2017 TAJIKISTAN DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

STATISTICAL AGENCY UNDER PRESIDENT OF THE REPUBLIC OF TAJIKISTAN
MINISTRY OF HEALTH AND SOCIAL PROTECTION OF POPULATION

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . ☐☐

NAME AND LINE NUMBER OF WOMAN _____ ☐

CHECK Q53 IN THE HOUSEHOLD QUESTIONNAIRE: WAS THIS WOMEN CHOSEN FOR DV MODULE? (1=YES, 2=NO) . . ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	☐☐
				MONTH	☐☐
				YEAR	☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	☐☐☐
RESULT*	_____	_____	_____	RESULT*	☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	☐
TIME	_____	_____			

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

LANGUAGE OF QUESTIONNAIRE** **0** **0**   LANGUAGE OF INTERVIEW** ☐☐   NATIVE LANGUAGE OF RESPONDENT** ☐☐   TRANSLATOR USED (YES = 1, NO = 2) ☐

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** _____   **LANGUAGE CODES
                                                     00 ENGLISH   02 TAJIK
                                                     01 RUSSIAN   03 OTHER

SUPERVISOR		OFFICE EDITOR	KEYED BY
_____ ☐☐☐		☐☐	☐☐
NAME NUMBER		NUMBER	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Statistical Agency under President of the Republic of Tajikistan. We are conducting a survey about health and other topics all over Tajikistan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
101A	During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and blood vessels in the brain. The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or not to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Would you allow me to proceed to take your blood pressure measurement at this time? CIRCLE THE CODE AND SIGN YOUR NAME.	AGREED . . . . 1 _____ (SIGN) REFUSED . . . . 2 THEN SKIP TO 102	
101B	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or excersises that made you breathe much harder or somewhat harder than normal?		YES	NO	DON'T NOW
a) EATEN	1	2	8
b) CAFFEINATED DRINK . .	1	2	8
c) SMOKED	1	2	8
d) EXERCISES	1	2	8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	Now I begin the process of measuring your blood pressure. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN HE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ☐☐	
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	**MODEL 767** SMALL: 16 CM – 23 CM . . . . 1 MEDIUM: 24 CM – 35 CM . . . . 2 LARGE: 36 CM – 41 CM . . . . 3 **MODEL 789** EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.THEN PROCEED TO Q102. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE MEASURED** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ TECHNICAL PROBLEMS . . . . '995 OTHER _____ '996 SPECIFY	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	→105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY . . . . 1 TOWN . . . . 2 RURAL AREA 3	
104	Before you moved here, which region or oblast did you live in?	DUSHANBE . . . . 01 GBAO . . . . 02 SUGHD . . . . 03 DRS . . . . 04 KHATLON . . . . 05 OUTSIDE OF TAJIKISTAN 96	
105	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
107	Have you ever attended school?	YES . . . . 1 NO 2	→111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: general education school, professional primary (uchiliche), professional middle (teknikum, college), higher, or postgraduate?	GENERAL EDUCATION SCHOOL . . . . 1 PROFESSIONAL PRIMARY . . . . 2 PROFESSIONAL MIDDLE . . . . 3 HIGHER . . . . 4 POST-GRADUATE 5	
109	What is the highest [CLASS/YEAR/COURSE] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR/COURSE . . . . ☐☐	
109A	What is the total number of years of schooling you had? Please provide total number of completed years of education, including in general school plus in any other educational insitition. IF COMPLETED LESS THAN ONE YEAR, RECORD '00'.	TOTAL YEARS . . . . ☐☐	
109B	CHECK 108: CODE '1', '2' ☐ CODE '4' ☐ OR '3' OR '5' CIRCLED ↓ CIRCLED		→ 110
109C	Do you have an attestat for completing general school?	YES . . . . 1 NO 2	
109D	CHECK 108: PROFESSIONAL PRIMARY CODE '2' OR PROFESSIONAL MIDDLE CODE '3' CIRCLED? YES, CODE '2' OR '3' ☐ OTHER ☐ CIRCLED ↓		→ 110
109E	How many classes you completed in general school before you were enrolled in uchilishe, college or technikum?	CLASS . . . . ☐☐	
110	CHECK 108: GENERAL ☐ HIGHER ☐ SCHOOL ↓		→ 113

111	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 PART OF
		    THE SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		    LANGUAGE 4
		               (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

112	CHECK 111: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4' CIRCLED CIRCLED ↓		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Do you own a mobile telephone?	YES .... 1 NO 2	➤ 118
117	Do you use your mobile phone for any financial transactions?	YES .... 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES .... 1 NO 2	
119	Have you ever used the internet?	YES .... 1 NO 2	➤ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES .... 1 NO 2	➤ 122
121	During the last one month, how often did you use the internet: 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	
122	In the past 3 years, have you worked abroad for three or more months at a time?	YES .... 1 NO 2	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES .... ☐☐ NONE 00	➤ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES .... 1 NO 2	

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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . ▯▯ b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . ▯▯ b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . ▯▯ b) GIRLS DEAD . . . . ▯▯	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . . . ▯▯	

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.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209A	Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended by a stillbirth, a miscarriage, or an induced abortion. I will now ask you about each of them separately. How many stillbirths have you had, including an early fetal death (5-6 months pregnancy) or a late fetal death (7 or more months pregnancy)? IF NONE, RECORD '00'.	TOTAL STILLBIRTHS . . . . ☐☐	
209B	How many miscarriages have you had, incuding due to an ectopic pregnancy? IF NONE, RECORD '00'.	TOTAL MISCARRIAGES . . . . ☐☐	
209C	In total how many the induced abortions have you had? PROBE: Please include all of the induced abortions you had in your lifetime conducted at a health facility by any method at any stage of the pregnancy, including mini-abortions and vacuum-aspirations, or by using medicines or herbs conducted at home or somewhere else by yourself or with the help of a medical specialist or anybody else. IF NONE, RECORD '00'.	TOTAL ABORTIONS . . . . ☐☐	
209D	SUM ANSWERS TO 208, 209A, 209B, AND 209C, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS, STILLBIRTHS, MISCARRIEGES AND ABORTIONS ☐☐	
210	CHECK 209D: ONE OR MORE ☐ NO PREGNANCIES ☐ PREGNANCIES ↓		→ 226

SECTION 2. REPRODUCTION

211 Now I would like to talk about each of your pregnancies, including those which ended in a live birth, a stillbirth, a miscarriage, and an induced abortion. Starting with the first pregnancy, please tell me the following information.

