MINISTRY OF HEALTH AND SOCIAL SERVICES
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - ENGLISH

IDENTIFICATION

NAME AND CODE OF REGION*

NAME OF VILLAGE/TOWN/CITY

DHS CLUSTER NUMBER . . . .

URBAN/RURAL (URBAN =1, RURAL =2 . . . .
LARGE CITY/SMALL CITY/TOWN/RURAL
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN

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

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

LANGUAGE OF QUESTIONNAIRE: **3**   RESPONDENT'S LANGUAGE: _____

LANGUAGE OF INTERVIEW***   TRANSLATOR USED
(NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)

LANGUAGE*** CODES:
1 AFRIKAANS	3 ENGLISH	5 RUKWANGALI	7 OSHIWAMBO
2 DAMARA/NAMA	4 OTJIHERERO	6 SILOZI	8 OTHER

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

*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

<u>SECTION 1. RESPONDENT'S BACKGROUND</u>

INTRODUCTION AND CONSENT

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INFORMED CONSENT

Hello.  My name is _____ and I am working with the Ministry of Health and
Social Services.  We are conducting a national survey that asks women (and men) about various health issues.
We would very much appreciate your participation in this survey. This information will help the government to plan health services.
The survey usually takes between 30 and 60 minutes to complete.  Whatever information you provide will be kept strictly confidential
and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and
I will go on to the next question; or you can stop the interview at any time.  However, we hope that you will participate in this survey
since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____        Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . .  1        RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . .  2 → END
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE 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 school you attended: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER 3	
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR . . . . ☐☐	

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

112	Now I would like you to read this sentence to me.
	
	SHOW CARD 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 primary school)?	YES . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4' CIRCLED 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, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT . . . . 2 NO RELIGION . . . . 3 OTHER _____ 4 SPECIFY	
119	What is the main language spoken in your home?	AFRIKAANS . . . . 01 DAMARA/NAMA . . . . 02 ENGLISH . . . . 03 HERERO . . . . 04 KWANGALI . . . . 05 LOZI . . . . 06 OSHIWAMBO . . . . 07 SAN . . . . 08 OTHER _____ 96 SPECIFY	

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 BIRTHS ▢ NO BIRTHS ▢		→ 226

| 211 | Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). | | | | | | | | | |

212 What name was given to your (first/next) baby? (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 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	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), 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 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 2001: 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 2001 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.	☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, 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 <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN . . . . 1 LATER . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH . . . . YEAR	
231	CHECK 230: LAST PREGNANCY LAST PREGNANCY ENDED IN ENDED BEFORE JAN. 2001 OR LATER JAN. 20001		→ 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 2001, 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 2001. 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 2001?	YES . . . . 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2001 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 Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
07	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	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY)	YES . . . . 1 NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE ☐ AT LEAST ONE ☐ "YES" "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.		→ 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 RHYTHM METHOD . . . . K WITHDRAWAL . . . . L OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
312	RECORD 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 . . . . 995 DON'T KNOW 998	→ 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, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT. HEALTH CENTER/
		    CLINIC 12
		  OTHER PUBLIC _____ 16
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . 21
		  PRIVATE DOCTOR'S OFFICE . . . 23
		  OTHER PRIVATE
		    MEDICAL _____ 26
		            (SPECIFY)
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98	

317	CHECK 311/311A: CODE 'A' CODE 'A' CIRCLED ☐ NOT CIRCLED ☐ ↓ ↓ Before your sterilization Before the sterilization operation, operation, were you told was your husband/partner told that you would not be able that he would not be able to to have any (more) children have any (more) children because of the operation? 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 . . . . 9995 DON'T KNOW 9998	
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 2001 OR LATER ☐   YEAR IS 2000 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 2001.

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 2001.
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	
RHYTHM METHOD	11	→ 324A
WITHDRAWAL	12	→ 335
OTHER METHOD	96	→ 335

---

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

PUBLIC SECTOR
  GOVT. HOSPITAL 11
  GOVT. HEALTH CENTER/
    CLINIC 12
  PHC CLINIC (MOBILE) 13
  COMMUNITY
    HEALTH WORKER 14
  OTHER PUBLIC

    _____ 16
        (SPECIFY)

324A Where did you learn how to use the rhythm?

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

_____
(NAME OF PLACE)

PRIVATE MEDICAL SECTOR
  PRIVATE HOSPITAL/CLINIC . . . 21
  PHARMACY 22
  PRIVATE DOCTOR 23
  OTHER PRIVATE
    MEDICAL _____ 26
       (SPECIFY)

OTHER SOURCE
  SHOP 31
  CHURCH 32
  FRIEND/RELATIVE 33
  TRAD. BIRTH ATTENDANT 34
  TRAD. HEALER 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 RHYTHM METHOD 11	→ 332 → 329 → 329 → 329 → 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 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 RHYTHM METHOD . . . . 11 WITHDRAWAL . . . . 12 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, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		    GOVT. HOSPITAL 11
		    GOVT. HEALTH CENTER/
		        CLINIC 12
		    PHC CLINIC (MOBILE) 13
		    COMMUNITY HEALTH
		        WORKER 14
		    OTHER PUBLIC _____ 16
		                            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC . . . 21
		    PHARMACY 22
		    PRIVATE DOCTOR 23
		    OTHER PRIVATE
		        MEDICAL _____ 26
		                        (SPECIFY)
		
