GUYANA DEMOGRAPHIC AND HEALTH SURVEY 2009
WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH   **BUREAU OF STATISTICS**

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

GDHS HOUSEHOLD NUMBER . . . .

VILLAGE/WARD NUMBER . . . .

REGION . . . .

TYPE OF PLACE (GEORGETOWN=1, OTHER URBAN=2, RURAL=3) . . . .

NAME AND LINE NUMBER OF WOMAN _____

INFORMATION ON IMMUNIZATION OF CHILDREN
TO BE COLLECTED AT HEALTH FACILITY (YES=1, NO=2)   . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY . . . .
				MONTH . . . .
				YEAR **2 0 0 9**
INTERVIEWER'S NAME				INT. NUMBER
RESULT*	☐	☐	☐	RESULT . . . .
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS . . . . ☐

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

LANGUAGE			

LANGUAGE CODES:
1=ENGLISH, 2=OTHER

LANGUAGE OF INTERVIEW _____   . . . .

LANGUAGE OF RESPONDENT _____   . . . .

WAS A TRANSLATOR USED?   (1=YES; 2=NO) . . . .

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐
DATE _____	DATE _____		

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

> INFORMED CONSENT
>
> Hello. My name is _____ and I am working with the Bureau of Statistcs of Guyana.
> We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like
> to ask you about some important health issues. This information will help the government to plan health services.
> The survey usually takes around 30 minutes to complete.
>
> Whatever information you provide will be kept strictly confidential and will not be shown to other persons.Participation in this
> survey is voluntary and you can choose not to answer any individual question or all of the questions. 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 START TIME.	HOUR . . . . [ ][ ] MINUTES . . . . [ ][ ]	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . [ ][ ] ALWAYS . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . 1 TOWN . . . . 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . [ ][ ] 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 . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
108	Have you ever attended school?	YES . . . . 1 NO 2	→ 112
109	What is the highest level of schooling you attended: nursery, primary, secondary, or higher?	NURSERY . . . . 1 PRIMARY . . . . 2 SECONDARY . . . . 3 HIGHER 4	
110	What is the highest year you completed at that level? RECORD '00' IF LESS THAN ONE YEAR COMPLETED AT THAT LEVEL.	YEAR . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: NURSERY OR PRIMARY SECONDARY OR HIGHER		→ 115

112	Now I would like you to read this sentence to me.
	
	SHOW SENTENCES AT THE BOTTOM TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		    SENTENCE 2
		ABLE TO READ WHOLE SENTENCE. . 3
		NO CARD WITH REQUIRED
		    LANGUAGE _____ 4
		           (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including nursery or primary school)?	YES . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED CODE '1' OR '5' CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day,	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	CHRISTIAN . . . . 1 HINDU . . . . 2 MUSLIM . . . . 3 RASTAFARIAN . . . . 4 NOT RELIGIOUS . . . . 5 OTHER _____ 6 SPECIFY	
119	Which ethnic group do you belong to?	AFRICAN . . . . 01 INDIAN . . . . 02 AMERINDIAN . . . . 03 PORTUGUESE . . . . 04 CHINESE . . . . 05 MIXED . . . . 06 OTHER _____ 96 SPECIFY	

SENTENCES FOR Q.112

1. The child is reading a book.

2. The rains came late this year.

3. Parents must care for their children.

4. Farming is hard work.

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 . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
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 . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
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 . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ☐☐	
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 ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE ☐ NO BIRTHS ☐ ————————→ BIRTHS		226

BIRTH HISTORY

211	Now I would like to record the names of all your births, whether still alive or not, <u>starting with the first one you had.</u> 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 LINE, AND ADJUST LINE NUMBERS).

212 What name was given to your (first/next) baby? INCLUDE LAST NAME (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD IS NOT LISTED IN HOUSEHOLD).	220 IF DEAD: 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.	221 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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ... 3 ☐☐	
02	SING.... 1 MULT... 2	BOY,,,. 1 GIRL,,, 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ... 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH

212 What name was given to your (first/next) baby? INCLUDE LAST NAME (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD IS NOT LISTED IN HOUSEHOLD).	220 IF DEAD: 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.	221 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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (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 BIRTH HISTORY TABLE. | YES 1
NO .... 2 |

| 223 | COMPARE **208** WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐⌐   NUMBERS ARE DIFFERENT ☐ →   (PROBE AND RECONCILE)

CHECK: ↓   FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. .... ☐

FOR EACH BIRTH SINCE JANUARY 2004: MONTH AND YEAR OF BIRTH ARE RECORDED. .... ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. .... ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. .... ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS .... ☐ |

| 224 | CHECK **215** AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER.
IF NONE, RECORD '0' AND SKIP TO **226**. .... ☐ |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, 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	→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 . . . . ☐☐	
228	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . 1 LATER . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that you lost either by miscarriage, or abortion, or which ended in a stillbirth?	YES . . . . 1 NO 2	→237
230	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY LAST PREGNANCY ENDED IN ENDED BEFORE JANUARY 2004 OR LATER ↓ JANUARY 2004		→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 . . . . ☐☐	
233	Since January 2004, 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 2004. 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 2004?	YES . . . . 1 NO 2	→237
236	When did the last such pregnancy that terminated before 2004 end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 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	→ 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	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? 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.		302 Have you ever used (METHOD)?
01	**Female sterilization/Tie-off** 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/Coil** 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	**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 a thin flexible disk in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	**Foam/Jelly/Spermicides** Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
11	**Lactational Amenorrhea method (LAM)** DO NOT EXPLAIN	YES . . . . 1 NO 2	YES . . . . 1 NO 2
12	**Rhythm/Save 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 days to prevent pregnancy.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
15	**OTHER METHODS** Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2

303	CHECK 302:
	    NOT A SINGLE "YES" AT LEAST ONE "YES"
	    (NEVER USED) (EVER USED)
			➔ 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.		
305A	SKIP TO 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 . . . . . . [ ][ ]	
308	CHECK 302 (01): WOMAN NOT STERILIZED ⌐ WOMAN STERILIZED ☐		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE ⌐ PREGNANT ☐		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . **C** IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . **G** FEMALE CONDOM . . . . H DIAPHRAGM . . . . I FOAM/JELLY . . . . J LACTATIONAL AMEN. METHOD . . . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	→ 316 → **312** → 315 → **312** → 315 → 319A
312	CHECK IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) ☐ NO (USING CONDOM BUT NOT PILL) ☐ May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . 1 [ ][ ] BRAND NAME: _____ (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ [ ][ ] (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . . [ ][ ][ ] DON'T KNOW 998	
315	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?	COST . . . . [ ][ ][ ][ ] FREE . . . . 9995 DON'T KNOW 9998	→ 319A

316	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		 GOVT. HOSPITAL 11
		 GOVT. HEALTH CENTER 12
		 FAMILY PLANNING CLINIC 13
		 MOBILE/OUTREACH CLINIC 14
		
		 OTHER PUBLIC _____ 16
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC 21
		 PRIVATE DOCTOR'S OFFICE 23
		 PVT. MATERNITY HOME 24
		 OTHER PRIVATE
		  MEDICAL_____ 26
		          (SPECIFY)
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

317	CHECK 311/311A: CODE 'A' CIRCLED ⬐ CODE 'A' NOT CIRCLED ⬐ Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST . . . . . . [ ][ ][ ][ ][ ][ ] FREE . . . . 999995 DON'T KNOW 999998	
319	In what month and year was the sterilization performed?		
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 . . . . [ ][ ] YEAR . . . . [ ][ ][ ][ ]	
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** 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).	YES ⬐ NO ⬐ ↓	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

321 CHECK 319/319A:

YEAR IS **2004** OR LATER

YEAR IS **2003** OR EARLIER

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 **2004**

THEN CONTINUE WITH 322

THEN SKIP TO ────────▶ 331

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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 2004.

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	▶ 333
FEMALE STERILIZATION	01	▶ 326
MALE STERILIZATION	02	▶ 335
PILL	03	
IUD	04	
INJECTABLES	05	
IMPLANTS	06	
CONDOM	07	
FEMALE CONDOM	08	
DIAPHRAGM	09	
FOAM/JELLY	10	
LACTATIONAL AMEN. METHOD . . .	11	▶ 324A
RHYTHM METHOD	12	▶ 324A
WITHDRAWAL	13	▶ 335
OTHER METHOD	96	▶ 335

---

324 Where did you obtain (CURRENT METHOD) when you started using it?

IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE)

324A Where did you learn how to use the rhythm/lactational amenorhea method?

IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE)

PUBLIC SECTOR
GOVT. HOSPITAL	11
GOVT. HEALTH CENTER	12
GOVT. HEALTH POST	13
FAMILY PLANNING CLINIC	14
MOBILE/OUTREACH CLINIC . . .	15
COMMUNITY HEALTH WORKER .	16
OTHER PUBLIC _____	17

(SPECIFY)

PRIVATE MEDICAL SECTOR
PRIVATE HOSPITAL/CLINIC . . .	21
PHARMACY	22
PRIVATE DOCTOR	23
MOBILE CLINIC	24
PVT. MATERNITY HOME	25
OTHER PRIVATE MEDICAL _____	26

(SPECIFY)

OTHER SOURCE
SHOP/MARKET/GAS STATION . . .	31
CHURCH	32
FRIEND/RELATIVE	33
NGO	34
CONDOM VENDING MACHINE	35
OTHER _____	96

(SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **311/311A**, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD 12	→332 →329 →329 →329 →335 →335
326	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?	YES . . . . 1 NO 2	→328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
329	CHECK 326: CODE '1' CIRCLED / CODE '1' NOT CIRCLED At that time, were you told about other methods of family planning that you you could use? / 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?	YES . . . . 1 NO 2	→331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **311/311A**, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER METHOD 96	→335 →335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

332	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL,
	
	WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		GOVT. HOSPITAL 11
		GOVT. HEALTH CENTER 12
		GOVT. HEALTH POST 13
		FAMILY PLANNING CLINIC 14
		MOBILE/OUTREACH CLINIC ... 15
		COMMUNITY HEALTH WORKER . 16
		
		OTHER PUBLIC _____ 17
		    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC ... 21
		PHARMACY.................. 22
		PRIVATE DOCTOR 23
		MOBILE CLINIC 24
		PVT. MATERNITY HOME 25
		OTHER PRIVATE
		   MEDICAL_____ 26
		    (SPECIFY)
		
		OTHER SOURCE
		SHOP/MARKET/GAS STATION ... 31
		CHURCH 32
		FRIEND/RELATIVE 33
		NGO 34
		CONDOM VENDING MACHINE . 35
		
		OTHER _____ 96
		    (SPECIFY)
			→ 335

333	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→ 335

334	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 OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		GOVT. HOSPITAL .... A
		GOVT. HEALTH CENTER .... B
		GOVT. HEALTH POST C
		FAMILY PLANNING CLINIC .... D
		MOBILE/OUTREACH CLINIC ...... E
		COMMUNITY HEALTH WORKER . F
		
		OTHER PUBLIC _____ G
		    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC ...... H
		PHARMACY I
		PRIVATE DOCTOR .... J
		MOBILE CLINIC .... K
		PVT. MATERNITY HOME L
		OTHER PRIVATE
		   MEDICAL_____ M
		    (SPECIFY)
		
		OTHER SOURCE
		SHOP/MARKET/GAS STATION ... N
		CHURCH .... O
		FRIEND/RELATIVE .... P
		NGO .... Q
		CONDOM VENDING MACHINE . R
		
		OTHER _____ X
		    (SPECIFY)	

335	In the last 12 months, were you visited by anyone who talked to you about family planning?	YES .... 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2004 OR LATER ⃞ ↓	NO BIRTHS IN 2004 OR LATER ⃞ ──────────────→ 576	

402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 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.)

		LAST BIRTH	**NEXT-TO-LAST BIRTH**	**SECOND-FROM-LAST BIRTH**
403	LINE NUMBER FROM 212 (BIRTH HISTORY)	LINE NUMBER ⃞⃞	LINE NUMBER ⃞⃞	LINE NUMBER ⃞⃞
404	FROM **212** IN BIRTH HISTORY	NAME _____	NAME _____	NAME _____
	FROM **216** IN BIRTH HISTORY	LIVING ⃞↓ DEAD ⃞↓	LIVING ⃞↓ DEAD ⃞↓	LIVING ⃞↓ DEAD ⃞↓
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 ⃞⃞ YEARS . . . . 2 ⃞⃞ DON'T KNOW 998	MONTHS . . . . . . 1 ⃞⃞ YEARS . . . . 2 ⃞⃞ DON'T KNOW 998	MONTHS . . . . . . 1 ⃞⃞ YEARS . . . . 2 ⃞⃞ 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/SINGLE TRAINED MIDWIFE . . . C MEDEX . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . E COMMUNITY/VILLAGE HEALTH WORKER . . . F RELATIVE/FRIEND . . . . . . G 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	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME . . . . A
		  OTHER HOME . . . . B
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL C
		  GOVT. HEALTH
		    CENTER . . . . D
		  GOVT. HEALTH POST . . . E
		
		  OTHER PUBLIC
		  _____ F
		      (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . G
		  PVT. MATERNITY
		    HOME . . . . H
		  OTHER PRIVATE MED.
		  _____ I
		      (SPECIFY)
		
		HOSPITAL/CLINIC
		  ABROAD . . . . J
		OTHER_____ X
		      (SPECIFY)		

409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . [ ][ ] DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . [ ][ ] DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? a) Were you weighed? b) Was your blood pressure measured? c) Did you give a urine sample? d) Did you give a blood sample?	YES NO WEIGHT . . . . 1 2 BP . . . . 1 2 URINE . . . . 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 414) ◄——┐ DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
414	During this pregnancy, were you given an injection in the top of the arm or sholder to prevent the baby from getting tetanus, that is, fits/convulsions after birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄——┐ DON'T KNOW 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . [ ] DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES ☐ OTHER ☐ (SKIP TO 421)		
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 . . . . ☐ DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . . ☐☐ DK MONTH . . . . 98 YEAR . . . ☐☐☐☐ (SKIP TO 421) DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO . . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets, iron syrup or sprinkles? SHOW TABLETS/SYRUP/SPRINKLES	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, syrup or sprinkles? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . ☐☐☐ 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		
425A	During this pregnancy, did you suffer from fever at any time?	YES . . . . 1 NO . . . . 2 (SKIP TO 426) DON'T KNOW 8		
425B	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO 2		
425C	Did you get tested to see if you had malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 425E)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425D	Where did you get tested for malaria? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT HOSPITAL . . . . 11 GOVT HEALTH CENTER . . . . 12 GOVT HEALTH POST . . . 13 MOBILE CLINIC . . . . 14 COMMUNITY HEALTH WORKER . . . . 15 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC . . . . 21 PHARMACY . . . . 22 PVT DOCTOR . . . . 23 MOBILE CLINIC . . . . 24 OTHER PRIVATE MED. _____ 26 (SPECIFY) **OTHER** _____ 96 (SPECIFY)		
425E	At any time during the illness, did you take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 426) ←		
425F	What drugs did you take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . . A CHLOROQUINE . . . . B MEFLOQUINE . . . . C QUININE . . . . D COARTEM . . . . E ARTESUNATE/ ARTINATE . . . . F PRIMAQUINE . . . . G OTHER ANTIMALARIAL _____ H (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . . I INJECTION . . . . J **OTHER DRUGS** ASPIRIN . . . . K ACETAMINOPHEN/ PARACETAMOL/ PANADOL . . . . L IBUPROFEN . . . . M **OTHER** _____ X (SPECIFY) DON'T KNOW . . . . Z		
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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . A CHLOROQUINE . . . . B MEFLOQUINE . . . . C QUININE . . . . D OTHER _____ X 　　　　　(SPECIFY) DON'T KNOW . . . . Z		
428	CHECK 427: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' 　　　 CODE CIRCLED　　 A' NOT 　　　　　　 CIRCLED 　　　　　　 (SKIP TO 432) ←		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . ☐☐		
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B',　　 OTHER 'C' OR 'D' CIRCLED 　　　　　　 (SKIP TO 432) ←		
431	Did you get the (SP/Fansidar) 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 large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . 1 LARGER THAN 　 AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN 　 AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8	VERY LARGE . . . . 1 LARGER THAN 　 AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN 　 AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8	VERY LARGE . . . . 1 LARGER THAN 　 AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN 　 AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8
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 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99.998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99.998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99.998
435	Who assisted during 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/SINGLE 　　TRAINED MIDWIFE . . . C 　MEDEX . . . . D **OTHER PERSON** 　TRADITIONAL BIRTH 　　ATTENDANT . . . . E 　RELATIVE/FRIEND . . . . . . F 　OTHER 　_____ X 　　(SPECIFY) NO ONE . . . . Y	**HEALTH PERSONNEL** 　DOCTOR . . . . A 　NURSE/MIDWIFE . . . . B 　AUXILIARY/SINGLE 　　TRAINED MIDWIFE . . . C 　MEDEX . . . . D **OTHER PERSON** 　TRADITIONAL BIRTH 　　ATTENDANT . . . . E 　RELATIVE/FRIEND . . . . . . F 　OTHER 　_____ X 　　(SPECIFY) NO ONE . . . . Y	**HEALTH PERSONNEL** 　DOCTOR . . . . A 　NURSE/MIDWIFE . . . . B 　AUXILIARY/SINGLE 　　TRAINED MIDWIFE . . . C 　MEDEX . . . . D **OTHER PERSON** 　TRADITIONAL BIRTH 　　ATTENDANT . . . . E 　RELATIVE/FRIEND . . . . . . F 　OTHER 　_____ X 　　(SPECIFY) NO ONE . . . . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

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 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
		PVT. MATERNITY
		  HOME 32
		OTHER PRIVATE MED.
		_____ 36
		(SPECIFY)
		
		**HOSPITAL/CLINIC
		ABROAD** 41
		
		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
			PVT. MATERNITY
			  HOME 32
			OTHER PRIVATE MED.
			_____ 36
			(SPECIFY)
			
			**HOSPITAL/CLINIC
			ABROAD** 41
			
			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
				PVT. MATERNITY
				  HOME 32
				OTHER PRIVATE MED.
				_____ 36
				(SPECIFY)
				