RECORD ALL THE PREGNANCIES IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	215A	216	217	218	219 IF ALIVE:	220 IF ALIVE	221 IF ALIVE:	221A IF DEAD:	221B IF DEAD:	221C IF ABORTION:
Did your (first/next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or multiple pregnancy?	On what day, month, and year (this child was born/ did this pregnancy end)?	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	CHECK 212 RECORD SAME RESPONSE	What name was given to this child? RECORD NAME. WRITE 'BABY1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO THE CHILD	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	What was the main reason you decided to have this abortion? 1 = HER HEALTH 2 =BIRTH DEFECTS 3 = SEX SELECTION 4 =POVERTY 5 = UNWANTED CHILD 6=UNMARRIED 7= OTHER 8=DON'T REMEMBER
PREGNANCY HISTORY NUMBER.													
01 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐ ☐☐	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 (NEXT PREG.) ABORTION... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (NEXT PREGNANCY)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	☐ (NEXT PREGNANCY)	☐ (NEXT PREGNANCY)
02 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐ ☐☐	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 (NEXT PREG.) ABORTION... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (NEXT PREGNANCY)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	☐ (NEXT PREGNANCY)	☐ (NEXT PREGNANCY)
03 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐ ☐☐	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 (NEXT PREG.) ABORTION... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (NEXT PREGNANCY)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	☐ (NEXT PREGNANCY)	☐ (NEXT PREGNANCY)

212	213	214	215	215A	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:	221A IF DEAD:	221B IF DEAD:	221C IF ABORTION:
Did your (first/ next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or mul-tiple preg-nancy?	On what day, month, and year was (this child born/ did this pregnancy end)?	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	CHECK 212 RECORD SAME RESPONSE	What name was given to this child? RECORD NAME. WRITE 'BABY1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO THE CHILD	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMP-LETED 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTI-FICATE 2 = REGISTE-RED 3 = NEITHER 8 = DON'T KNOW	What was the main reason you decided to have this abortion? 1 = HER HEALTH 2 = BIRTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWAN-TED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
PREGNANCY HISTORY NUMBER.													
04 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH… 1 STILLBIRTH…2 MISCARRIAGE 3 (NEXT PREG.) ABORTION… 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS [ ][ ]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] (NEXT PREGNANCY)	DAYS 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	[ ] (NEXT PREG-NANCY)	[ ] (NEXT PREG-NANCY)
05 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH… 1 STILLBIRTH…2 MISCARRIAGE 3 (NEXT PREG.) ABORTION… 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS [ ][ ]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] (NEXT PREGNANCY)	DAYS 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	[ ] (NEXT PREG-NANCY)	[ ] (NEXT PREG-NANCY)
06 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES 1 (ADD PRGN) NO 2 (NEXTP RGN)	LIVE BIRTH… 1 STILLBIRTH…2 MISCARRIAGE 3 (NEXT PREG.) ABORTION… 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS [ ][ ]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] (NEXT PREGNANCY)	DAYS 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	[ ] (NEXT PREG-NANCY)	[ ] (NEXT PREG-NANCY)

212	213	214	215	215A	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:	221A IF DEAD:	221B IF DEAD:	221C IF ABORTION:
Did your (first/next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or mul-tiple preg-nancy?	On what day, month, and year was (this child born/ did this pregnancy end)?	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	CHECK 212 RECORD SAME RESPONSE	What name was given to this child? RECORD NAME. WRITE 'BABY1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO THE CHILD	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	What was the main reason you decided to have this abortion? 1 = HER HEALTH 2 = BIRTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
PREGNANCY HISTORY NUMBER.													
07 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY / MONTH / YEAR	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREG.) ABORTION.... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREGNANCY)	DAYS 1 MONTHS 2 YEARS 3	(NEXT PREG-NANCY)	(NEXT PREG-NANCY)
08 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY / MONTH / YEAR	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREG.) ABORTION.... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREGNANCY)	DAYS 1 MONTHS 2 YEARS 3	(NEXT PREG-NANCY)	(NEXT PREG-NANCY)
09 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY / MONTH / YEAR	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREG.) ABORTION.... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREGNANCY)	DAYS 1 MONTHS 2 YEARS 3	(NEXT PREG-NANCY)	(NEXT PREG-NANCY)
10 LIVE BIRTH... 1 STILLBIRTH...2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MULT 2	DAY / MONTH / YEAR	YES 1 (ADD PRGN) NO 2 (NEXT PRGN)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREG.) ABORTION.... 4 (GO TO 221C)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREGNANCY)	DAYS 1 MONTHS 2 YEARS 3	(NEXT PREG-NANCY)	(NEXT PREG-NANCY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancies that ended since (NAME OF LAST LIVE BIRTH)/the stillbirth/the miscarriage/the abortion?	YES . . . . 1 (RECORD PREGNANCY(S) THAT ENDED IN TABLE) NO 2	
223	RECORD AND COMPARE NUMBER OF PREGNANCIES RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES COMPARE 209D WITH NUMBER OF LIVE BIRTHS, STILLBIRTHS,MISCARRIES AND INDICED ABORTIONS IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) COMPARE 208 WITH NUMBER OF LIVE BIRTHS IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) COMPARE 209A WITH NUMBER OF STILLBIRTHS IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) COMPARE 209B WITH NUMBER OF MISCARRIAGES IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE) COMPARE 209C WITH NUMBER OF ABORTIONS IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)		
224	CHECK 214: ENTER THE NUMBER OF LIVE BIRTHS IN 2012-2017	NUMBER OF LIVE BIRTHS . . . . NONE 0	
225	CHECK 212 AND 214 **C** FOR EACH BIRTH IN 2012-2017, 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 COMPLETED 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.) FOR EACH PREGNANCY IN 2012-2017 THAT DID NOT END IN A LIVE BIRTH (STILLBIRTH, MISCARRIAGE OR ABORTION), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 239
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 239
229	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER . . . . 1 NO MORE/NONE 2	
239	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	
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 242
241	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	
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 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. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2
05	Implants. PROBE: Women can have one or more 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
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . 1 NO 2
12	Rhythm (or the Calendar) Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO . . . . Y

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H EMERGENCY CONTRACEPTION . . . . I LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM/CALENDAR METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 307 → 309 → 309 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON . . . . 01 RIGEVIDON . . . . 02 MICROLUT . . . . 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

307	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL 11
		MATERNITY HOME 12
		HEALTH CENTER URBAN/ HEALTH CENTER
		    RURAL/FORMERLY POLYCLINIC 13
		REPRODUCTIVE HEALTH CENTER 14
		HEALTH HOUSE 15
		INTEGRATED MANAGEMENT OF CHILDHOOD
		    ILLNESS CENTER 17
		IMMUNIPROPHYLAXIS CENTER 18
		AIDS CENTER 19
		HEALTHY LIFESTYLE CENTER 20
		FAMILY MEDICINE CENTER 21
		DISPENSARY 22
		OTHER PUBLIC SECTOR
		
		_____ 26
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC 31
		PRIVATE DOCTOR'S OFFICE 32
		PHARMACY 33
		OTHER PRIVATE MEDICAL SECTOR
		
		_____ 36
		(SPECIFY)
		
		OTHER _____ 96
		(SPECIFY)
		DON'T KNOW 98	

308	In what month and year was the sterilization performed?	MONTH . . . . YEAR	→ 310
309	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	
310	CHECK 308 AND 309, AND 214: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 　　NO ☐　　　　　　　　　　　　　　　　　　　　　　　YES ☐ GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD ← (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

311	CHECK 308 AND 309:

YEAR IS 2012-2017

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE

YEAR IS 2011 OR EARLIER

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 .