		OTHER SOURCE
		    SHOP 31
		    CHURCH 32
		    FRIEND/RELATIVE 33
		    TRAD. BIRTH ATTENDANT 34
		    TRAD. HEALER 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, HEALTH CENTER 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/
		        CLINIC . . . . B
		    PHC CLINIC (MOBILE) C
		    COMMUNITY HEALTH
		        WORKER . . . . D
		    OTHER PUBLIC _____ E
		                            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC . . . . . F
		    PHARMACY . . . . G
		    PRIVATE DOCTOR . . . . H
		    OTHER PRIVATE
		        MEDICAL _____ I
		                        (SPECIFY)
		
		OTHER SOURCE
		    SHOP . . . . J
		    CHURCH . . . . K
		    FRIEND/RELATIVE L
		    TRAD. BIRTH ATTENDANT . . . . M
		    TRAD. HEALER . . . . N
		OTHER _____ X
		                    (SPECIFY)	

335	In the last 12 months, were you visited by a fieldworker 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	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2001 OR LATER ☐ ↓	NO BIRTHS IN 2001 OR LATER ☐ →	→ 576

402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 **(1)** 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	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
405	At the time you became pregnant with (NAME), 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 (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 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . C 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, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME . . . A
		  OTHER HOME . . . B
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL C
		  GOVT. HEALTH
		    CENTER/CLINIC …D
		
		  OTHER PUBLIC
		  _____E
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . F
		  OTHER PRIVATE
		  MED. _____G
		    (SPECIFY)
		
		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? Were you weighed? Was your blood pressure measured? Did you give a urine sample? 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 arm to prevent the baby from getting tetanus, that is, 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? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ 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 [USE LOCAL TERM]?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
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 OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z		
428	CHECK 427: DRUGS 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', OTHER □ B' OR 'X' 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

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

435	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR ..... A
		  NURSE/MIDWIFE . B
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT .. C
		  RELATIVE/FRIEND D
		
		  OTHER
		  _____ X
		   (SPECIFY)
		
		NO ONE .... Y
			HEALTH PERSONNEL
			  DOCTOR ..... A
			  NURSE/MIDWIFE . B
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT .. C
			  RELATIVE/FRIEND .D
			
			  OTHER
			  _____ X
			   (SPECIFY)
			
			NO ONE .... Y
				HEALTH PERSONNEL
				  DOCTOR ..... A
				  NURSE/MIDWIFE . B
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT .. C
				  RELATIVE/FRIEND D
				
				  OTHER
				  _____ X
				   (SPECIFY)
				
				NO ONE .... Y

436	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE 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/CLINIC 22
		
		  OTHER PUBLIC
		  _____ 26
		   (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		   CLINIC 31
		  OTHER PRIVATE
		  MED._____ 36
		   (SPECIFY)
		
		OTHER_____ 96
		   (SPECIFY)
		(SKIP TO 443) ◄─┘
			HOME
			  YOUR HOME ... 11
			  (SKIP TO 444) ◄─┐
			  OTHER HOME ... 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH
			  CENTER 22
			
			  OTHER PUBLIC
			  _____ 26
			   (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			   CLINIC 31
			  OTHER PRIVATE
			  MED._____ 36
			   (SPECIFY)
			
			OTHER_____ 96
			   (SPECIFY)
			(SKIP TO 444) ◄─┘
				HOME
				  YOUR HOME ... 11
				  (SKIP TO 444) ◄─┐
				  OTHER HOME ... 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL 21
				  GOVT. HEALTH
				  CENTER 22
				
				  OTHER PUBLIC
				  _____ 26
				   (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				   CLINIC 31
				  OTHER PRIVATE
				  MED._____ 36
				   (SPECIFY)
				
				OTHER_____ 96
				   (SPECIFY)
				(SKIP TO 444) ◄─┘

436A	Did you pay anything for the delivery, either in cash or in goods or gifts?	CASH 1
		GOODS/SERVICES 2
		  (SKIP TO 437) ◄─
		PAID NOTHING/FREE 3
			CASH 1
			GOODS/SERVICES 2
			  (SKIP TO 437) ◄─
			PAID NOTHING/FREE 3
				CASH 1
				GOODS/SERVICES 2
				  (SKIP TO 437) ◄─
				PAID NOTHING/FREE 3

436B	Altogether how much did you pay for the delivery, including examinations, laboratory tests, medicines, and staff fees?	COST IN NAM DOLLAR ☐☐☐☐☐	COST IN NAM DOLLAR ☐☐☐☐☐	COST IN NAM DOLLAR ☐☐☐☐☐
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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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┤ OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21┤ OTHER_____96┘ (SPECIFY) (SKIP TO 453) ◄—┘		
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES . . . . 1 (SKIP TO 445)◄——┘ NO . . . . 2 (SKIP TO 453)◄——┘	YES . . . . 1 (SKIP TO 455)◄—┤ NO 2	YES . . . . 1 (SKIP TO 455)◄—┤ NO 2
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN .B TOO FAR/ NO TRANS- PORTATION . . . . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER 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		

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

446	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		
		OTHER_____ 96
		        (SPECIFY)		

447	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		  CENTER/CLINIC 22
		
		  OTHER PUBLIC
		  _____ 26
		      (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED._____ 36
		      (SPECIFY)
		
		OTHER_____ 96
		      (SPECIFY)		

