 210 1345 268"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1238 268 1345 327"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1238 327 1345 385"><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"/> <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. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	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>MALE CONDOMS</p> <p>GOLD CIRCLE 01</p> <p>DUREX 02</p> <p>RUGH RIDER 03</p> <p>TWIN LOTUS 04</p> <p>FEMALE CONDOM</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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>NGO 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>NGO 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
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"/></p> <p>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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>NGO 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER SOURCE</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	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<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>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</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>PRIVATE MED. SECTOR</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 first 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 second 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	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW . 998													HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998												
438	Was (NAME) delivered by caesarean section (operation)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES 1 NO 2 (SKIP TO 442) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2																																				
440	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998																																						
441	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) (SKIP TO 453) ←																																						
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2																																				
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER _____ (SPECIFY) X																																						

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- NANT <input type="checkbox"/> PREGNANT OR 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) ←		
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		

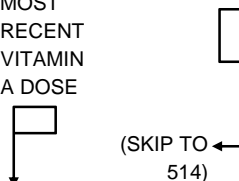
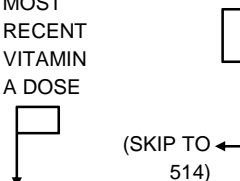
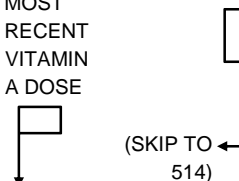
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T 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 style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>		
503	FROM 212 AND 216	NAME _____ LIVING <input style="width:20px; height:15px;" type="checkbox"/> DEAD <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 570)	NAME _____ LIVING <input style="width:20px; height:15px;" type="checkbox"/> DEAD <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 570)	NAME _____ LIVING <input style="width:20px; height:15px;" type="checkbox"/> DEAD <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" 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 style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	BCG <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	BCG <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		POLIO 0 (POLIO GIVEN AT BIRTH) <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P0 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P0 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		POLIO 1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		POLIO 2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		POLIO 3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	P3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		DPT 1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D1 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		DPT 2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D2 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		DPT 3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	D3 <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		MEASLES <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	MEA <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	MEA <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		VITAMIN A (MOST RECENT) <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	VIT A <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	VIT A <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
		VITAMIN A (2nd MOST RECENT) <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	VIT A <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>	VIT A <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/> <input style="width:20px; height:15px;" type="checkbox"/>		
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:15px;" type="checkbox"/> OTHER <input style="width:20px; height:15px;" type="checkbox"/> (GO TO 510)	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:15px;" type="checkbox"/> OTHER <input style="width:20px; height:15px;" type="checkbox"/> (GO TO 510)	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:15px;" type="checkbox"/> OTHER <input style="width:20px; height:15px;" type="checkbox"/> (GO TO 510)		

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>NOTE: ALL RECOMMENDED VACCINES INCLUDE POLIO, MEASLES, YELLOW FEVER, CSM, BCG, ETC.</p>	<p>POLIO 2006 A (NIDS/FEB,MAR)</p> <p>MEASLES 2006 ... B (SNIDS/OCT)</p> <p>ALL 2006 C (IPDS/MAY-JULY)</p> <p>ALL 2007 D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p>ALL 2008 E (IPDS/JAN,FEB 2008) (SIPDS/APR 2008)</p> <p>(SKIP TO 511B) ←</p>	<p>POLIO 2006 A (NIDS/FEB,MAR)</p> <p>MEASLES 2006 ... B (SNIDS/OCT)</p> <p>ALL 2006 C (IPDS/MAY-JULY)</p> <p>ALL 2007 D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p>ALL 2008 E (IPDS/JAN,FEB 2008) (SIPDS/APR 2008)</p> <p>(SKIP TO 511B) ←</p>	<p>POLIO 2006 A (NIDS/FEB,MAR)</p> <p>MEASLES 2006 ... B (SNIDS/OCT)</p> <p>ALL 2006 C (IPDS/MAY-JULY)</p> <p>ALL 2007 D (IPDS/JAN) (SIPDS/MAR-SEPT)</p> <p>ALL 2008 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>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY)</p> <p>OTHER SOURCE 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)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY ... H CHEMIST/PMS... I PVT DOCTOR ... J MOBILE CLINIC . K FIELDWORKER . L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE 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</p> <p>INTO TOILET OR LATRINE 02 PUT/RINSED</p> <p>INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER _____ 96</p> <p>(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</p> <p>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?</p> <p>Commercially produced infant formula?</p> <p>Any commercially-fortified baby food like Cerelac?</p> <p>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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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>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</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	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	
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o	1	2	8	1	2	8																																																																																																																																									
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q	1	2	8	1	2	8																																																																																																																																									
r	1	2	8	1	2	8																																																																																																																																									
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"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
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"/> <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"/> <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"/> <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>	→ 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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</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>OTHER SOURCE</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)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H CHEMIST/PMS I PRIVATE DOCTOR J MOBILE CLINIC K FIELDWORKER L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> 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>↓</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>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</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>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 713</p>	
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>	<p>→ 711</p> <p>→ 713</p>	
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>	<p>→ 713</p>	