THEN

(SKIP TO 324)

312	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.

C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES . . . . 1 NO . . . . 2 (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE . . ☐	METHOD CODE . . ☐	METHOD CODE . . ☐
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐	MONTH ☐☐ / YEAR ☐☐☐☐
312H	Why did you stop using (METHOD)?	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ANY METHOD USED ☐		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED .... 00 FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS .... 05 PILL .... 06 CONDOM................................. 07 FEMALE CONDOM .... 08 EMERGENCY CONTRACEPTION .... 09 LACTATIONAL AMENORRHEA METHOD .... 11 RHYTHM/CALENDAR METHOD .... 12 WITHDRAWAL .... 13 OTHER MODERN METHOD .... 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323

316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  MATERNITY HOME 12
		  HEALTH CENTER URBAN/HEALTH CENTER
		    RURAL/FORMERLY PLYCLINIC 13
		  REPRODUCTIVE HEALTH CENTER 14
		  HEALTH HOUSE 15
		  INTEGRATED MANAGEMENT OF CHILDHOOD
		    ILLNESS CENTER 17
		  IMMUNIPROPHYLAXIS CENTER 18
		  AIDS CENTER 19
		  HEALTHY LIFESTYLE CENTER 20
		  FAMILY MEDICINE CENTER 21
		  DISPENSARY 22
		  OTHER PUBLIC SECTOR
		    _____ 26
		    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PRIVATE DOCTOR'S OFFICE 32
		  PHARMACY 33
		  OTHER PRIVATE MEDICAL SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER SOURCE
		  SHOP/MARKET 41
		  FRIEND/RELATIVE 43
		
		OTHER _____ 96
		    (SPECIFY)	

317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD .... 03 INJECTABLES .... 04 IMPLANTS .... 05 PILL .... 06 CONDOM................................. 07 FEMALE CONDOM .... 08 EMERGENCY CONTRACEPTION .... 09 OTHER MODERN METHOD .... 95 OTHER TRADITIONAL METHOD 96	 → 323 → 322 → 323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES	1	→ 321
		NO	2	→ 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES	1	→ 321
		NO	2	
320	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	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES	1	
		NO	2	
322	CHECK 318 AND 319: ANY ☐ 'YES' OTHER ☐ a) At that time, were you told about other methods of family planning that you could use? b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES	1	→ 324
		NO	2	
323	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	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 EMERGENCY CONTRACEPTION . . . . 09 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM/CALENDAR METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96		→ 327 → 327 → 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL 11
		MATERNITY HOME 12
		HEALTH CENTER URBAN/HEALTH CENTER
		    RURAL/FORMERLY PLYCLINIC 13
		REPRODUCTIVE HEALTH CENTER 14
		HEALTH HOUSE 15
		INTEGRATED MANAGEMENT OF CHILDHOOD
		    ILLNESS CENTER 17
		IMMUNIPROPHYLAXIS CENTER 18
		AIDS CENTER 19
		HEALTHY LIFESTYLE CENTER 20
		FAMILY MEDICINE CENTER 21
		DISPENSARY 22
		OTHER PUBLIC SECTOR
		
		                    23
		    _____
		     (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC 31
		PRIVATE DOCTOR'S OFFICE 32
		PHARMACY 33
		OTHER PRIVATE MEDICAL SECTOR
		
		                    36
		    _____
		     (SPECIFY)
		
		OTHER SOURCE
		SHOP/MARKET 41
		FRIEND/RELATIVE 43
		
		OTHER _____ 96
		         (SPECIFY)
			→ 327

326	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	
327	In the last 12 months, were you visited by a fieldworker?	YES . . . . 1 NO 2	→ 329
328	Did the fieldworker talk to you about family planning?	YES . . . . 1 NO 2	
329	CHECK 202: CHILDREN LIVING WITH THE RESPONDENT YES ☐ NO ☐ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . 1 NO 2	→ 401
330	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 2012-2017 ↓	NO BIRTHS IN ☐ 2012-2017	→ 648

402	CHECK 214. RECORD THE PREGNANCY HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH LIVE BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST LIVE BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST LIVE BIRTH	NEXT-TO-LAST LIVE BIRTH
403	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	PREGNANCY HISTORY NUMBER . . . . ☐☐	PREGNANCY HISTORY NUMBER . . . . ☐☐
404	FROM 216 AND 218:	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 408) ← NO 2	YES . . . . 1 (SKIP TO 426) ← NO 2
406	CHECK 208: ONLY ONE ☐ MORE THAN ONE ☐ LIVE LIVE BIRTH a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children?	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 408) ←	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 426) ←
407	How much longer did you want to wait?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 420A) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** FAMILY DOCTOR . . . . A OB-GY . . . . B OTHER DOCTOR . . . . C NURSE/MALE NURSE . . . . . D MIDWIFE . . . . E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . F **OTHER** _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** 　YOUR HOME . . . .　A 　OTHER HOME　. . . . .　B **PUBLIC SECTOR** 　GOVERNMENT HOSPITAL . .　C 　MATERNITY HOME . . . .　D 　HEALTH CENTER URBAN/ H.C. 　　RURAL/POLYCLINIC . . . . .　E 　REPRODUCTIVE HEALTH 　　CENTER . . . .　F 　HEALTH HOUSE　. . . . . . .　G 　FAMILY MEDICINE CNTR　. .　H 　OTHER PUBLIC SECTOR 　_____　I 　　　(SPECIFY) **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL/ 　　CLINIC　. . . . .　J 　OTHER PRIVATE 　　MEDICAL SECTOR 　_____　K 　　　(SPECIFY) OTHER　_____　X 　　　(SPECIFY)	
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW　. 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER 　OF TIMES　. . . . . ☐☐ DON'T KNOW　. 98	
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a)　Was your blood pressure measured? b)　Did you give a urine sample? c)　Did you give a blood sample?	YES　　NO a)　BP　. . . . .　1　　2 b)　URINE　. . . . . . .　1　　2 c)　BLOOD　. . . . . . .　1　　2	
420A	Immediatelly before this pregnancy, did you take the folic acid tablets to prevent some birth defects? SHOW TABLETS.	YES　. . . . .　1 NO　. . . . .　2 DON'T KNOW　. . . . .　8	
420B	During the first 3 months of this pregnancy, did you take the folic acid tablets to prevent some birth defects? SHOW TABLETS.	YES　. . . . .　1 NO　. . . . .　2 DON'T KNOW　. . . . .　8	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 422) ← DON'T KNOW . . . . 8 ⌐	
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . [ ][ ][ ] DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

422A	What are the danger signs and complications of pregnancy and childbirth that would indicate that the woman needs immediate medical care or treatment?
	