448	CHECK 442:	YES NOT ASKED ☐ ☐ (SKIP TO 453)		
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ←—— DON'T KNOW 8		
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.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS 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
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		
		OTHER_____ 96
		      (SPECIFY)		

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

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, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		   YOUR HOME . . . 11
		   OTHER HOME . . . 12
		
		PUBLIC SECTOR
		   GOVT. HOSPITAL 21
		   GOVT. HEALTH
		   CENTER/CLINIC 22
		
		   OTHER PUBLIC
		   _____ 26
		      (SPECIFY)
		
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/
		     CLINIC 31
		   OTHER PRIVATE
		   MED._____ 36
		     (SPECIFY)
		
		OTHER_____ 96
		     (SPECIFY)		

453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW COMMON TYPES OF CAPSULES.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

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 <u>not</u> 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: IS RESPONDENT PREGNANT?	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 GLU- COSE WATER C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . I OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ↓ (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 468) ←┘ NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98

467	CHECK 404:
	
	IS CHILD LIVING?
		LIVING DEAD
		☐ ☐
		      (GO TO 467A)
		↓
		(SKIP TO 470)
			LIVING DEAD
			☐ ☐
			      (GO TO 467A)
			↓
			(SKIP TO 470)
				LIVING DEAD
				☐ ☐
				      (GO TO 467A)
				↓
				(SKIP TO 470)

467A	You said that (NAME) died. Where did he/she die, at home, in a hospital or a clinic?	AT HOME 1
		HOSPITAL/CLINIC . 2
		ON WAY TO A
		   HOSPITAL/CLINIC 3
		DON'T KNOW 8
		(SKIP TO 471) ←
			AT HOME 1
			HOSPITAL/CLINIC . 2
			ON WAY TO A
			   HOSPITAL/CLINIC 3
			DON'T KNOW 8
			(SKIP TO 471) ←
				AT HOME 1
				HOSPITAL/CLINIC . 2
				ON WAY TO A
				   HOSPITAL/CLINIC 3
				DON'T KNOW 8
				(SKIP TO 471) ←

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.

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 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).		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	LINE NUMBER FROM 212	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

503	FROM 212 AND 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?	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 508) ← NO CARD 3

505	Did you ever have a vaccination card for (NAME)?	YES .... 1 (SKIP TO 508) ← NO 2	YES .... 1 (SKIP TO 508) ← NO 2	YES .... 1 (SKIP TO 508) ← NO 2

506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		

		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
	BCG									
	POLIO 0 (POLIO GIVEN AT BIRTH)									
	Polio 1 + DPT 1									
	Polio 2 + DPT 2									
	Polio 3 + DPT 3									
	MEASLES									
	VITAMIN A (MOST RECENT)									
	VITAMIN A (2nd MOST RECENT)									

506A	CHECK 506:	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 510)	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 510)	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 510)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ⌐ (SKIP TO 510) ←⌐ NO . . . . 2 (SKIP TO 510) ←⌐ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ⌐ (SKIP TO 510) ←⌐ NO . . . . 2 (SKIP TO 510) ←⌐ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ⌐ (SKIP TO 510) ←⌐ NO . . . . 2 (SKIP TO 510) ←⌐ DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←⌐ DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ←⌐ DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509E	A 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 DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1
		NO . . . . 2⌐
		NO VACCINATION IN
		  THE LAST 2 YRS. 3⌐
		DON'T KNOW . . . 8 ⌐
		(SKIP TO 512) ←
			YES 1
			NO . . . . 2⌐
			NO VACCINATION IN
			  THE LAST 2 YRS. 3⌐
			DON'T KNOW . . . 8 ⌐
			(SKIP TO 512) ←
				YES 1
				NO . . . . 2⌐
				NO VACCINATION IN
				  THE LAST 2 YRS. 3⌐
				DON'T KNOW . . . 8 ⌐
				(SKIP TO 512) ←

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

511	At which national immunization day campaigns did (NAME) receive vaccinations?
	
	RECORD ALL CAMPAIGNS MENTIONED.
		POLIO/VIT. A
		  20-21 June, 2004 A
		POLIO/VIT. A
		  25-26 July, 2004 B
		POLIO/VIT. A
		  21-22 June, 2005 C
		POLIO/VIT. A
		  26-27 July, 2005 D
		POLIO
		  20-21 June, 2006 E
		POLIO
		  18-19 July, 2006 F
		POLIO/VIT. A
		  22-24 Aug., 2006 G
			POLIO/VIT. A
			  20-21 June, 2004 A
			POLIO/VIT. A
			  25-26 July, 2004 B
			POLIO/VIT. A
			  21-22 June, 2005 C
			POLIO/VIT. A
			  26-27 July, 2005 D
			POLIO
			  20-21 June, 2006 E
			POLIO
			  18-19 July, 2006 F
			POLIO/VIT. A
			  22-24 Aug., 2006 G
				POLIO/VIT. A
				  20-21 June, 2004 A
				POLIO/VIT. A
				  25-26 July, 2004 B
				POLIO/VIT. A
				  21-22 June, 2005 C
				POLIO/VIT. A
				  26-27 July, 2005 D
				POLIO
				  20-21 June, 2006 E
				POLIO
				  18-19 July, 2006 F
				POLIO/VIT. A
				  22-24 Aug., 2006 G