				**HOSPITAL/CLINIC
				ABROAD** 41
				
				OTHER_____ 96
				(SPECIFY)
				(SKIP TO 444) ◄───

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 ☐☐ DAYS . . . . 2 WEEKS . . . . . . 3 DON'T KNOW 998	HOURS . . . . 1 ☐☐ DAYS . . . . 2 WEEKS . . . . . . 3 DON'T KNOW 998	HOURS . . . . 1 ☐☐ DAYS . . . . 2 WEEKS . . . . . . 3 DON'T KNOW 998
438	Was (NAME) delivered by caesarean section?	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 ☐☐ DAYS . . . . 2 WEEKS . . . . 3 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/SINGLE
		  TRAINED 13
		MEDEX 14
		
		OTHER PERSON
		TRADITIONAL BIRTH
		  ATTENDANT 21
		COMMUNITY/VILLAGE
		  HEALTH WORKER . . . 22
		
		OTHER_____ 96
		(SPECIFY)
		(SKIP TO 454) ◄───		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 454) ◄———┘	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 TRANS-
		   PORTATION 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 _____ X
		           (SPECIFY)		

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 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ 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/SINGLE
		      TRAINED MIDWIFE . . . 13
		   MEDEX 14
		
		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 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 . . . 23
		   OTHER PUBLIC
		   _____ 26
		           (SPECIFY)
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/
		      CLINIC 31
		   PVT. MATERNITY
		      HOME 32
		   OTHER PRIVATE MED.
		   _____ 36
		           (SPECIFY)
		HOSPITAL/CLINIC
		   ABROAD 41
		OTHER _____ 96
		           (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
448	CHECK 442:	YES NOT ASKED ☐ ☐ (SKIP TO 454)		
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 454) ◄——┐ DON'T KNOW 8		

450	How many hours, days or weeks after the birth of (NAME) did the first check take place?
	
	IF LESS THAN ONE DAY, RECORD HOURS.
	IF LESS THAN ONE WEEK, RECORD DAYS.
		HOURS AFTER
		  BIRTH . . . . . . 1 ☐☐
		DAYS AFTER
		  BIRTH . . . . . . 2 ☐☐
		WEEKS AFTER
		  BIRTH . . . . . . 3 ☐☐
		
		DON'T KNOW 998		

451	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  AUXILIARY/SINGLE
		    TRAINED MIDWIFE . . . 13
		  MEDEX 14
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 21
		  COMMUNITY/VILLAGE
		    HEALTH WORKER . . . 22
		OTHER _____ 96
		    (SPECIFY)		

452	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL 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 23
		  OTHER PUBLIC
		    _____ 26
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  PVT. MATERNITY
		    HOME 32
		  OTHER PRIVATE MED.
		    _____ 36
		    (SPECIFY)
		OTHER _____ 96
		    (SPECIFY)		

454	Has your menstrual period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 456) ◄——┐
		NO 2
		  (SKIP TO 457) ◄——┘		

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 not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	CHECK 226: CHECK PREGNANCY STATUS	NOT ⬜ PREGNANT PREG- OR NANT UNSURE ⬜ (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 not have sexual intercourse?	MONTHS . . . . ⬜⬜ DON'T KNOW 98	MONTHS . . . . ⬜⬜ DON'T KNOW 98	MONTHS . . . . ⬜⬜ DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 467) ⟵	YES . . . . 1 NO . . . . 2 (SKIP TO 467) ⟵	YES . . . . 1 NO . . . . 2 (SKIP TO 467) ⟵
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 000 HOURS . . . . 1 ⬜⬜ DAYS 2		
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: CHECK IF CHILD IS LIVING OR DEAD	LIVING DEAD ⬜ ⬜ (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 . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] STILL BREASTFEEDING . . . 95 DON'T KNOW 98	MONTHS . . . . [ ][ ] STILL BREASTFEEDING . . . 95 DON'T KNOW 98
467	CHECK 404: CHECK IF CHILD IS LIVING OR DEAD	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING [ ] DEAD [ ] (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 . . . . [ ][ ]		
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 . . . . [ ][ ]		
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 2004 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 (BIRTH HISTORY)	**LAST BIRTH** LINE NUMBER	**NEXT-TO-LAST BIRTH** LINE NUMBER	**SECOND-FROM-LAST BIRTH** LINE NUMBER ....
503	NAME FROM 212 SURVIVAL STATUS FROM 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? IF NOT AVAILABLE, PROBE IF IT IS AT THE HEALTH FACILITY	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT AVAILABLE AT HOME/ HEALTH FACILITY ..... 2 (SKIP TO 508) ← CARD AT HEALTH FACILITY ... 3 (SKIP TO 507A) ← NO CARD AT ALL 4	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT AVAILABLE AT HOME/ HEALTH FACILITY ..... 2 (SKIP TO 508) ← CARD AT HEALTH FACILITY ... 3 (SKIP TO 507A) ← NO CARD AT ALL 4	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT AVAILABLE AT HOME/ HEALTH FACILITY ... 2 (SKIP TO 508) ← CARD AT HEALTH FACILITY .. 3 (SKIP TO 507A) ← NO CARD AT ALL 4
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.			

	LAST BIRTH DAY / MONTH / YEAR	**NEXT-TO-LAST BIRTH** DAY / MONTH / YEAR	**SECOND-FROM-LAST BIRTH** DAY / MONTH / YEAR
BCG/TUBERCULOSIS			
PENTAVALENT(Hib/HepB/DPT) 1st DOSE			
PENTAVALENT(Hib/HepB/DPT) 2nd DOSE			
PENTAVALENT(Hib/HepB/DPT) 3rd DOSE			
FIRST DPT BOOSTER			
SECOND DPT BOOSTER			
POLIO (OPV) 1ST DOSE			
POLIO (OPV) 2ND DOSE			
POLIO (OPV) 3RD DOSE			
MEASLES, MUMPS, RUBELLA (MMR) 1			
MEASLES, MUMPS, RUBELLA (MMR) 2			
YELLOW FEVER			
MEASLES			
RUBELLA			

(Row labels for NEXT-TO-LAST and SECOND-FROM-LAST columns: BCG/TB, PENT. 1, PENT. 2, PENT. 3, FIRST DPT BOOSTER, SECOND DPT BOOSTER, P1, P2, P3, MMR1, MMR2, YELLOW FEVER, MEASLES, RUBELLA)

506A	CHECK 506:	BCG/TB TO THE END ALL RECORDED ☐ (GO TO 510) OTHER ☐ ↓	BCG/TB TO THE END ALL RECORDED ☐ (GO TO 510) OTHER ☐ ↓	BCG/TB TO THE END ALL RECORDED ☐ (GO TO 510) OTHER ☐ ↓

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 campaign or an outreach event?
	
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG/TB, PENT/Hib/HepB, POLIO 1-3, DPT BOOSTERS, YELLOW FEVER AND/OR MMR 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

507A	CARD FOR (NAME) IS AT HEALTH FACILITY.	MARK COVER PAGE INDICATING THAT VISIT TO HEALTH FACILITY IS REQUIRED.	MARK COVER PAGE INDICATING THAT VISIT TO HEALTH FACILITY IS REQUIRED.	MARK COVER PAGE INDICATING THAT VISIT TO HEALTH FACILITY IS REQUIRED.

508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign or an outreach event?	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

509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG/TB vaccination against tuberculosis, that is, an injection in the shoulder or thigh 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 ...... ☐	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐

509E	A Pentavalent(Hib/HepB/DPT) vaccination that is, an injection given in the thigh, 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 Pentavalent (Hib/HepB/DPT) vaccination received?	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐

509G	A DPT booster?	YES 1
		NO 2
		    (SKIP TO 509I)
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 509I)
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 509I)
				DON'T KNOW 8