	Anything else?
	
	RECORD ALL MENTIONED
		SEVERE ABDOMINAL PAIN . . A
		VAGINAL BLEEDING . . . . B
		FEVER C
		EDEMA . . . . D
		SEVERE HEADACHE . . . . . . E
		BLURRED VISION . . . . F
		NAUSEA OR VOMITING . . . . . G
		POOR FETAL
		   MOVEMENT . . . . H
		FAST OR DIFFICULT
		   BREATHING I
		CONVULSIONS/FITS . . . . J
		LOSS OF CONSCIOUSNESS . . K
		WEAKNESS/ TOO WEAK
		   TO GET OUT OF BED L
		STRONG LABOR PAIN . . . . M
		
		OTHER
		   _____ X
		(SPECIFY)
		DON'T KNOW . . . . Z	

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

426	When (NAME) was born, was (NAME) 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

427	Was (NAME) weighed at birth?	YES 1
		NO 2
		           (SKIP TO 429) ←
		DON'T KNOW 8
			YES 1
			NO 2
			           (SKIP TO 429) ←
			DON'T KNOW 8

428	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 99998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99998

429	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
		   FAMILY DOCTOR . . . . A
		   OB-GY . . . . B
		   OTHER DOCTOR C
		   NURSE/MALE NURSE . . . . . D
		   MIDWIFE . . . . E
		OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT . . . . F
		   RELATIVE/FRIEND . . . . G
		   OTHER
		   _____ X
		       (SPECIFY)
		NO ONE ASSISTED . . . . Y
			HEALTH PERSONNEL
			   FAMILY DOCTOR . . . . A
			   OB-GY . . . . B
			   OTHER DOCTOR C
			   NURSE/MALE NURSE . . . . . D
			   MIDWIFE . . . . E
			OTHER PERSON
			   TRADITIONAL BIRTH
			     ATTENDANT . . . . F
			   RELATIVE/FRIEND . . . . G
			   OTHER
			   _____ X
			       (SPECIFY)
			NO ONE ASSISTED . . . . Y

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . 11 (SKIP TO 434) ← OTHER HOME . . . . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL . . . . . . 21 MATERNITY HOME . . . . . . 22 HEALTH CENTER URBAN/ H.C. RURAL/POLYCLINIC . . 23 HEALTH HOUSE . . . . . . 24 FAMILY MEDICINE CNTR . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←	**HOME** YOUR HOME . . . . 11 (SKIP TO 434) ← OTHER HOME . . . . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL . . . . . . 21 MATERNITY HOME . . . . . . 22 HEALTH CENTER URBAN/ H.C. RURAL/POLYCLINIC . . 23 HEALTH HOUSE . . . . . . 24 FAMILY MEDICINE CNTR . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←
431	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	
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2
434	Immediately after the birth, was (NAME) put on your abdomen?	YES . . . . 1 NO . . . . 2 (SKIP TO 434B) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 459) ← DON'T KNOW 8
434A	Was (NAME)'s bare skin touching your bare skin?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 ☐ OTHER CIRCLED ☐ ↓ (SKIP TO 449) ←	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 438) ← ┘	
436	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	
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** FAMILY DOCTOR . . . . 11 OB-GY . . . . 12 OTHER DOCTOR . . . . 13 NURSE/MALE NURSE . . . . . 14 MIDWIFE . . . . 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 **OTHER** _____ 96 (SPECIFY)	
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 441) ← ┤ DON'T KNOW . . . . 8 ┘	
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** FAMILY DOCTOR . . . . 11 OB-GY . . . . 12 OTHER DOCTOR . . . . 13 NURSE/MALE NURSE . . . . . 14 MIDWIFE . . . . 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . 1 NO . . . . 2 (SKIP TO 445) ←	
442	How long after delivery did that 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	
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** FAMILY DOCTOR . . . . 11 OB-GY . . . . 12 OTHER DOCTOR . . . . 13 NURSE/MALE NURSE . . . . . 14 MIDWIFE . . . . 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 OTHER _____ 96 (SPECIFY)	
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . 11 OTHER HOME . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 MATERNITY HOME . . . . 22 HEALTH CENTER URBAN/ H.C. RURAL/POLYCLINIC . . 23 HEALTH HOUSE . . . . 24 FAMILY MEDICINE CNTR . . 25 INTEGRATED CHILDHOOD ILLNESS CENTER . . . . . 27 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES . . . . 1 NO . . . . 2 (SKIP TO 457) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
446	How many hours, days or weeks after the birth of (NAME) did that 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	

447	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   FAMILY DOCTOR 11
		   OB-GY 12
		   OTHER DOCTOR 13
		   NURSE/MALE NURSE 14
		   MIDWIFE 15
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 21
		
		OTHER _____ 96
		        (SPECIFY)	

448	Where did this check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	   (NAME OF PLACE)
		HOME
		   YOUR HOME 11
		   ANOTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . 21
		   MATERNITY HOME 22
		   HEALTH CENTER URBAN/ H.C.
		     RURAL/POLYCLINIC . . 23
		   HEALTH HOUSE 24
		   FAMILY MEDICINE CNTR . . 25
		   INTEGRATED CHILDHOOD
		     ILLNESS CENTER 27
		   OTHER PUBLIC SECTOR
		
		     _____ 26
		       (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		     CLINIC 31
		   OTHER PRIVATE
		     MEDICAL SECTOR
		
		     _____ 36
		       (SPECIFY)
		
		OTHER _____ 96
		   (SPECIFY)
		
		        (SKIP TO 457) ←	

449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ←	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
450	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	

451	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		FAMILY DOCTOR 11
		OB-GY 12
		OTHER DOCTOR 13
		NURSE/MALE NURSE 14
		MIDWIFE 15
		OTHER PERSON
		TRADITIONAL BIRTH
		    ATTENDANT 21
		