512	CHECK 506:
	
	DATE SHOWN FOR VITAMIN A DOSE
		DATE
		FOR OTHER
		MOST
		RECENT
		VITAMIN
		A DOSE
		
		     (SKIP TO
		     514)
			DATE
			FOR OTHER
			MOST
			RECENT
			VITAMIN
			A DOSE
			
			     (SKIP TO
			     514)
				DATE
				FOR OTHER
				MOST
				RECENT
				VITAMIN
				A DOSE
				
				     (SKIP TO
				     514)

513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD).
	Has (NAME) received another vitamin A dose since then?
	SHOW COMMON TYPES OF CAPSULES.
		YES 1
		  (SKIP TO 515)
		NO 2
		  (SKIP TO 516)
		DON'T KNOW 8
			YES 1
			  (SKIP TO 515)
			NO 2
			  (SKIP TO 516)
			DON'T KNOW 8
				YES 1
				  (SKIP TO 515)
				NO 2
				  (SKIP TO 516)
				DON'T KNOW 8

514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)?
	SHOW COMMON TYPES OF CAPSULES.
		YES 1
		NO 2
		  (SKIP TO 516)
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 516)
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 516)
				DON'T KNOW 8

515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/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 diarrhoea 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (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 diarrhoea, 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 diarrhoea 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, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL . A
		  GOVT HEALTH
		  CENTER/CLINIC . B
		  PHC (MOBILE) . C
		  COMM. HEALTH
		    WORKER .. D
		  OTHER PUBLIC
		  _____ E
		    (SPECIFY)
		PRIVATE MEDICAL
		SECTOR
		  PVT. HOSPITAL/
		    CLINIC .... F
		  PHARMACY ... G
		  PVT DOCTOR ... H
		  OTHER PRIVATE
		  MED. _____ I
		    (SPECIFY)
		OTHER SOURCE
		  SHOP .... J
		  TRADITIONAL
		    PRACTITIONER K
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL . A
			  GOVT HEALTH
			  CENTER/CLINIC . B
			  PHC (MOBILE) . C
			  COMM. HEALTH
			    WORKER .. D
			  OTHER PUBLIC
			  _____ E
			    (SPECIFY)
			PRIVATE MEDICAL
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC .... F
			  PHARMACY ... G
			  PVT DOCTOR ... H
			  OTHER PRIVATE
			  MED. _____ I
			    (SPECIFY)
			OTHER SOURCE
			  SHOP .... J
			  TRADITIONAL
			    PRACTITIONER K
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL . A
				  GOVT HEALTH
				  CENTER/CLINIC . B
				  PHC (MOBILE) . C
				  COMM. HEALTH
				    WORKER .. D
				  OTHER PUBLIC
				  _____ E
				    (SPECIFY)
				PRIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC .... F
				  PHARMACY ... G
				  PVT DOCTOR ... H
				  OTHER PRIVATE
				  MED. _____ I
				    (SPECIFY)
				OTHER SOURCE
				  SHOP .... J
				  TRADITIONAL
				    PRACTITIONER K
				
				OTHER _____ X
				    (SPECIFY)

524	CHECK 523:	TWO OR ONLY
		[ ] MORE ONE [ ]
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 526) ◄—
			TWO OR ONLY
			[ ] MORE ONE [ ]
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 526) ◄—
				TWO OR ONLY
				[ ] MORE ONE [ ]
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 526) ◄—

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
527	Does (NAME) still have diarrhoea?	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 diarrhoea: a) A fluid made from a special packet called ORS? b) Salt-sugar solution (SSS)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)
528A	Did you already have the ORS at home when the child became ill?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
529	Was anything (else) given to treat the diarrhoea?	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 diarrhoea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  ANTIMOTILITY . B
		  OTHER (NOT ANTI-
		  BIOTIC OR ANTI-
		  MOTILITY . . . C
		  UNKNOWN PILL
		  OR SYRUP . . . D
		
		INJECTION
		  ANTIBIOTIC . . . . . E
		  NON-ANTIBIOTIC . F
		  UNKNOWN
		  INJECTION . . . G
		
		(IV) INTRAVENOUS . H
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE I
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . A
			  ANTIMOTILITY . B
			  OTHER (NOT ANTI-
			  BIOTIC OR ANTI-
			  MOTILITY . . . C
			  UNKNOWN PILL
			  OR SYRUP . . . D
			
			INJECTION
			  ANTIBIOTIC . . . . . E
			  NON-ANTIBIOTIC . F
			  UNKNOWN
			  INJECTION . . . G
			
			(IV) INTRAVENOUS . H
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE I
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . A
				  ANTIMOTILITY . B
				  OTHER (NOT ANTI-
				  BIOTIC OR ANTI-
				  MOTILITY . . . C
				  UNKNOWN PILL
				  OR SYRUP . . . D
				