509H	How many times was a DPT booster received?	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐
509I	An MMR injection that is, a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles, mumps and rubella?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
509J	An MMR injection at the age of 3 years 9 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
509K	A Yellow fever vaccination to prevent baby from getting yellow fever?	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 vaccination week or an outreach event?	YES 1
		NO 2
		NO VACCINATION IN
		   THE LAST 2 YEARS 3
		DON'T KNOW 8
		(SKIP TO 516)
			YES 1
			NO 2
			NO VACCINATION IN
			   THE LAST 2 YEARS 3
			DON'T KNOW 8
			(SKIP TO 516)
				YES 1
				NO 2
				NO VACCINATION IN
				   THE LAST 2 YEARS 3
				DON'T KNOW 8
				(SKIP TO 516)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which vaccination week or an outreach event did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	VACCINATION WEEK (APRIL 2008) .... A VACCINATION WEEK (APRIL 2007) .... B OUTREACH EVENT '08 ...... C OUTREACH EVENT '07 ...... D OTHER _____ X (SPECIFY)	VACCINATION WEEK (APRIL 2008) .... A VACCINATION WEEK (APRIL 2007) .... B OUTREACH EVENT '08 ...... C OUTREACH EVENT '07 ...... D OTHER _____ X (SPECIFY)	VACCINATION WEEK (APRIL 2008) .... A VACCINATION WEEK (APRIL 2007) .... B OUTREACH EVENT '08 ...... C OUTREACH EVENT '07 ...... D OTHER _____ X (SPECIFY)
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
521	When (NAME) had diarrhea, 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
522	Did you seek advice or treatment for the diarrhea from any source?	YES .... 1 NO .... 2 (SKIP TO 527) ◄────	YES .... 1 NO .... 2 (SKIP TO 527) ◄────	YES .. .. 1 NO .. .. 2 (SKIP TO 527) ◄────
523	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 OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL .... A GOVT HEALTH CENTER .. B GOVT HEALTH POST ...... C MOBILE/OUTREACH CLINIC .... D COMMUNITY HEALTH WORKER .... E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .. G PHARMACY .... H PVT DOCTOR .... I MOBILE CLINIC .... J FIELDWORKER .... K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER .... N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL .... A GOVT HEALTH CENTER .. B GOVT HEALTH POST ...... C MOBILE/OUTREACH CLINIC .... D COMMUNITY HEALTH WORKER .... E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .. G PHARMACY .... H PVT DOCTOR .... I MOBILE CLINIC .... J FIELDWORKER .... K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER .... N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL .... A GOVT HEALTH CENTER .. B GOVT HEALTH POST ...... C MOBILE/OUTREACH C CLINIC .... D COMMUNITY HEALTH W WORKER .... E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .. G PHARMACY .... H PVT DOCTOR .... I MOBILE CLINIC .... J FIELDWORKER .... K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER .... N OTHER _____ X (SPECIFY)

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 (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE .... ☐	FIRST PLACE .... ☐	FIRST PLACE .... ☐
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐	DAYS .... ☐☐
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 ORS packet solution? b) A pre-packaged ORS readymade liquid e.g. pedialite? c) A government-recommended homemade fluid i.e. sugar/salt water mixture?	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
		   (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

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 ANTIBIOTIC,
		    ANTIMOTILITY,
		    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 ANTIBIOTIC,
			    ANTIMOTILITY,
			    OR ZINC .... D
			  UNKNOWN PILL
			    OR SYRUP .... E
			
			INJECTION
			  ANTIBIOTIC .... F
			  NON-ANTIBIOTIC .... G
			  UNKNOWN INJECTION ...... H
			
			  (IV) INTRAVENOU I
			
			HOME REMEDY/HERBAL
			  MEDICINE .... J
			
			OTHER _____ X
			     (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC .... A
				  ANTIMOTILITY .... B
				  ZINC C
				  OTHER (NOT ANTIBIOTIC,
				    ANTIMOTILITY,
				    OR ZINC .... D
				  UNKNOWN PILL
				    OR SYRUP .... E
				
				INJECTION
				  ANTIBIOTIC .... F
				  NON-ANTIBIOTIC .... G
				  UNKNOWN INJECTION ...... H
				
				  (IV) INTRAVENOU I
				
				HOME REMEDY/HERBAL
				  MEDICINE .... J
				
				OTHER _____ X
				     (SPECIFY)

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 NO OR DK □ □ (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **573**	YES NO OR DK □ □ (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **573**	YES NO OR DK □ □ (GO BACK TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **573**
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
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 OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		GOVT HOSPITAL .... A
		GOVT HEALTH CENTER .. B
		GOVT HEALTH POST C
		MOBILE/OUTREACH
		  CLINIC .... D
		COMMUNITY HEALTH
		  WORKER .... E
		OTHER PUBLIC
		_____ F
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PVT. HOSPITAL/ CLINIC .. G
		PHARMACY .... H
		PVT DOCTOR I
		MOBILE CLINIC .... J
		FIELDWORKER .... K
		OTHER PRIVATE MED.
		_____ L
		(SPECIFY)
		
		OTHER SOURCE
		SHOP .... M
		TRADITIONAL
		  PRACTITIONER .... N
		
		OTHER _____ X
		(SPECIFY)
			PUBLIC SECTOR
			GOVT HOSPITAL .... A
			GOVT HEALTH CENTER .. B
			GOVT HEALTH POST C
			MOBILE/OUTREACH
			  CLINIC .... D
			COMMUNITY HEALTH
			  WORKER .... E
			OTHER PUBLIC
			_____ F
			(SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			PVT. HOSPITAL/ CLINIC .. G
			PHARMACY .... H
			PVT DOCTOR I
			MOBILE CLINIC .... J
			FIELDWORKER .... K
			OTHER PRIVATE MED.
			_____ L
			(SPECIFY)
			
			OTHER SOURCE
			SHOP .... M
			TRADITIONAL
			  PRACTITIONER .... N
			
			OTHER _____ X
			(SPECIFY)
				PUBLIC SECTOR
				GOVT HOSPITAL .... A
				GOVT HEALTH CENTER .. B
				GOVT HEALTH POST C
				MOBILE/OUTREACH
				  CLINIC .... D
				COMMUNITY HEALTH
				  WORKER .... E
				OTHER PUBLIC
				_____ F
				(SPECIFY)
				
				PRIVATE MEDICAL SECTOR
				PVT. HOSPITAL/ CLINIC .. G
				PHARMACY .... H
				PVT DOCTOR I
				MOBILE CLINIC .... J
				FIELDWORKER .... K
				OTHER PRIVATE MED.
				_____ L
				(SPECIFY)
				
				OTHER SOURCE
				SHOP .... M
				TRADITIONAL
				  PRACTITIONER .... N
				
				OTHER _____ X
				(SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 541:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 544)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 544)	TWO OR ONLY 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	FIRST PLACE	FIRST PLACE ....
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS ....
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
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 573) DON'T KNOW 8	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) 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 573) DON'T KNOW 8

547	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		SP/FANSIDAR .... A
		CHLOROQUINE .... B
		MEFLOQUINE C
		QUININE .... D
		COARTEM .... E
		ARTESUNATE/
		   ARTINATE .... F
		PRIMAQUINE .... G
		OTHER ANTIMALARIAL
		                   H
		   (SPECIFY)
		
		ANTIBIOTIC DRUGS
		PILL/SYRUP I
		INJECTION .... J
		
		OTHER DRUGS
		ASPIRIN .... K
		ACETAMINOPHEN/
		   PARACETAMOL/
		   PANADOL L
		IBUPROFEN .... M
		SYRUP/ELIXIR .... N
		
		OTHER _____ X
		        (SPECIFY)
		DON'T KNOW .... Z
			ANTIMALARIAL DRUGS
			SP/FANSIDAR .... A
			CHLOROQUINE .... B
			MEFLOQUINE C
			QUININE .... D
			COARTEM .... E
			ARTESUNATE/
			   ARTINATE .... F
			PRIMAQUINE .... G
			OTHER ANTIMALARIAL
			                   H
			   (SPECIFY)
			
			ANTIBIOTIC DRUGS
			PILL/SYRUP I
			INJECTION .... J
			
			OTHER DRUGS
			ASPIRIN .... K
			ACETAMINOPHEN/
			   PARACETAMOL/
			   PANADOL L
			IBUPROFEN .... M
			SYRUP/ELIXIR .... N
			
			OTHER _____ X
			        (SPECIFY)
			DON'T KNOW .... Z
				ANTIMALARIAL DRUGS
				SP/FANSIDAR .... A
				CHLOROQUINE .... B
				MEFLOQUINE C
				QUININE .... D
				COARTEM .... E
				ARTESUNATE/
				   ARTINATE .... F
				PRIMAQUINE .... G
				OTHER ANTIMALARIAL
				                   H
				   (SPECIFY)
				
				ANTIBIOTIC DRUGS
				PILL/SYRUP I
				INJECTION .... J
				
				OTHER DRUGS
				ASPIRIN .... K
				ACETAMINOPHEN/
				   PARACETAMOL/
				   PANADOL L
				IBUPROFEN .... M
				SYRUP/ELIXIR .... N
				