		OTHER _____ 96
		      (SPECIFY)	

452	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	    (NAME OF PLACE)
		HOME
		YOUR HOME 11
		OTHER HOME 12
		
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . 21
		MATERNITY HOME 22
		HEALTH CENTER URBAN/ H.C.
		    RURAL/POLYCLINIC . . 23
		HEALTH HOUSE 24
		FAMILY MEDICINE CNTR . . 25
		INTEGRATED CHILDHOOD
		  ILLNESS CENTER 27
		
		OTHER PUBLIC SECTOR
		
		_____ 26
		    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		    CLINIC 31
		OTHER PRIVATE
		    MEDICAL SECTOR
		
		_____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)	

453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 457) ← DON'T KNOW . . . . 8 ⌐	

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

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

455	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		    FAMILY DOCTOR 11
		    OB-GY 12
		    OTHER DOCTOR 13
		    NURSE/MALE NURSE 14
		    MIDWIFE 15
		OTHER PERSON
		    TRADITIONAL BIRTH
		        ATTENDANT 21
		
		OTHER _____ 96
		         (SPECIFY)	

456	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	    (NAME OF PLACE)
		HOME
		    YOUR HOME 11
		    OTHER HOME 12
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL .. 21
		    MATERNITY HOME 22
		    HEALTH CENTER URBAN/ H.C.
		       RURAL/POLYCLINIC .. 23
		    HEALTH HOUSE 24
		    FAMILY MEDICINE CNTR .. 25
		    INTEGRATED CHILDHOOD
		       ILLNESS CENTER 27
		
		    OTHER PUBLIC SECTOR
		
		_____ 26
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		       CLINIC 31
		    OTHER PRIVATE
		      MEDICAL SECTOR
		
		_____ 36
		         (SPECIFY)
		
		OTHER _____ 96
		         (SPECIFY)	

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

457	During the first two days after (NAME)'s birth, did any health care provider do the following:
	
	a) Examine the cord?
	b) Measure (NAME)'s temperature?
	c) Counsel you on danger signs for newborns?
	d) Counsel you on breastfeeding?
	
	e) Observe (NAME) breastfeeding?
		YES NO DK
		a) CORD 1 2 8
		b) TEMP. 1 2 8
		c) SIGNS 1 2 8
		
		d) COUNSEL
		    BREAST-
		    FEED 1 2 8
		e) OBSERVE
		    BREAST-
		    FEED 1 2 8	

458	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 ⌐
		      (SKIP TO 460) ◄──┘
		NO . . . . 2 ⌐
		      (SKIP TO 461) ◄──┘	

459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 463) ◄──┘
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT PREGNANT OR ☐ UNSURE ☐ (SKIP TO 463) ◄── ↓	
462	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 464) ◄──┘	
463	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
464	Did you ever breastfeed (NAME)?	YES . . . . 1 ⌐ (SKIP TO 466) ◄──┘ NO 2	YES . . . . 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 470) ◄──┘ (SKIP TO 471) ◄──	
466	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 ☐☐	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
468	CHECK 404: IS CHILD LIVING?	LIVING ⬇ DEAD ☐ (SKIP TO 471) ←	LIVING ⬇ DEAD ☐ (SKIP TO 471) ←
469	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2	
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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 214 IN THE PREGNANCY HISTORY: ANY LIVE BIRTHS IN 2014-2017? ONE OR MORE LIVE BIRTHS IN 2014-2017 □ ↓ NO LIVE BIRTHS IN 2014-2017 □		→ 601
502A	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 216 AND 212 OF THE LAST CHILD BORN IN 2014-2017. NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER □□		
503A	CHECK 218 FOR CHILD: LIVING □ ↓ DEAD □		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED □ ↓ CODE '4' CIRCLED □		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD/FORM 63 SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD/FORM 63 AND OTHER 3 DOCUMENT SEEN . . . . 3 NO CARD/FORM 63 AND NO OTHER DOCUMENT. . 4	→ 511A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐ ☐	

508A COPY DATES FROM THE CARD.
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

Vaccine		Day	Month	Year
TB	BCG (given at birth)			
Polio	Polio 0 (given at birth)			
	Polio 1			
	Polio 2			
	Polio 3			
	Polio 4			
Hepatitis	HepB (given at birth)			
Pentavalent/ Diptheria, pertusis, and tetanus	Penta 1			
	Penta 2			
	Penta 3			
	DPT 4			
Rotavirus	Rota 1			
	Rota 2			
Measles and Rubella	MR 1			
	Vitamin A (last dose)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508AA	ASK THE RESPONDENT FOR PERMISSION TO TAKE A PHOTO OF THE DATES OF IMMUNIZATION FROM THE LAST BORN CHILD'S VACCINATION RECORD, WHICH IS STORED IN THE MEDICAL FACILITY.	Will you allow us to make a photograph of the vaccation card for further checks in the case of inaccuracies?	
508AAA	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 SKIP TO QUESTION 509A	
508AAAA	PHOTOGRAPH ALL DOCUMENTS RECORD ALL DOCUMENTS THAT WERE PHOTOGRAPHED	PHOTOGRAPH TAKE OF FORM 112 . . . . . A PHOTOGRAPH TAKE OF FORM 63 . . . . B PHOTOGRAPH TAKE OF ANOTHER FORM . . . . . D NO PHOTOGRAPHS TAKEN X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER .. ▢▢	
509A	CHECK 508A: 'OPV-0 (BIRTH DOSE)' TO 'DPT4' ALL RECORDED? NO ▢ YES ▢		→ 525A
510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES .... 1 ⌐ (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A) ← NO .... 2 ⌐ DON'T KNOW .... 8 (WRITE '00' IN THE CORRESPONDING DAY ← COLUMN FOR ALL VACCINATIONS NOT GIVEN) ⌐ (THEN SKIP TO 525A) ←	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received 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	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES .... 1 NO .... 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine OPV, that is, about two drops in the mouth to prevent polio?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine OPV in the first two weeks after birth or later?	FIRST TWO WEEKS .... 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine OPV?	NUMBER OF TIMES .... ▢	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh left side usually at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . ☐	
521A	Has (NAME) ever received a rotavirus vaccination ROTARIX, that is, a sweet liquid in the mouth to prevent diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES . . . . ☐	
523A	Has (NAME) ever received a MR vaccination, that is, an injection in the left arm to prevent measles and rubella?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
525A	In the last 7 days was (NAME) given: a) Sprinkles? b) BP-100 cookies? c) Super Cereal Plus?	YES NO DK a) SPRINKLES . . . . 1 2 8 b) BP-100 . . . . 1 2 8 c) SUPER CEREAL PLUS 1 2 8	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 214 IN THE PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2014-2017? MORE LIVE BIRTHS IN 2014-2017 ☐ NO MORE LIVE BIRTHS IN 2014-2017 ☐		→ 601
502B	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 216 AND 212 OF THE NEXT-TO-LAST CHILD BORN IN 2014-2017. NAME OF NEXT-TO- LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER . . . . . ☐☐		
503B	CHECK 218 FOR CHILD: LIVING ☐ DEAD ☐		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD/FORM 63 SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD/FORM 63 AND OTHER DOCUMENT SEEN . . . . 3 NO CARD/FORM 63 AND NO OTHER DOCUMEI . . 4	→ 511B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. ☐ ☐		