				INJECTION
				  ANTIBIOTIC . . . . . E
				  NON-ANTIBIOTIC . F
				  UNKNOWN
				  INJECTION . . . G
				
				(IV) INTRAVENOUS . H
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE I
				
				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 TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 545)◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 545)◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 545)◄──┘
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC ___ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. ___ I (SPECIFY) OTHER SOURCE SHOP . . . . J TRADITIONAL HEALER . . . . . K OTHER ___ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC ___ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. ___ I (SPECIFY) OTHER SOURCE SHOP . . . . J TRADITIONAL HEALER . . . . . K OTHER ___ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC ___ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. ___ I (SPECIFY) OTHER SOURCE SHOP . . . . J TRADITIONAL HEALER . . . . . K OTHER ___ X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED □ ONLY ONE CODE CIRCLED □ ↓ (SKIP TO 544)◄	TWO OR MORE CODES CIRCLED □ ONLY ONE CODE CIRCLED □ ↓ (SKIP TO 544)◄	TWO OR MORE CODES CIRCLED □ ONLY ONE CODE 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . B ARTEMETHER- LUMEFANTRINE . C OTHER ANTI- MALARIAL _____ D (SPECIFY) PILL/SYRUP . . . E INJECTION . . . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . B ARTEMETHER- LUMEFANTRINE . C OTHER ANTI- MALARIAL _____ D (SPECIFY) PILL/SYRUP . E INJECTION . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . B ARTEMETHER- LUMEFANTRINE . C OTHER ANTI- MALARIAL _____ D (SPECIFY) PILL/SYRUP . E INJECTION . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
548		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 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐		→ 576
574	The last time (NAME OF YOUNGEST CHILD) 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)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD ☐ ANY CHILD ☐ RECEIVED FLUID RECEIVED FLUID FROM ORS PACKET FROM ORS PACKET		→ 577
576	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES . . . . 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD ☐ DOES NOT HAVE ANY CHILDREN ☐ BORN IN 2003 OR LATER BORN IN 2003 OR LATER AND LIVING WITH HER AND LIVING WITH HER 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/eat): Plain water? Commercially produced infant formula? Cerelac or other commercially fortified baby food? Any (other) porridge or gruel?	YES NO DK PLAIN WATER . . . . 1 2 8 FORMULA . . . . 1 2 8 BABY CEREAL . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES							SKIP
			CHILD			MOTHER			
			YES	NO	DK	YES	NO	DK	
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.								
	Did (NAME FROM 577)/you drink (eat):								
	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	
	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, manioc, cassava, or any other foods made from roots?	f	1	2	8	1	2	8	
	g) Any dark green, leafy vegetables, such as spinach, kale?	g	1	2	8	1	2	8	
	h) Ripe mangoes or papayas?	h	1	2	8	1	2	8	
	i) Any other fruits or vegetables, such as orange, avocado, apple, pear, or banana?	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	

NO.			SKIP
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED WITH CERTIFICATE .... 1 YES, MARRIED BY CUSTOM ...... 2 YES, LIVING WITH A MAN .... 3 NO, NOT IN UNION 4	→ 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	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED ☐ ———————— NOT ASKED OR CURRENTLY DIVORCED/SEPARATED ☐ ———		→ 613 → 615
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED ☐ NOT ASKED ☐ CURRENTLY DIVORCED/ SEPARATED ☐		→ 613 → 615
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD .... 1 DIVORCE .... 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go to?	RESPONDENT .... 1 OTHER WIFE .... 2 SPOUSE'S CHILDREN .... 3 SPOUSE'S FAMILY .... 4 OTHER _____ 6 (SPECIFY) NO PROPERTY 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE 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
619	CHECK 107: 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: 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

		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. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. ⟶ SKIP TO 628			
627	When was the last time you had sexual intercourse with this 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 person with whom you had sexual intercourse?
	
	IF BOYFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		HUSBAND 1
		(SKIP TO 636)◄┐
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		   RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . . 4
		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

		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 . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 98	
641	Do you know of a place where a person can get 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, HEALTH 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/
		  CLINIC . . . . B
		  PHC CLINIC (MOBILE) C
		  COMM. HEALTH
		    WORKER . . . . D
		  OTHER PUBLIC _____ E
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . F
		  PHARMACY . . . . G
		  PRIVATE DOCTOR . . . . H
		  OTHER PRIVATE
		    MEDICAL_____ I
		               (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . J
		  CHURCH . . . . K
		  FRIENDS/RELATIVES L
		  TRAD. BIRTH ATTENDANT . . . . M
		  TRAD. HEALER . . . . N
		  OTHER _____ X
		            (SPECIFY)	

643	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 701

645	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GVT. HOSPITAL . . . . A
		  GOVT. HEALTH CENTER/
		  CLINIC . . . . B
		  PHC CLINIC (MOBILE) C
		  COMM. HEALTH
		    WORKER . . . . D
		  OTHER PUBLIC _____ E
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . F
		  PHARMACY . . . . G
		  PRIVATE DOCTOR . . . . H
		  OTHER PRIVATE
		    MEDICAL_____ I
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . J
		  CHURCH/SCHOOL . . . . K
		  FRIENDS/RELATIVES L
		  TRAD. BIRTH ATTENDANT . . . . M
		  TRAD. HEALER . . . . N
		  OTHER _____ X
		        (SPECIFY)	

646	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

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:
	
	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. 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? Can you tell me why you are not using a method?
	