				OTHER _____ X
				        (SPECIFY)
				DON'T KNOW .... Z

548	CHECK 547: ANY CODE A-I CIRCLED?	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES NO (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
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 'I' 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 .... A CHLOROQUINE .... B MEFLOQUINE .... C QUININE .... D COARTEM .... E ARTESUNATE/ARTINATE.. F PRIMAQUINE .... G OTHER ANTIMALARIAL .. H **ANTIBIOTIC PILL/SYRUP** ...... I NO DRUG AT HOME .... Y	**ANTIMALARIAL DRUGS** SP/FANSIDAR .... A CHLOROQUINE .... B MEFLOQUINE .... C QUININE .... D COARTEM .... E ARTESUNATE/ARTINATE.. F PRIMAQUINE .... G OTHER ANTIMALARIAL .. H **ANTIBIOTIC PILL/SYRUP** ...... I NO DRUG AT HOME .... Y	**ANTIMALARIAL DRUGS** SP/FANSIDAR .... A CHLOROQUINE .... B MEFLOQUINE .... C QUININE .... D COARTEM .... E ARTESUNATE/ARTINATE.. F PRIMAQUINE .... G OTHER ANTIMALARIAL .. H **ANTIBIOTIC PILL/SYRUP** ...... I 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-H CIRCLED?	**YES**	**NO** (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO 573)	**YES**	**NO** (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO 573)	**YES**	**NO** (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED	CODE 'A' NOT CIRCLED (SKIP TO 554)	CODE 'A' CIRCLED	CODE 'A' NOT CIRCLED (SKIP TO 554)	CODE 'A' CIRCLED	CODE 'A' NOT CIRCLED (SKIP TO 554)
552	How long after the fever started did (NAME) first take **SP/Fansidar?**	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? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... DON'T KNOW........... 8		DAYS .... DON'T KNOW........... 8		DAYS .... DON'T KNOW........... 8	
554	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED	CODE 'B' NOT CIRCLED (SKIP TO 557)	CODE 'B' CIRCLED	CODE 'B' NOT CIRCLED (SKIP TO 557)	CODE 'B' CIRCLED	CODE 'B' NOT CIRCLED (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 .... DON'T KNOW 8		DAYS .... DON'T KNOW 8		DAYS .... DON'T KNOW 8	
557	CHECK 547: MEFLOQUINE ('C') GIVEN	CODE 'C' CIRCLED	CODE 'C' NOT CIRCLED (SKIP TO 560)	CODE 'C' CIRCLED	CODE 'C' NOT CIRCLED (SKIP TO 560)	CODE 'C' CIRCLED	CODE 'C' NOT CIRCLED (SKIP TO 560)
558	How long after the fever started did (NAME) first take **Mefloquine**?	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 Mefloquine? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... DON'T KNOW 8		DAYS .... DON'T KNOW 8		DAYS .... DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
560	CHECK 547: QUININE ('D') GIVEN	CODE 'D' CIRCLED ↓	CODE 'D' NOT CIRCLED (SKIP TO 563) ←	CODE 'D' CIRCLED ↓	CODE 'D' NOT CIRCLED (SKIP TO 563) ←	CODE 'D' CIRCLED ↓	CODE 'D' NOT CIRCLED (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 .... ☐ DON'T KNOW........... 8		DAYS .... ☐ DON'T KNOW........... 8		DAYS .... ☐ DON'T KNOW........... 8	
563	CHECK 547: COARTEM ('E') GIVEN	CODE 'E' CIRCLED ↓	CODE 'E' NOT CIRCLED (SKIP TO 566) ←	CODE 'E' CIRCLED ↓	CODE 'E' NOT CIRCLED (SKIP TO 566) ←	CODE 'E' CIRCLED ↓	CODE 'E' NOT CIRCLED (SKIP TO 566) ←

564	How long after the fever started did (NAME) first take **Coartem?**	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 Coartem? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... ☐ DON'T KNOW 8		DAYS .... ☐ DON'T KNOW 8		DAYS .... ☐ DON'T KNOW 8	
566	CHECK 547: ARTESUNATE/ARTINATE ('F') GIVEN	CODE 'F' CIRCLED ↓	CODE 'F' NOT CIRCLED (SKIP TO 568A) ←	CODE 'F' CIRCLED ↓	CODE 'F' NOT CIRCLED (SKIP TO 568A) ←	CODE 'F' CIRCLED ↓	CODE 'F' NOT CIRCLED (SKIP TO 568A) ←

567	How long after the fever started did (NAME) first take **Artesunate/Artinate?**	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 Artesunate/Artinate? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... ☐ DON'T KNOW 8		DAYS .... ☐ DON'T KNOW 8		DAYS .... ☐ DON'T KNOW 8	
568A	CHECK 547: PRIMAQUINE ('G') GIVEN	CODE 'G' CIRCLED ↓	CODE 'G' NOT CIRCLED (SKIP TO 569) ←	CODE 'G' CIRCLED ↓	CODE 'G' NOT CIRCLED (SKIP TO 569) ←	CODE 'G' CIRCLED ↓	CODE 'G' NOT CIRCLED (SKIP TO 569) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

568B	How long after the fever started did (NAME) first take **Primaquine?**	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

568C	For how many days did (NAME) take the Primaquine? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... ☐ DON'T KNOW 8	DAYS .... ☐ DON'T KNOW 8	DAYS .... ☐ DON'T KNOW 8

569	CHECK 547:
	
	OTHER ANTIMALARIAL ('H') GIVEN
		CODE 'H' CODE 'H'
		CIRCLED NOT
		                        CIRCLED
		   ☐ ☐
		
		            (GO BACK TO 503
		            IN NEXT COLUMN;
		   OR IF NO MORE BIRTHS,
		                        GO 573)
			CODE 'H' CODE 'H'
			CIRCLED NOT
			                        CIRCLED
			   ☐ ☐
			
			            (GO BACK TO 503
			            IN NEXT COLUMN;
			   OR IF NO MORE BIRTHS,
			                        GO 573)
				CODE 'H' CODE 'H'
				CIRCLED NOT
				                        CIRCLED
				   ☐ ☐
				
				            (GO TO 503 IN
				      NEXT-TO-LAST
				   COLUMN OF NEW
				   QUESTIONNAIRE;
				      OR, IF NO MORE
				   BIRTHS, GO TO 573)

570	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

571	For how many days did (NAME) take (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD '7'	DAYS .... ☐ DON'T KNOW 8	DAYS .... ☐ DON'T KNOW 8	DAYS .... ☐ DON'T KNOW 8
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN **2004** OR LATER LIVING WITH THE RESPONDENT **ONE OR MORE** ☐ **NONE** ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		**576**

574	The last time (NAME FROM 573) passed stools,
	what was done to dispose of the stools?
		CHILD USED TOILET OR LATRINE 01
		PUT/RINSED
		  INTO TOILET OR LATRINE 02
		PUT/RINSED
		  INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		
		OTHER _____ 96
		              (SPECIFY)	

574A	Does (NAME from 573) (and other children) usually wash hands before meals? IF YES: How many times a day? IF 7 OR MORE, RECORD '7'.	NEVER . . . . 0 → 575 NUMBER OF TIMES . . . . ☐	
574B	What cleaning agent does (NAME from 573) (and other children) usually use for washing hands?	WATER ALONE . . . . 1 WATER AND SOAP . . . . 2 WATER AND DISINFECTANT . . . . 3 OTHER _____ 6 (SPECIFY)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: **NO CHILD** ☐ ANY CHILD ☐ RECEIVED FLUID RECEIVED FLUID FROM ORS PACKET OR FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID PRE-PACKAGED ORS LIQUID		→ 577
576	Have you ever heard of a special product called ORS packet solution or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN **2006** OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		601
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) drink: a) Plain water? b) Commercially produced infant formula? Did (NAME FROM 577) eat: c) Any commercially fortified cereal like Nestum, Cerelac, Gerber food, etc? d) Any (other) porridge or gruel?	YES NO DK a) PLAIN WATER . . . . 1 2 8 b) FORMULA . . . . 1 2 8 c) BABY CEREAL . . . . 1 2 8 d) OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP

| 579 | Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/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. |

			CHILD			MOTHER		
	Did (NAME FROM 577)/you drink:		YES	NO	DK	YES	NO	DK
	a) Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8
	b) Tea or coffee?	b	1	2	8	1	2	8
	c) Any other liquids?	c	1	2	8	1	2	8
	Did (NAME FROM 577)/you eat:							
	d) Bread, rice, noodles, or other foods made from grains?	d	1	2	8	1	2	8
	e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	e	1	2	8	1	2	8
	f) White potatoes, white yams, cassava, or any other foods made from roots?	f	1	2	8	1	2	8
	g) Any dark green, leafy vegetables, such as spinach, callaloo, cabbage/pak choi?	g	1	2	8	1	2	8
	h) Ripe mangoes, papayas, oranges, or pomegranate?	h	1	2	8	1	2	8
	i) Any other fruits or vegetables, like ochro, pear, pineapple, watermelon, avocado?	i	1	2	8	1	2	8
	j) Liver, kidney, heart or other organ meats?	j	1	2	8	1	2	8
	k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	k	1	2	8	1	2	8
	l) Eggs?	l	1	2	8	1	2	8
	m) Fresh or dried fish or shellfish?	m	1	2	8	1	2	8
	n) Any foods made from beans, peas, lentils, or nuts?	n	1	2	8	1	2	8
	o) Cheese, yogurt or other milk products?	o	1	2	8	1	2	8
	p) Any oil, fats, or butter, or foods made with any of these?	p	1	2	8	1	2	8
	q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1	2	8	1	2	8
	r) Any other solid or semi-solid food?	r	1	2	8	1	2	8

| 580 | CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES 'd' THROUGH 'r' FOR CHILD):

AT LEAST ONE "YES" ☐ NOT A SINGLE "YES" ☐ ───────────→ | | | | | | | 601 |

| 581 | How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?

IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES . . . . ☐

DON'T KNOW . . . . 8 | | | | | | |

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	⌐→ 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	⌐→ 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. . . . . ☐☐	
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	⌐→ 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 . . . . . ☐☐ DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ⌐↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ⌐↓ In what month and year did you start living with your husband/partner? Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE . . . . ☐☐	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 107: CURRENT AGE. AGE 15-24 ☐ AGE 25-49 ☐		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: CURRENT AGE. AGE 15-24 ☐ AGE 25-49 ☐		→ 626
622	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
626	When was the last time you had sexual intercourse? 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.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 640

No.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	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. When 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. → **SKIP TO 628**			
627	When was the last time you had sexual intercourse with this (second/third) person?		DAYS ..... 1 WEEKS ..... 2 MONTHS .. 3	DAYS ..... 1 WEEKS ..... 2 MONTHS .. 3
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 ASK:
	 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
		 PROSTITUTE 5
		 OTHER_____ 6
		    (SPECIFY)
			HUSBAND 1
			 (SKIP TO 636) ←
			 LIVE-IN PARTNER 2
			 BOYFRIEND NOT
			   LIVING WITH
			   RESPONDENT 3
			 CASUAL
			   ACQUAINTANCE ... 4
			 PROSTITUTE 5
			 OTHER_____ 6
			    (SPECIFY)
				HUSBAND 1
				 (SKIP TO 636) ←
				 LIVE-IN PARTNER 2
				 BOYFRIEND NOT
				   LIVING WITH
				   RESPONDENT 3
				 CASUAL
				   ACQUAINTANCE ... 4
				 PROSTITUTE 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 MONTHS . 2 YEARS ... 3	DAYS ...... 1 MONTHS .. 2 YEARS 3	DAYS ...... 1 MONTHS .. 2 YEARS 3
632	CHECK 107:	AGE AGE 15-24 25-49 (SKIP TO 636) ←	AGE AGE 15-24 25-49 (SKIP TO 636) ←	AGE AGE 15-24 25-49 (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER...... **(SKIP TO 636)** ← DON'T KNOW 98	AGE OF PARTNER...... **(SKIP TO 636)** ← DON'T KNOW 98	AGE OF PARTNER...... **(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

No.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this 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 . . . . . . [__ __] DON'T KNOW 9 8
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . [__ __] DON'T KNOW 9 8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
641	Do you know of a place where a person can get male condoms?	YES . . . . 1 NO 2	→ 644
642	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 OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ———————————————— (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . A GOVT. HEALTH CENTER . . . . B GOVT. HEALTH POST . . . . C FAMILY PLANNING CLINIC . . . . D MOBILE/OUTREACH CLINIC . . . . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC ——————— G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . . H PHARMACY . . . . I PRIVATE DOCTOR . . . . J MOBILE CLINIC . . . . K PVT. MATERNITY HOME . . . . L OTHER PRIVATE MEDICAL—————————— M (SPECIFY) **OTHER SOURCE** SHOP/MARKET/GAS STATION . . . N CHURCH . . . . O FRIEND/RELATIVE . . . . P NGO . . . . Q CONDOM VENDING MACHINE. . . . . . R **OTHER** ————————————— X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
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. IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. ———————————————— (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . A GOVT. HEALTH CENTER . . . . B GOVT. HEALTH POST . . . . C FAMILY PLANNING CLINIC . . . . D MOBILE/OUTREACH CLINIC . . . . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC ——————— G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . . H PHARMACY . . . . I PRIVATE DOCTOR . . . . J MOBILE CLINIC . . . . K PVT. MATERNITY HOME . . . . L OTHER PRIVATE MEDICAL—————————— M (SPECIFY) **OTHER SOURCE** SHOP/MARKET/GAS STATION . . . N CHURCH . . . . O FRIEND/RELATIVE . . . . P NGO . . . . Q CONDOM VENDING MACHINE. . . . . . R **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 ☐ HE OR SHE STERILIZED ☐		→ 713

702	CHECK 226:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	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 ☐ PREGNANT ☐ 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 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 713
706	CHECK 703: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702:	NOT MARRIED . . . . A	

707 CHECK 702:

WANTS TO HAVE A/ANOTHER CHILD ☐ ⟶

WANTS NO MORE/ NONE ☐ ⟶

You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.

Can you tell me why you are not using a method?

Any other reason?

You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.

Can you tell me why you are not using a method?

Any other reason?

RECORD ALL REASONS MENTIONED.

NOT MARRIED . . . . A

FERTILITY-RELATED REASONS
NOT HAVING SEX . . . . B
INFREQUENT SEX C
MENOPAUSAL/HYSTERECTOMY . D
SUBFECUND/INFECUND . . . . E
POSTPARTUM AMENORRHEIC . . . F
BREASTFEEDING . . . . G
FATALISTIC . . . . H

OPPOSITION TO USE
RESPONDENT OPPOSED I
HUSBAND/PARTNER OPPOSED . . . J
OTHERS OPPOSED . . . . K
RELIGIOUS PROHIBITION L

LACK OF KNOWLEDGE
KNOWS NO METHOD . . . . M
KNOWS NO SOURCE . . . . N

METHOD-RELATED REASONS
HEALTH CONCERNS . . . . O
FEAR OF SIDE EFFECTS . . . . P
LACK OF ACCESS/TOO FAR . . . . . Q
COSTS TOO MUCH . . . . R
INCONVENIENT TO USE . . . . S
INTERFERES WITH BODY'S
   NORMAL PROCESSES . . . . T

OTHER _____ X
(SPECIFY)
DON'T KNOW . . . . Z

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708 CHECK 310: USING A CONTRACEPTIVE METHOD?

NOT ASKED ☐ ⟶

NO, NOT CURRENTLY USING ☐ ⟶

YES, CURRENTLY USING ☐ ⟶ 713

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709 Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?

YES 1
NO . . . . 2 ⟶ 711
DON'T KNOW . . . . 8 ⟶ 713

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710 Which contraceptive method would you prefer to use?

FEMALE STERILIZATION 01
MALE STERILIZATION 02
PILL 03
IUD 04
INJECTABLES 05
IMPLANTS 06
CONDOM 07
FEMALE CONDOM . . . . 08 ⟶ 713
DIAPHRAGM 09
FOAM/JELLY 10
LACTATIONAL AMEN. METHOD 11
RHYTHM 12
WITHDRAWAL 13

OTHER _____ 96
(SPECIFY)
UNSURE 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . 11 **FERTILITY-RELATED REASONS** INFREQUENT SEX/NO SEX . . . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . 26 **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . 41 KNOWS NO SOURCE . . . . 42 **METHOD-RELATED REASONS** HEALTH CONCERNS . . . . 51 FEAR OF SIDE EFFECTS . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . 54 INCONVENIENT TO USE . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 **OTHER** _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ 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 . . . . ☐☐ 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 ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: a) Heard about family planning on the radio? b) Seen about family planning on the television? c) Read about family planning in a newspaper or magazine?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ▢ ↓ YES, LIVING WITH A MAN ▢ ↓ NO, NOT IN UNION ▢		→ 801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED ▢ NO CODE CIRCLED ▢ OTHER ▢ ↓		→ 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 ▢ ↓ HE OR SHE STERILIZED ▢		→ 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	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→ 806
804	What was the highest level of school he attended: nursery, primary, secondary, or higher?	NURSERY . . . . 1 PRIMARY . . . . 2 SECONDARY . . . . 3 HIGHER . . . . 4 DON'T KNOW 8	→ 806
805	What was the highest year he completed at that level?	YEAR . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐ _____ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 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?	YES . . . . 1 NO 2	→ 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?	YES . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you **mainly** do?	☐☐ _____ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→ 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 for someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 ☐ NOT IN UNION ☐ WITH A MAN ↓		→ 827
819	CHECK 817: CODE 1 OR 2 ☐ OTHER, ☐ CIRCLED ↓ NOT ASKED		→ 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 → 823 DON'T KNOW 8	

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)	

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 JOINTLY WITH HUSBAND/PARTNER= 3 SOMEONE ELSE = 4; OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRESENT/ LISTENING	PRESENT/ NOT LISTENING	NOT PRES.
CHILDREN < 10 . . .	1	2	3
HUSBAND	1	2	3
OTHER MALES . . .	1	2	3
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: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?			YES	NO	DK
a)	GOES OUT	1	2	8
b)	NEGL. CHILDREN .	1	2	8
c)	ARGUES	1	2	8
d)	REFUSES SEX . . .	1	2	8
e)	BURNS FOOD	1	2	8		

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 obeah 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	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . 1 2 8 b) DURING DELIVERY . . . 1 2 8 c) BREASTFEEDING . . . 1 2 8	
910	CHECK 909: AT LEAST ☐ ONE 'YES' ↓	OTHER ☐	→ 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(ARV/HART) that people infected with the AIDS virus can get from doctor or a nurse to help them live longer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
913	CHECK 208 AND 215: LAST BIRTH SINCE ☐ JANUARY 2006 ↓	NO BIRTHS ☐ LAST BIRTH BEFORE ☐ JANUARY 2006	→ 922 → 922
914	CHECK 407 FOR LAST BIRTH: **HAD** ANTENATAL ☐ CARE ↓	**NO** ANTENATAL ☐ CARE	→ 922
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	During any of the antenatal visits for your last birth, did anyone talk to you about: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	YES NO DK a) AIDS FROM MOTHER . 1 2 8 b) THINGS TO DO . . . . . 1 2 8 c) TESTED FOR AIDS . . . 1 2 8	
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, 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
		   GOVT. HEALTH POST 13
		   STAND-ALONE VCT CENTER 14
		   FAMILY PLANNING CLINIC 15
		   MOBILE/OUTREACH CLINIC 16
		