508B — COPY DATES FROM THE CARD.
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	Vaccine	Day	Month	Year
TB	BCG (given at birth)			
	Polio 0 (given at birth)			
	Polio 1			
Polio	Polio 2			
	Polio 3			
	Polio 4			
Hepatitis	HepB (given at birth)			
	Penta 1			
Pentavalent/ Diptheria, pertusis, and tetanus	Penta 2			
	Penta 3			
	DPT 4			
Rotavirus	Rota 1			
	Rota 2			
Measles and Rubella	MR 1			
	Vitamin A (last dose)			

508BB — ASK THE RESPONDENT FOR PERMISSION TO TAKE A PHOTO OF THE DATES OF IMMUNIZATION FROM THE NEXT-TO-LAST BORN CHILD'S VACCINATION RECORD, STORED AT THE MEDICAL FACILITY.

Will you allow us to make a photograph of the vacciation card for further checks in the case of inaccuracies?

508BBB — CIRCLE THE CODE AND SIGN YOUR NAME

GRANTED 1

_____ (SIGN)

REFUSED 2

SKIP TO QUESTION 509B

508BBBB — PHOTOGRAPH ALL DOCUMENTS

RECORD ALL DOCUMENTS THAT WERE PHOTOGRAPHED

PHOTOGRAPH TAKE OF FORM 112 . . . . . A
PHOTOGRAPH TAKE OF FORM 63 . . . . B
PHOTOGRAPH TAKE OF ANOTHER I . . . . D
NO PHOTOGRAPHS TAKEN X

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
509B	CHECK 508B: 'OPV(0) (BIRTH DOSE)' TO 'DPT4' ALL RECORDED? NO ☐ YES ☐		→ 525B
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B) NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 525B
512B	Has (NAME) ever received 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	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine OPV, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine OPV in the first two weeks after birth or later?	FIRST TWO WEEKS . . . . 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine OPV?	NUMBER OF TIMES . . . . ☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . ▢▢	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh left side usually at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . ▢	
521B	Has (NAME) ever received a rotavirus vaccination ROTARIX, that is, a sweet liquid in the mouth to prevent diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES . . . . ▢	
523B	Has (NAME) ever received a MR vaccination, that is, an injection in the left arm to prevent measles and rubella?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
525B	In the last 7 days was (NAME) given: a) Sprinkles? b) BP-100 cookies? c) Super Cereal Plus?	YES NO DK a) SPRINKLES . . . . 1 2 8 b) BP-100 . . . . 1 2 8 c) SUPER CEREAL PLUS 1 2 8	
526B	CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2014-2017? MORE LIVE BIRTHS IN 2014-2017 ▢ NO MORE LIVE BIRTHS IN 2014-2017 ▢ (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)		→ 601

601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2012-2017 ☐ NO BIRTHS IN 2012-2017 ☐ → 648		

602	CHECK 214: RECORD THE PREGNANCY HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH LIVE BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST LIVE BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST LIVE BIRTH	NEXT-TO-LAST LIVE BIRTH
603	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	PREGNANCY HISTORY NUMBER . . . . ☐☐	PREGNANCY HISTORY NUMBER . . . . ☐☐
604	FROM 216 AND 218:	NAME _____ LIVING DEAD ☐ (SKIP TO 646) ←	NAME _____ LIVING DEAD ☐ (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
607	Was (NAME) given 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
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 618) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 618) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 469: CURRENTLY BREASTFEEDING? YES ☐ NO/ NOT ASKED ☐ a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) 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
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) 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
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←

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

612	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . A
		MATERNITY HOME . . . . B
		HEALTH CENTER URBAN/
		   HEALTH CENTER RURAL/
		   FORMER POLYCLINIC . . C
		REPRODUCTIVE
		   HEALTH CENTER . . . . . D
		HEALTH HOUSE . . . . E
		INTEGRATED CHILDHOOD
		   ILLNESS CENTER . . . . . F
		IMMUNOPROPHYLAXIS
		   CENTER . . . . G
		AIDS CENTER . . . . H
		HEALTHY LIFESTYLE
		   CENTER I
		FAMILY MEDICINE
		   CENTER . . . . J
		DISPENSARY . . . . K
		OTHER PUBLIC SECTOR
		
		_____ L
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		   CLINIC . . . . M
		PRIVATE DOCTOR . . . . N
		PHARMACY . . . . O
		OTHER PRIVATE
		   MEDICAL SECTOR
		
		_____ P
		(SPECIFY)
		
		OTHER SOURCE
		SHOP . . . . Q
		TRADITIONAL
		   PRACTITIONER . . . . R
		MARKET . . . . S
		
		OTHER _____ X
		(SPECIFY)
			PUBLIC SECTOR
			GOVERNMENT HOSPITAL . . A
			MATERNITY HOME . . . . B
			HEALTH CENTER URBAN/
			   HEALTH CENTER RURAL/
			   FORMER POLYCLINIC . . C
			REPRODUCTIVE
			   HEALTH CENTER . . . . . D
			HEALTH HOUSE . . . . E
			INTEGRATED CHILDHOOD
			   ILLNESS CENTER . . . . . F
			IMMUNOPROPHYLAXIS
			   CENTER . . . . G
			AIDS CENTER . . . . H
			HEALTHY LIFESTYLE
			   CENTER I
			FAMILY MEDICINE
			   CENTER . . . . J
			DISPENSARY . . . . K
			OTHER PUBLIC SECTOR
			
			_____ L
			(SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			PRIVATE HOSPITAL/
			   CLINIC . . . . M
			PRIVATE DOCTOR . . . . N
			PHARMACY . . . . O
			OTHER PRIVATE
			   MEDICAL SECTOR
			
			_____ P
			(SPECIFY)
			
			OTHER SOURCE
			SHOP . . . . Q
			TRADITIONAL
			   PRACTITIONER . . . . R
			MARKET . . . . S
			
			OTHER _____ X
			(SPECIFY)