	Any other reason? 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	

708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ⬒ NO, NOT CURRENTLY USING ⬒ YES, CURRENTLY USING ⬓		→ 713
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 DON'T KNOW 8	→ 711 → 713
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 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		  INFREQUENT SEX/NO SEX . . . 22
		  MENOPAUSAL/HYSTERECTOMY 23
		  SUBFECUND/INFECUND 24
		  WANTS AS MANY CHILDREN AS
		     POSSIBLE 26
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED 31
		  HUSBAND/PARTNER OPPOSED 32
		  OTHERS OPPOSED 33
		  RELIGIOUS PROHIBITION 34
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD 41
		  KNOWS NO SOURCE 42
		
		METHOD-RELATED REASONS
		  HEALTH CONCERNS 51
		  FEAR OF SIDE EFFECTS 52
		  LACK OF ACCESS/TOO FAR . . . 53
		  COSTS TOO MUCH 54
		  INCONVENIENT TO USE 55
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES 56
		
		OTHER _____ 96
		     (SPECIFY)
		DON'T KNOW 98
			→ 713

712	Would you ever use a contraceptive method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ 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: Heard about family planning on the radio? Seen about family planning on the television? 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, YES, NO, CURRENTLY LIVING NOT IN MARRIED WITH A MAN UNION		→ 801
718	CHECK 311/311A: CODE B, G, OR L 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 HE OR SHE STERILIZED 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 FORMERLY MARRIED/ MARRIED/ LIVING WITH LIVED WITH NEVER MARRIED A MAN A MAN 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: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER . . . . 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ FORMERLY MARRIED/ LIVING WITH A MAN LIVED WITH A MAN What is your husband's/partner's What was your (last) husband's/ occupation? partner's occupation? That is, what kind of work does That is, what kind of work did he he mainly do? 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 DOES NOT WORK AGRICULTURE 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 on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 822

820	Who usually decides how the money that you earn 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
		OTHER _____ 6
		        (SPECIFY)	

821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	→ 823

822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		  HUSBAND/PARTNER JOINTLY . . . 3
		HUSBAND/PARTNER HAS
		  NO EARNINGS 4
		OTHER _____ 6
		        (SPECIFY)	

823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. 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:
	
	    If she goes out without telling him?
	    If she neglects the children?
	    If she argues with him?
	    If she refuses to have sex with him?
	    If she burns the food?
		YES NO DK
		
		GOES OUT 1 2 8
		NEGL. CHILDREN . . . 1 2 8
		ARGUES 1 2 8
		REFUSES SEX 1 2 8
		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 HIV/AIDS?	YES . . . . 1 NO 2	→ 942
902	Can people reduce their chance of getting HIV/AIDS 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 HIV/AIDS from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV/AIDS by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get HIV/AIDS 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 HIV/AIDS by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Can people get HIV/AIDS because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have HIV/AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

910	CHECK 909:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 912

911	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV/AIDS 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) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

913	CHECK 208 AND 215: NO BIRTHS ☐
	
	    LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐
	    JANUARY 2003 ↓ JANUARY 2003
			→ 922
			
			→ 922

914	CHECK 407 FOR LAST BIRTH:
	    HAD NO
	    ANTENATAL ☐ ANTENATAL ☐
	    CARE ↓ CARE
			→ 922

914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting HIV/AIDS from their mother? Things that you can do to prevent getting HIV/AIDS? Getting tested for HIV/AIDS?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
916	Were you offered a test for HIV/AIDS as part of your antenatal care?	YES . . . . 1 NO 2	
917	I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	YES . . . . 1 NO 2	→ 922

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

919	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER/CLINIC 12
		   STAND-ALONE VCT CENTER .. 13
		   FAMILY PLANNING CLINIC. 14
		   PHC CLINIC (MOBILE) 15
		   COMM. HEALTH
		      WORKER 16
		   OTHER PUBLIC _____ 17
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		      PRIVATE DOCTOR 21
		   STAND-ALONE VCT CENTER . . . 22
		   PHARMACY. 23
		   OTHER PRIVATE
		      MEDICAL_____ 26
		             (SPECIFY)
		
		OTHER _____ 96
		         (SPECIFY)	

920	Have you been tested for HIV/AIDS since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 923
921	When was the last time you were tested for HIV/AIDS?	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 HIV/AIDS?	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	

926	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   STAND-ALONE VCT CENTER .. 13
		   FAMILY PLANNING CLINIC. 14
		   PHC CLINIC (MOBILE) 15
		   COMM. HEALTH
		      WORKER 16
		   OTHER PUBLIC _____ 17
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		      PRIVATE DOCTOR 21
		   STAND-ALONE VCT CENTER . . . 22
		   PHARMACY. 23
		   OTHER PRIVATE
		      MEDICAL_____ 26
		             (SPECIFY)
		
		OTHER _____ 96
		         (SPECIFY)
			→ 929

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	Do you know of a place where people can go to get tested for HIV/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, HEALTH CENTER 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/CLINIC . . . B
		  STAND-ALONE VCT CENTER C
		  FAMILY PLANNING CLINIC . . . . D
		  PHC CLINIC (MOBILE) . . . . E
		  COMM. HEALTH
		    WORKER . . . . F
		  OTHER PUBLIC _____ G
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR . . . . H
		  STAND-ALONE VCT CENTER I
		  PHARMACY . . . . J
		  OTHER PRIVATE
		    MEDICAL_____ K
		           (SPECIFY)
		
		OTHER _____ X
		        (SPECIFY)	

929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
930	If a member of your family got infected with HIV/AIDS, 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 HIV/AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
932	In your opinion, if a female teacher has HIV/AIDS 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 HIV/AIDS?	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 HIV/AIDS?	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 HIV/AIDS?	YES . . . . 1 NO 2	