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/INFECOND 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	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	→ 806
805	What was the highest (grade/form/year) he completed at that level?	<p>GRADE <input type="text"/></p> <p>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	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	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>YES 1</p> <p>NO 2</p>	→ 811
809	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>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<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>		→ 814
813	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>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>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="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 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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OTHER FEMALES	1	2	3																																
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="1"> <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)	PUBLIC SECTOR 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) PRIVATE MEDICAL SECTOR 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) OTHER _____ 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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER _____ 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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>OTHER _____ 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)	PUBLIC SECTOR 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) PRIVATE MEDICAL SECTOR 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) OTHER SOURCE 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	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD 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	
1002A	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	
1002B	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	
1002C	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)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC _____ C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D PHARMACY E CHEMIST/PMS F OFFICE OR HOME OF NURSE/ HEALTH WORKER G OTHER PRIVATE MEDICAL _____ H (SPECIFY) OTHER PLACE AT HOME I OTHER _____ X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 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)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR 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) OTHER PLACE 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? ²	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? ³	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL 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? ³	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL 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	

SECTION 11 : OBSTETRIC FISTULA (VVF) MODULE - LONG

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery. This is called vesicovaginal fistula (VVF).</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1103
1102	<p>Have you ever heard of this kind of problem, such that a woman experiences a constant leakage of urine or stool from her vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1110 → 1201
1103	<p>Did this problem occur:</p> <p>After a delivery?</p> <p>After a sexual assault?</p> <p>After pelvic surgery?</p> <p>After some other event?</p>	<p>DELIVERY YES → 1103A NO ↓</p> <p>SEXUAL ASSAULT YES → 1105 NO ↓</p> <p>PELVIC SURGERY YES → 1105 NO ↓</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1103A	<p>Did this problem occur after a normal labor and delivery, or after a very difficult labor and delivery?</p>	<p>NORMAL LABOR/DELIVERY 1</p> <p>VERY DIFFICULT DELIVERY 2</p>	
1103B	<p>Was this baby born alive?</p>	<p>YES, BABY BORN ALIVE 1</p> <p>NO, BABY NOT BORN ALIVE 2</p>	
1104	<p>After which delivery did this occur?</p>	<p>DELIVERY NUMBER: <input type="text"/></p>	
1105	<p>How many days after (ANSWER TO Q1103) did the leakage start?</p>	<p>NUMBER OF DAYS AFTER PRECIPITATING EVENT <input type="text"/></p> <p>(ENTER 99 IF MORE THAN 99 DAYS)</p>	
1106	<p>Have you sought treatment for this condition?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1108
1107	<p>Why have you not sought treatment?</p> <p>1. Did not know problem could be fixed</p> <p>2. Do not know where to go</p> <p>3. Too expensive</p> <p>4. Too far to reach treatment facility</p> <p>5. Poor quality of care at facility</p> <p>6. Could not get permission to go</p> <p>7. Embarrassment</p> <p>8. Other (specify)</p>	<p>DID NOT KNOW COULD BE FIXED. 1</p> <p>DO NOT KNOW WHERE TO GO 2</p> <p>TOO EXPENSIVE 3</p> <p>TOO FAR 4</p> <p>POOR QUALITY OF CARE 5</p> <p>COULD NOT GET PERMISSION 6</p> <p>EMBARRASSMENT 7</p> <p>OTHER _____ 8 (SPECIFY)</p>	→ 1201
1108	<p>From whom did you last seek treatment?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/CLINICAL OFFICER. 1</p> <p>NURSE/MIDWIFE 2</p> <p>PATIENT ATTENDANT 3</p> <p>OTHER PERSON 4</p> <p>UNTRAINED VILLAGE DOCTOR 4</p> <p>OTHER _____ 5 (SPECIFY)</p>	

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	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. How many children did your mother give birth to, including you?	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"/> <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)	
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"/>	<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"/> <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)	
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"/>							

1306A	(Does/did) your (last) husband ever do any of the following things to you:	1306B CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW How often did this happen during the last 12 months : often, only sometimes, or not at all?																																																			
		<table border="1"> <thead> <tr> <th></th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) slap you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) twist your arm or pull your hair?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) push you, shake you, or throw something at you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you or beat you up?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) force you to perform any sexual acts you did not want to?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	a) slap you?	YES 1 → NO 2	1	2	3	b) twist your arm or pull your hair?	YES 1 → NO 2	1	2	3	c) push you, shake you, or throw something at you?	YES 1 → NO 2	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2	1	2	3	e) kick you, drag you or beat you up?	YES 1 → NO 2	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2	1	2	3	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2	1	2	3	
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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
	YES ONCE	YES, MORE THAN ONCE	NO															
HUSBAND	1	2	3															
OTHER MALE ADULT	1	2	3															
FEMALE ADULT	1	2	3															
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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

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	

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	
	02	FEB	23	
	01	JAN	24	

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	*
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

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	

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	*
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

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	