613	CHECK 612:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 615) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . [ ]	FIRST PLACE . . . . [ ]

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called Rehydron? c) A homemade fluid? d) Zinc tablets?	YES NO DK a) FLUID FROM ORS PACKET .. 1 2 8 c) HOMEMADE FLUID . . . . . 1 2 8 d) ZINC 1 2 8	YES NO DK a) FLUID FROM ORS PACKET .. 1 2 8 c) HOMEMADE FLUID . . . . . 1 2 8 d) ZINC 1 2 8

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	           OR 'DK' ↓
	a) Was anything b) Was anything
	   else given to given to treat the
	   treat the diarrhea?
	   diarrhea?
		YES 1
		NO 2
		(SKIP TO 618) ←
		DON'T KNOW 8
			YES 1
			NO 2
			(SKIP TO 618) ←
			DON'T KNOW 8

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	           OR 'DK' ↓
	a) What else was b) What was given
	   given to treat the to treat the
	   diarrhea? diarrhea?
	
	   Anything else? Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		ANTIBIOTIC . . . . A
		ANTIMOTILITY . . . . B
		OTHER (NOT ANTIBIOTIC
		OR ANTIMOTILITY) C
		UNKNOWN PILL
		OR SYRUP . . . . D
		
		INJECTION
		ANTIBIOTIC . . . . E
		NON-ANTIBIOTIC . . . . F
		UNKNOWN
		INJECTION . . . . G
		
		(IV) INTRAVENOUS . . . . H
		
		HOME REMEDY/
		HERBAL MEDICINE I
		
		OTHER _____ X
		(SPECIFY)
			PILL OR SYRUP
			ANTIBIOTIC . . . . A
			ANTIMOTILITY . . . . B
			OTHER (NOT ANTIBIOTIC
			OR ANTIMOTILITY) C
			UNKNOWN PILL
			OR SYRUP . . . . D
			
			INJECTION
			ANTIBIOTIC . . . . E
			NON-ANTIBIOTIC . . . . F
			UNKNOWN
			INJECTION . . . . G
			
			(IV) INTRAVENOUS . . . . H
			
			HOME REMEDY/
			HERBAL MEDICINE I
			
			OTHER _____ X
			(SPECIFY)

618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 620) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 620) ← DON'T KNOW 8
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 623) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 623) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	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 624) ◄	CHEST ONLY . . . . 1 ⌐ NOSE ONLY . . . . 2 ⊢ BOTH . . . . 3 ⊣ OTHER _____ 6 ⊣ (SPECIFY) DON'T KNOW . . . . 8 ⌐ (SKIP TO 624) ◄
623	CHECK 618: HAD FEVER?	YES ☐ NO OR DK ☐ ↓ (SKIP TO 646) ◄	YES ☐ NO OR DK ☐ ↓ (SKIP TO 646) ◄
624	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 629) ◄	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 629) ◄

625	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . A
		MATERNITY HOME . . . . B
		HEALTH CENTER URBAN/
		   HEALTH CENTER RURAL/
		   FORMER POLYCLINIC . . C
		REPRODUCTIVE
		   HEALTH CENTER . . . . . D
		HEALTH HOUSE . . . . E
		INTEGRATED CHILDHOOD
		   ILLNESS CENTER . . . . . F
		IMMUNOPROPHYLAXIS
		   CENTER . . . . G
		AIDS CENTER . . . . H
		HEALTHY LIFESTYLE
		   CENTER I
		FAMILY MEDICINE
		   CENTER . . . . J
		DISPENSARY . . . . K
		
		OTHER PUBLIC SECTOR
		
		_____ L
		(SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		   CLINIC . . . . M
		PRIVATE DOCTOR . . . . N
		PHARMACY . . . . O
		OTHER PRIVATE
		   MEDICAL SECTOR
		
		_____ P
		(SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . Q
		TRADITIONAL
		   PRACTITIONER . . . . R
		MARKET . . . . S
		
		OTHER _____ X
		(SPECIFY)
			PUBLIC SECTOR
			GOVERNMENT HOSPITAL . . A
			MATERNITY HOME . . . . B
			HEALTH CENTER URBAN/
			   HEALTH CENTER RURAL/
			   FORMER POLYCLINIC . . C
			REPRODUCTIVE
			   HEALTH CENTER . . . . . D
			HEALTH HOUSE . . . . E
			INTEGRATED CHILDHOOD
			   ILLNESS CENTER . . . . . F
			IMMUNOPROPHYLAXIS
			   CENTER . . . . G
			AIDS CENTER . . . . H
			HEALTHY LIFESTYLE
			   CENTER I
			FAMILY MEDICINE
			   CENTER . . . . J
			DISPENSARY . . . . K
			
			OTHER PUBLIC SECTOR
			
			_____ L
			(SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			PRIVATE HOSPITAL/
			   CLINIC . . . . M
			PRIVATE DOCTOR . . . . N
			PHARMACY . . . . O
			OTHER PRIVATE
			   MEDICAL SECTOR
			
			_____ P
			(SPECIFY)
			
			OTHER SOURCE
			   SHOP . . . . Q
			TRADITIONAL
			   PRACTITIONER . . . . R
			MARKET . . . . S
			
			OTHER _____ X
			(SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
626	CHECK 625:	TWO OR MORE CODES CIRCLED ⬇ ONLY ONE CODE CIRCLED ☐ (SKIP TO 628) ⬅	TWO OR MORE CODES CIRCLED ⬇ ONLY ONE CODE CIRCLED ☐ (SKIP TO 628) ⬅
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE .... ☐	FIRST PLACE .... ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES .... 1 NO .... 2 ⌐ (SKIP TO 646) ⬅ DON'T KNOW .... 8 ⌐	YES .... 1 NO .... 2 ⌐ (SKIP TO 646) ⬅ DON'T KNOW .... 8 ⌐

630	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIBIOTIC DRUGS
		    PILL/SYRUP .... J
		    INJECTION/IV .... K
		
		OTHER DRUGS
		    ASPIRIN L
		    PARACETAMOL .... M
		    MURAFEN .... N
		    SALBUTAMOL .... O
		
		OTHER _____ X
		         (SPECIFY)
		DON'T KNOW .... Z
			ANTIBIOTIC DRUGS
			    PILL/SYRUP .... J
			    INJECTION/IV .... K
			
			OTHER DRUGS
			    ASPIRIN L
			    PARACETAMOL .... M
			    MURAFEN .... N
			    SALBUTAMOL .... O
			
			OTHER _____ X
			         (SPECIFY)
			DON'T KNOW .... Z

646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET (REHYDRON) ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET (REHYDRON) ☐		→ 648A
648	Have you ever heard of a special product called Rehydron you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	

648A	Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility or medical worker right away?
	