936	CHECK 933, 934, AND 935:
	  NOT A SINGLE ☐ AT LEAST ☐
	       YES' ↓ ONE 'YES'
			→ 938

937	Do you personally know someone who has or is suspected to have HIV/AIDS?	YES . . . . 1 NO 2	
938	Do you agree or disagree with the following statement: People with HIV/AIDS 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 HIV/AIDS should be blamed for bringing the disease into the community.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
940	Should children age 12-14 be taught about using a condom to avoid getting HIV/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 HIV/AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
941A	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention through abstinence?	YES . . . . 1 NO 2	→ 941C
940B	Where did you see or hear the message about abstinence? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER . . . . C COMMUNITY MEETINGS . . . . D POSTER/BILLBOARD . . . . E MOBILE CAMPAIGNS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
941C	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by being faithful to one partner?	YES . . . . 1 NO 2	→ 941E
941D	Where did you see or hear the message about being faithful to one partner? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER . . . . C COMMUNITY MEETINGS . . . . D POSTER/BILLBOARD . . . . E MOBILE CAMPAIGNS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
941E	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by using the condoms?	YES . . . . 1 NO 2	→ 941G
941F	Where did you see or hear the message about using condoms? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER . . . . C COMMUNITY MEETINGS . . . . D POSTER/BILLBOARD . . . . E MOBILE CAMPAIGNS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
941G	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by abstinence?	YES . . . . 1 NO 2	
941H	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by being faithful to one partner?	YES . . . . 1 NO 2	
941I	In the past six months were you visited by a community health worker who talked to you about using condoms to prevent HIV/AIDS?	YES . . . . 1 NO 2	

941J	In the past six months, have you ever seen or heard the following radio or television programs?
	
	On television:
	Cool Ryder?
	Boxing mosquitoes?
	Eros and Tohanatos?
	Love and cry?
	
	On the radio:
	Brother Sholo and Mosquito bites?
	
	No means no and //uuce regrets?
		YES NO
		
		COOL RYDER 1 2
		BOXING MOSQUITOES . . . 1 2
		EROS AND TOHANATOS 1 2
		LOVE AND CRY 1 2
		
		BROTHER SHOLO AND
		  MOSQUITO BITES 1 2
		NO MEANS NO AND
		  //UUCE REGRETS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

941K	Have you ever seen or heard the following materials on HIV/AIDS:
	
	OYO magazine?
	Sense posters?
	Smile posters?
	A leaflet on "Twelve steps to living positively with HIV"?
	A leaflet on "Not everyone is having sex"?
	
	A leaflet on "Kauna's birthday wish"?
	
	Billboards on "Hope and healing for the hurting"?
		YES NO
		OYO MAGAZINE 1 2
		SENSE POSTERS 1 2
		SMILE POSTERS 1 2
		12 STEPS 1 2
		NOT EVERYONE
		   IS HAVING SEX 1 2
		KAUNA'S BIRTHDAY
		   WISH 1 2
		HOPE AND HEALING
		   FOR THE HURTING 1 2	

942	CHECK 901: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV/AIDS HIV/AIDS Apart from HIV/AIDS, Have you heard about infections have you heard about other that can be transmitted through infections that can be sexual contact? transmitted through 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	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

950	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  GOVT. HEALTH CENTER/CLINIC ... B
		  STAND-ALONE VCT CENTER C
		  FAMILY PLANNING CLINIC. . . . . . . D
		  PHC CLINIC (MOBILE) . . . . E
		  COMM. HEALTH
		    WORKER . . . . F
		  OTHER PUBLIC _____ G
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR . . . . H
		  STAND-ALONE VCT CENTER I
		  PHARMACY. . . . . J
		  OTHER PRIVATE
		    MEDICAL_____ K
		       (SPECIFY)
		
		OTHER _____ L
		       (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . M
		  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 women other than his wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

955	CHECK 601:
	    CURRENTLY MARRIED/ ☐
	    LIVING WITH A PARTNER ↓ NOT IN UNION ☐
			→ 958

956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE. 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
1005	Have you ever heard of an illness called malaria?	YES . . . . 1 NO 2	→ 1013
1005A	What are the signs of malaria? PROBE: Any other signs? RECORD ALL MENTIONED.	HEADACHE . . . . A CHILLS . . . . B HIGH TEMPERATURE . . . . C BODY PAIN . . . . D LOSS OF ENERGY . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . Z	

1006	What causes malaria?
	
	PROBE: Any other causes?
	
	RECORD ALL MENTIONED.
		MOSQUITO BITES . . . . A
		RAIN . . . . B
		UNHIGIENIC ENVIRONMENT C
		SLEEPING WITH SOMEONE
		  WITH MALARIA . . . . D
		OTHER _____ X
		            SPECIFY
		DON'T KNOW . . . . Z	

1007	What would you do if you suspected that you have malaria?	NOTHING 1
		GO TO A HEALTH FACILITY/
		  HEALTH PERSONNEL 2
		GO TO A TRADITIONAL HEALER . . . 3
		OTHER _____ 6
		            SPECIFY
		DON'T KNOW 8
			→ 1013

1008	What do you do to prevent getting malaria? Anything else? RECORD ALL MENTIONED.	HAVE THE HOUSE SPRAYED . . . . A USE REPELLENTS . . . . B USE MOSQUITO NETS . . . . C USE MOSQUITO COILS . . . . D BURN LEAVES . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 1017
1014	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	→ 1017