		   OTHER PUBLIC _____ 17
		               (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		     PRIVATE DOCTOR 21
		   PRIVATE VCT CENTER 22
		   LAB 23
		   MOBILE CLINIC 24
		   OTHER PRIVATE
		     MEDICAL _____ 26
		              (SPECIFY)
		
		OTHER SOURCE
		   NGO 31
		   FACILITY/LAB ABROAD 32
		
		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	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, 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
		  GOVT. HEALTH POST 13
		  STAND-ALONE VCT CENTER 14
		  FAMILY PLANNING CLINIC 15
		  MOBILE/OUTREACH CLINIC 16
		
		  OTHER PUBLIC _____ 17
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR 21
		   PRIVATE VCT CENTER 22
		  LAB 23
		  MOBILE CLINIC 24
		  OTHER PRIVATE
		    MEDICAL _____ 26
		              (SPECIFY)
		
		OTHER SOURCE
		  NGO 31
		  FACILITY/LAB ABROAD 32
		
		OTHER _____ 96
		              (SPECIFY)
			→ 929

927	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 929

928	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, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  GOVT. HEALTH CENTER . . . . B
		  GOVT. HEALTH POST C
		  STAND-ALONE VCT CENTER . . . . . D
		  FAMILY PLANNING CLINIC . . . . E
		  MOBILE/OUTREACH CLINIC . . . . F
		
		  OTHER PUBLIC _____ G
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR . . . . H
		  PRIVATE VCT CENTER I
		  LAB . . . . J
		  MOBILE CLINIC . . . . K
		  OTHER PRIVATE
		    MEDICAL _____ L
		              (SPECIFY)
		
		OTHER SOURCE
		  NGO . . . . M
		  FACILITY/LAB ABROAD . . . . N
		
		OTHER _____ X
		              (SPECIFY)	

929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
933	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DK ANYONE WITH AIDS 3	→ 938
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 ☐ AT LEAST ONE ☐ "YES" ↓ "YES"		→ 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 ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have you Have you heard about heard about other infections infections that can be that can be transmitted transmitted through through sexual contact? sexual contact?	YES . . . . 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS: YES ☐ NO ☐ ↓		→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	

948	CHECK 945, 946, AND 947:
	      HAS HAD AN ☐ HAS NOT HAD AN ☐
	      INFECTION INFECTION OR
	      (ANY 'YES') ↓ DOES NOT KNOW
			→ 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, VCT CENTER,
	
	OR CLINIC IS PUBLIC OR PRIVATE MEDICAL,
	WRITE THE NAME OF THE PLACE.
	
	          _____
	          (NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH POST C
		   STAND-ALONE VCT CENTER . . . . . D
		   FAMILY PLANNING CLINIC . . . . E
		   MOBILE/OUTREACH CLINIC . . . . F
		   COMMUNITY HEALTH WORKER. . . . . G
		
		   OTHER PUBLIC_____ H
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		     PRIVATE DOCTOR I
		   PRIVATE VCT CENTER . . . . J
		   PHARMACY . . . . K
		   LAB L
		   MOBILE CLINIC . . . . M
		   OTHER PRIVATE
		     MEDICAL _____ N
		              (SPECIFY)
		
		OTHER SOURCE
		   SHOP/MARKET/GAS STATION . . . . . O
		   NGO . . . . P
		   TRADITIONAL PRACTITIONER . . . . . Q
		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/ ☐ NOT IN UNION ☐
	      LIVING WITH A MAN ↓
			→ 1001

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	

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	

1003	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
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	Have you been given any information about tuberculosis by a health worker?	YES . . . . 1 NO 2	
1004B	Do you know a place where a person can get diagnosis and treatment for TB?	YES . . . . 1 NO 2	→ 1005

1004C	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, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH POST C
		   MOBILE/OUTREACH CLINIC . . . . D
		   COMMUNITY HEALTH WORKER . . . . E
		
		   OTHER PUBLIC _____ F
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . G
		   PHARMACY . . . . H
		   PRIVATE DOCTOR I
		   MOBILE CLINIC . . . . J
		   OTHER PRIVATE
		     MEDICAL _____ K
		         (SPECIFY)
		OTHER SOURCE
		   NGO L
		   TRADITIONAL PRACTITIONER . . . . M
		OTHER _____ X
		        (SPECIFY)	

1005	Now I would like to ask you a few more 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 . . . . [ ][ ] 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 . . . . [ ][ ] NONE 00	→ 1009

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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 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
		 GOVT. HEALTH POST 13
		 MOBILE/OUTREACH CLINIC 14
		 COMMUNITY HEALTH WORKER 15
		
		 OTHER PUBLIC _____ 16
		 (SPECIFY)
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC/
		  PRIVATE DOCTOR 21
		 DENTAL CLINIC/OFFICE 22
		 PHARMACY 23
		 OFFICE OR HOME OF NURSE/
		  HEALTH WORKER 24
		 OTHER PRIVATE
		  MEDICAL _____ 26
		 (SPECIFY)
		
		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 . . . . ☐☐	
1011	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 1012A
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C CIGAR . . . . D 'M" . . . . E OTHER _____ X (SPECIFY)	
1012A	Have you consumed alcohol such as beer, wine, spirits, fermented cider, within the past 30 days?	YES . . . . 1 NO 2	→ 1013
1012B	In the past 30 days, on how many days have you had at least one drink: daily, 5-6 days per week, 1-4 days per week, or less often?	DAILY . . . . 1 5-6 DAYS PER WEEK . . . . 2 1-4 DAYS PER WEEK . . . . 3 LESS OFTEN 4	
1012C	In the past 30 days, what was the largest number of drinks you had on a single occasion, counting all types of alcoholic drinks together? IF 7 OR MORE, RECORD '7'	NUMBER OF DRINKS . . . . ☐	
1012D	On the days when you drink alcohol, how many drinks do you have during one day? IF 7 OR MORE, RECORD '7'	NUMBER OF DRINKS . . . . ☐	
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? a) Getting permission to go? b) Getting money needed for treatment? c) The distance to the health facility? d) Having to take transport? e) Not wanting to go alone? f) Concern that there may not be a female health provider? g) Concern that there may not be any health provider? h) Concern that there may be no drugs available?	BIG PROB-LEM / NOT A BIG PROB-LEM PERMISSION TO GO . . . . 1 2 GETTING MONEY . . . . 1 2 DISTANCE . . . . 1 2 TAKING TRANSPORT . . . 1 2 GO ALONE . . . . 1 2 NO FEMALE PROVIDER . . . . 1 2 NO PROVIDER . . . . 1 2 NO DRUGS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1016

1015	What type of health insurance?	NATIONAL INSURANCE SCHEME . . . . A
		PRIVATELY PURCHASED HEALTH
		   INSURANCE . . . . B
		EMPLOYER PURCHASED INSURANCE C
		FOREIGN HEALTH INSURANCE . . . . D
		
		OTHER _____ X
		            (SPECIFY)	

1016	CHECK 217: (YOUNGEST) CHILD ☐ OTHER ☐ ————————————→ IS AGE 0-17 ↓		1018
1017	Now I would like to ask you about your own child/children 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 under the age of 18?	YES . . . . 1 NO 2	→ 1020
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	
1020	Have you had fever in the last 12 months?	YES . . . . 1 NO 2	→ 1022
1021	How many times have you had fever?	TIMES WITH FEVER . . . . ☐☐	
1022	Do you personally know someone who has got Malaria in the last 3 months?	YES . . . . 1 NO 2	
1023	Do you know a place where a person can get diagnosis and treatment for malaria?	YES . . . . 1 NO 2	→ 1025

1024	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, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	              (NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH POST C
		   MOBILE/OUTREACH CLINIC . . . . D
		   COMMUNITY HEALTH WORKER . . . . E
		
		   OTHER PUBLIC _____ F
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . G
		   PHARMACY . . . . H
		   PRIVATE DOCTOR I
		   MOBILE CLINIC . . . . J
		   OTHER PRIVATE
		     MEDICAL _____ K
		            (SPECIFY)
		OTHER SOURCE
		  NGO L
		  TRADITIONAL PRACTITIONER . . . . M
		OTHER _____ X
		            (SPECIFY)	

1025	CHECK 504: NO CHILDREN WITH CARDS ☐ AT LEAST ONE CHILD WITH ☐ KEPT AT HEALTH FACILITIES A HEALTH CARD ↓ AT HEALTH FACILITY **RECORD THE TIME BELOW IN QUESTION 1026, THEN GO TO SECTION 11**		
1026	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

SECTION 11: IMMUNIZATION INFORMATION FOR CHILDREN WITH CARDS AT HEALTH FACILITIES

IDENTIFICATION OF HOUSEHOLD AND CHILDREN

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBE. . . . .

GDHS HOUSEHOLD NUMBER . . . .

VILLAGE/WARD NUMBER . . . .

NAME AND LINE NUMBER OF MOTHER IN HH QUESTIONNAIRE _____

1101	**CHECK QUESTION 504** FOR CHILDREN FOR WHOM IMMUNIZATION CARDS ARE KEPT AT A HEALTH FACILITY. FOR EACH, COMPLETE THE INFORMATION FOR QUESTIONS 1102-1106. QUESTIONS 1107-1109 ARE TO BE COLLECTED AT THE FACILITY. IF MORE THAN 3 CHILDREN, USE NEXT PAGE FOR THE OTHER CHILDREN.