1015	The last time you had an injection given to you by a health worker, where did you go to get the injection?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/CLINIC ... 12
		  PHC (MOBILE) 13
		  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)
		OTHER PLACE
		  AT HOME 31
		
		  OTHER _____ 36
		        (SPECIFY)	

1016	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	
1017	Do you currently smoke any type of tobacco?	YES, CIGARETTES . . . . 1 YES, PIPE . . . . 2 YES, CHEWING TOBACCO . . . . 3 YES, SNUFF . . . . 4 NO 5	→ 1019
1018	In the last 24 hours, how many cigarettes, including rolled cigarettes did you smoke?	CIGARETTES . . . . [ ][ ]	
1019	Have you ever drunk an alcohol-containing beverage?	YES . . . . 1 NO 2	→ 1023
1020	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS . . . . [ ][ ] NONE/NEVER 95	
1021	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES . . . . 1 NO 2	→ 1023
1022	In the last month, how many times did you get drunk?	NUMBER OF DAYS . . . . [ ][ ] NONE/NEVER 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	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?		
			BIG PROB- LEM	NOT A BIG PROB- LEM	
	Getting permission to go?	PERMISSION TO GO . . . 1	2	
	Getting money needed for treatment?	GETTING MONEY 1	2	
	The distance to the health facility?	DISTANCE 1	2	
	Having to take transport?	TAKING TRANSPORT . . . 1	2	
	Not wanting to go alone?	GO ALONE 1	2	
	Concern that there may not be a female health provider?	NO FEMALE PROV . . . 1	2	
	Concern that there may not be any health provider?	NO PROVIDER . . . 1	2	
	Concern that there may be no drugs available?	NO DRUGS . . . 1	2	
1024	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1026
1025	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . B SOCIAL SECURITY . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____X (SPECIFY)	
1026	CHECK 217: (YOUNGEST) CHILD ☐ OTHER ☐ _____ IS AGE 0-17		→ 1101
1027	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . 1 NO . . . . 2 UNSURE 8	
1028	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . 1 NO 2	→ 1101
1029	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to?	NUMBER OF BIRTHS TO NATURAL MOTHER .... ☐☐	
1102	CHECK 1101: ☐ TWO OR MORE BIRTHS ↓	ONLY ONE BIRTH ☐ (RESPONDENT ONLY) ——————→	1115
1103	How many of these births did your mother have before you were born? DRAW AN ARROW AFTER THE RESPONDENT'S NEXT OLDER SIBLING. EXCLUDE THE RESPONDENT FROM 1104.	NUMBER OF PRECEDING BIRTHS .... ☐☐	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

NO.	QUESTIONS AND FILTERS	(7)	(8)	(9)	(10)	(11)	(12)	SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (8) ◄	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (9) ◄	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (10) ◄	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (11) ◄	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (12) ◄	YES . . . 1 NO . . . 2 GO TO 1108 ◄ DK . . . 8 GO TO (13) ◄	
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)	
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1113 ◄ NO . . . 2	YES . . . 1 GO TO 1213 ◄ NO . . . 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	CHECK QS. 1110, 1111 AND 1112 FOR ALL SISTERS ☐ ANY YES ALL NO ☐ ──────────────────► END OR BLANK Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, END INTERVIEW. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.		
1115	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

<u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>
B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

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   RHYTHM METHOD
L   WITHDRAWAL
X   OTHER _____
(SPECIFY)

Year	Mo	Month	No	Box	Year
2	03	MAR	01		2
0	02	FEB	02		0
0	01	JAN	03		0
7					7
	12	DEC	04		
	11	NOV	05		
	10	OCT	06		
	09	SEP	07		
2	08	AUG	08		2
0	07	JUL	09		0
0	06	JUN	10		0
6	05	MAY	11		6
	04	APR	12		
	03	MAR	13		
	02	FEB	14		
	01	JAN	15		
	12	DEC	16		
	11	NOV	17		
	10	OCT	18		
	09	SEP	19		
2	08	AUG	20		2
0	07	JUL	21		0
0	06	JUN	22		0
5	05	MAY	23		5
	04	APR	24		
	03	MAR	25		
	02	FEB	26		
	01	JAN	27		
	12	DEC	28		
	11	NOV	29		
	10	OCT	30		
	09	SEP	31		
2	08	AUG	32		2
0	07	JUL	33		0
0	06	JUN	34		0
4	05	MAY	35		4
	04	APR	36		
	03	MAR	37		
	02	FEB	38		
	01	JAN	39		
	12	DEC	40		
	11	NOV	41		
	10	OCT	42		
	09	SEP	43		
2	08	AUG	44		2
0	07	JUL	45		0
0	06	JUN	46		0
3	05	MAY	47		3
	04	APR	48		
	03	MAR	49		
	02	FEB	50		
	01	JAN	51		
	12	DEC	52		
	11	NOV	53		
	10	OCT	54		
	09	SEP	55		
2	08	AUG	56		2
0	07	JUL	57		0
0	06	JUN	58		0
2	05	MAY	59		2
	04	APR	60		
	03	MAR	61		
	02	FEB	62		
	01	JAN	63		
	12	DEC	64		
	11	NOV	65		
	10	OCT	66		
	09	SEP	67		
2	08	AUG	68		2
0	07	JUL	69		0
0	06	JUN	70		0
1	05	MAY	71		1
	04	APR	72		
	03	MAR	73		
	02	FEB	74		
	01	JAN	75		