		CHILD 1	CHILD 2	CHILD 3
1102	CHILD'S LINE NUMBER FROM 502	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER ...... ☐☐
1103	CHILD'S FULL NAME FROM 212 IN BIRTH H.	(FIRST NAME) (LAST)	(FIRST NAME) (LAST)	(FIRST NAME) (LAST)
1104	BIRTH DATE FROM 215 IN BIRTH HISTORY	DAY MONTH YEAR 2 0 0	DAY MONTH YEAR 2 0 0	DAY MONTH YEAR 2 0 0
1105	What is (NAME's) home address?			
1106	What is the name and address of health facility with records for (NAME)?			

1106B	**QUESTIONS 1107-1109 TO BE COMPLETED BY THE FIELD EDITOR DURING A VISIT TO THE HEALTH FACILITY**

		CHILD 1	CHILD 2	CHILD 3
1107	FACILITY WITH RECORDS FOR (NAME) WAS VISITED	YES .... 1 NO .... 2 (NEXT CHILD) ↵	YES .... 1 NO .... 2 (NEXT CHILD) ↵	YES .... 1 NO .... 2 (NEXT CHILD) ↵
1108	IMMUNIZATION RECORDS FOR (NAME) AVAILABLE AT HEALTH FACILITY	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ◄─┘ NO RECORD 3	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ◄─┘ NO RECORD 3	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ◄─┘ NO RECORD 3

1109	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM IMMUNIZATION CARD OR IMMUNIZATION RECORDS. (2) WRITE '44' IN 'DAY' COLUMN IF RECORDS SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	CHILD 1 DAY MONTH YEAR	CHILD 2 DAY MONTH YEAR	CHILD 3 DAY MONTH YEAR
BCG/TUBERCULOSIS		BCG/TB	BCG/TB
PENTAVALENT(Hib/HepB/DPT) 1st DOSE		PENT. 1	PENT. 1
PENTAVALENT(Hib/HepB/DPT) 2nd DOSE		PENT. 2	PENT. 2
PENTAVALENT(Hib/HepB/DPT) 3rd DOSE		PENT. 3	PENT. 3
FIRST DPT BOOSTER		FIRST DPT BOOSTER	FIRST DPT BOOSTER
SECOND DPT BOOSTER		SECOND DPT BOOSTER	SECOND DPT BOOSTER
POLIO (OPV) 1ST DOSE		P1	P1
POLIO (OPV) 2ND DOSE		P2	P2
POLIO (OPV) 3RD DOSE		P3	P3
MEASLES, MUMPS, RUBELLA (MMR) 1		MMR1	MMR1
MEASLES, MUMPS, RUBELLA (MMR) 2		MMR2	MMR2
YELLOW FEVER		YELLOW FEVER	YELLOW FEVER
MEASLES		MEASLES	MEASLES
RUBELLA		RUBELLA	RUBELLA

1110		GO TO 1107 FOR CHILD 2. IF NO MORE CHILDREN, FINISH.	GO TO 1107 FOR CHILD 3. IF NO MORE CHILDREN, FINISH.	GO TO 1107 FOR CHILD 4. IF NO MORE CHILDREN, FINISH.

1102	CHILD'S LINE NUMBER FROM 502	**CHILD 4** LINE NUMBER .... ☐☐	**CHILD 5** LINE NUMBER .... ☐☐	**CHILD 6** LINE NUMBER ...... ☐☐
1103	CHILD'S FULL NAME FROM 212 IN BIRTH H.	_____ (FIRST NAME) (LAST)	_____ (FIRST NAME) (LAST)	_____ (FIRST NAME) (LAST)
1104	BIRTH DATE FROM 215 IN BIRTH HISTORY	DAY ☐☐ MONTH ☐☐ YEAR 2 0 0 ☐	DAY ☐☐ MONTH ☐☐ YEAR 2 0 0 ☐	DAY ☐☐ MONTH ☐☐ YEAR 2 0 0 ☐
1105	What is (NAME's) home address?	_____	_____	_____
1106	What is the name and address of health facility with records for (NAME)?	_____	_____	_____
1107	WAS THE HEALTH FACILITY WITH RECORDS FOR (NAME) VISITED?	YES .... 1 NO .... 2 (NEXT CHILD) ↵	YES .... 1 NO .... 2 (NEXT CHILD) ↵	YES .... 1 NO .... 2 (NEXT CHILD) ↵
1108	ARE THERE IMMUNIZATION RECORDS IN THE HEALTH FACILITY FOR (NAME)?	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ← NO RECORD 3	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ← NO RECORD 3	YES, SEEN .... 1 YES, NOT SEEN .... 2 (NEXT CHILD) ← NO RECORD 3

1109	(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.

	CHILD 4 DAY MONTH YEAR		**CHILD 5** DAY MONTH YEAR		**CHILD 6** DAY MONTH YEAR
BCG/TUBERCULOSIS	☐☐☐☐☐☐☐☐	BCG/TB	☐☐☐☐☐☐☐☐	BCG/TB	☐☐☐☐☐☐☐☐
PENTAVALENT(Hib/HepB/DPT) 1st DOSE	☐☐☐☐☐☐☐☐	PENT. 1	☐☐☐☐☐☐☐☐	PENT. 1	☐☐☐☐☐☐☐☐
PENTAVALENT(Hib/HepB/DPT) 2nd DOSE	☐☐☐☐☐☐☐☐	PENT. 2	☐☐☐☐☐☐☐☐	PENT. 2	☐☐☐☐☐☐☐☐
PENTAVALENT(Hib/HepB/DPT) 3rd DOSE	☐☐☐☐☐☐☐☐	PENT. 3	☐☐☐☐☐☐☐☐	PENT. 3	☐☐☐☐☐☐☐☐
FIRST DPT BOOSTER	☐☐☐☐☐☐☐☐	FIRST DPT BOOSTER	☐☐☐☐☐☐☐☐	FIRST DPT BOOSTER	☐☐☐☐☐☐☐☐
SECOND DPT BOOSTER	☐☐☐☐☐☐☐☐	SECOND DPT BOOSTER	☐☐☐☐☐☐☐☐	SECOND DPT BOOSTER	☐☐☐☐☐☐☐☐
POLIO (OPV) 1ST DOSE	☐☐☐☐☐☐☐☐	P1	☐☐☐☐☐☐☐☐	P1	☐☐☐☐☐☐☐☐
POLIO (OPV) 2ND DOSE	☐☐☐☐☐☐☐☐	P2	☐☐☐☐☐☐☐☐	P2	☐☐☐☐☐☐☐☐
POLIO (OPV) 3RD DOSE	☐☐☐☐☐☐☐☐	P3	☐☐☐☐☐☐☐☐	P3	☐☐☐☐☐☐☐☐
MEASLES, MUMPS, RUBELLA (MMR) 1	☐☐☐☐☐☐☐☐	MMR1	☐☐☐☐☐☐☐☐	MMR1	☐☐☐☐☐☐☐☐
MEASLES, MUMPS, RUBELLA (MMR) 2	☐☐☐☐☐☐☐☐	MMR2	☐☐☐☐☐☐☐☐	MMR2	☐☐☐☐☐☐☐☐
YELLOW FEVER	☐☐☐☐☐☐☐☐	YELLOW FEVER	☐☐☐☐☐☐☐☐	YELLOW FEVER	☐☐☐☐☐☐☐☐
MEASLES	☐☐☐☐☐☐☐☐	MEASLES	☐☐☐☐☐☐☐☐	MEASLES	☐☐☐☐☐☐☐☐
RUBELLA	☐☐☐☐☐☐☐☐	RUBELLA	☐☐☐☐☐☐☐☐	RUBELLA	☐☐☐☐☐☐☐☐

1110		GO TO 1107 FOR CHILD 5. IF NO MORE CHILDREN, FINISH.	GO TO 1107 FOR CHILD 6. IF NO MORE CHILDREN, FINISH.	USE ADDITIONAL FORMS IF NECESSARY. IF NO MORE CHILDREN, FINISH.

CALENDAR

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES
B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

CONTRACEPTIVE USE
0   NO METHOD
1   FEMALE STERILIZATION
2   MALE STERILIZATION
3   PILL
4   IUD
5   INJECTABLES
6   IMPLANTS
7   CONDOM
8   FEMALE CONDOM
9   DIAPHRAGM
J   FOAM OR JELLY

K   LACTATIONAL AMENORRHEA METHOD
L   RHYTHM METHOD
M   WITHDRAWAL
X   OTHER _____

	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
9	05	MAY	08			9
	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
8	05	MAY	20			8
	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
7	05	MAY	32			7
	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
6	05	MAY	44			6
	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
5	05	MAY	56			5
	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
4	05	MAY	68			4
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
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_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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<u>SUPERVISOR'S OBSERVATIONS</u>

_____
_____
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_____
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_____

NAME OF SUPERVISOR: _____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

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_____

NAME OF EDITOR: _____   DATE: _____