	Anything else?
	
	RECORD ALL MENTIONED
		LOOKS UNWELL OR
		   NOT PLAYING NORMALLY . . . . A
		NOT EATING OR DRINKING/
		   REFUSE FROM BREASTFEEDING . . . . B
		LETHARGIC OR DIFFICULT TO WAKE C
		HIGH FEVER . . . . D
		FAST OR RAPID BREATHING . . . . E
		VOMITS EVERY . . . . F
		CONVULSIONS . . . . G
		DIARRHEA . . . . H
		WEAKNESS I
		CRYING TOO MUCH . . . . J
		CHILD BECOMES SICKER . . . . K
		BLOOD IN STOOL L
		
		OTHER _____ X
		               (SPECIFY)
		
		DON'T KNOW . . . . Z	

649	CHECK 214 AND 220, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015-2017 LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 655

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt (churgot, keifir and similar)? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) . . . . 1 2 8 NUMBER OF TIMES ATE [ ]	
	h) Any commercially fortified food (e.g Nestle, Agusha, Winnie, Gerber, Gercules, Oats, Nutrilac 2-3)?	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1 2 8	
	j) Sweet red bell pepper, pumpkin or carrots that are yellow or orange inside?	j) 1 2 8	
	k) Potatoes or any other foods made from roots (shalgam)?	k) 1 2 8	
	l) Any dark green, leafy vegetables such as spinach, dark green lettus, beet leaves?	l) 1 2 8	
	m) Ripe persimmons, or ripe fresh apricots, dried apricots or dried peaches?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart, or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, lamb, goat, pork, turkey, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	r) Fresh, canned or dried fish, caviar, squid, shrimp or any other seafood?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐		→ 653

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 (GO BACK TO 650 TO RECORD ← FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) ← NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . □ DON'T KNOW 8	

654	The last time (NAME FROM 649) 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)	

655	CHECK 101A: AGREED TO MEASUREMENT □	REFUSED MEASUREMENT □	→ 659
656	RECORD THE TIME.	HOURS . . . . □□ MINUTES . . . . □□	
657	May I measure your blood pressure at this time? CIRCLE THE CODE AND SIGN YOUR NAME.	AGREED . . . . 1 _____ ← (SIGN) REFUSED . . . . 2 THEN SKIP TO 659 ←	
658	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO 659. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE MEASURED** SYSTOLIC . . . . □□□ DIASTOLIC . . . . □□□ TECHNICAL PROBLEMS . . . . '995 OTHER _____ '996 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
659	Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night at home or outside the home. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.				
	Yesterday during the day or night did you drink/eat any [ASK QUESTIONS a to t]?				
		YES	NO	DK	
	a) Food made of grains, such as bread, non, rice, popcorn, noodles, porridge, atalla, garsus, or other foods made from grains such as corn, wheat, barley, buckwheat?	a) 1	2	8	
	b) Potatoes, potato chips, or any other foods made from roots (shalgam)?	b) 1	2	8	
	c) Any foods made from beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu?	c) 1	2	8	
	d) Any tree nut such as walnuts, almonds, cashew, groundnut/peanut or seeds such as pumpkin seeds, sunflower seeds or nut/seed 'butters' or pastes?	d) 1	2	8	
	e) Milk, cheese, yogurt, churgot, chakka, cottage cheese, keifir or other food made from milk, but not including butter, ice cream or sour cream?	e) 1	2	8	
	f) Liver, kidney, heart, or other organ meats or blood-based foods, including wild game?	f) 1	2	8	
	g) Any meat, such as beef, lamb, goat, pork, rabbit, wild game meat, chicken, turkey, duck or other bird?	g) 1	2	8	
	h) Fresh, canned or dried fish, caviar, squid, shrimp, crabs or any other seafood?	h) 1	2	8	
	i) Eggs from chicken, pigeon, duck, quail, grouse or other bird?	i) 1	2	8	
	j) Any dark green, leafy vegetables (spinach, dark green lettus, beet leaves)?	j) 1	2	8	
	k) Sweet red bell pepper, pumpkin or carrots that are yellow or orange inside?	k) 1	2	8	
	l) Ripe persimmons, or ripe fresh apricots, dried apricots or dried peaches or other fruits that are dark yellow or orange inside?	l) 1	2	8	
	m) Any other vegetables like flat beans, beets, turnips, green beans, tomatoes, cauliflower, cabbage, eggplant and others?	m) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	n) Any other fruits like bananas, apples, plum, mandarins, lemons, pomegranate, any berries?	n) 1	2	8	
	o) Any oil, fats, or butter, or foods made with any of these?	o) 1	2	8	
	p) Any savoury and fried snacks, such as chips, fried dough, other fried snacks?	p) 1	2	8	
	q) Any sweets such as sugary foods such as chocolates, candies, cookies/sweet biscuits and cakes, sweet pastries or ice cream?	q) 1	2	8	
	r) Any sugar-sweetened beverages, like fruit juices and juice drinks, soft drinks/fizzy drinks, chocolate drinks, yogurt drinks, sweet tea or coffee with sugar?	r) 1	2	8	
	s) Condiments for flavor, such as chilies, spices, herbs, or fennel grain, coriander, cumin, ginger, turmeric, garlic, cardamom?	s) 1	2	8	
	t) Any other beverages or foods, such as tea or cofee if not sweetended, clear broth, alcohol, pickels, olives and similar? SPECITY AND RECORD OTHER BEVERAGES AND FOODS THAT RESPONDENT MENTIONED BUT NOT IN THE LIST ABOVE	t) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN .... 2 NO, NOT IN UNION 3	→ 704
702	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	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
705	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. .... ☐☐	
706	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	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS .... ☐☐ DON'T KNOW 98	
708	Are you the first, second, … wife?	RANK .... ☐☐	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ ↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ ↓ a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS	→ 731
714	I would like to ask you about your recent sexual activity. 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	→ 716 → 727

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER

715	When was the last time you had sexual intercourse with this person?		DAYS
			  AGO .. 1
			WEEKS
			  AGO .. 2
			MONTHS
			  AGO .. 3
				DAYS
				  AGO .. 1
				WEEKS
				  AGO .. 2
				MONTHS
				  AGO .. 3

716	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←
717	Was a condom used 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

718	What was your relationship to this person with whom you had sexual intercourse?
	
	IF BOYFRIEND: Were you living together as if married?
	
	IF YES, RECORD '2'.
	IF NO, RECORD '3'.
		HUSBAND 1
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . 4
		CLIENT/SEX WORKER .. 5
		OTHER _____ 6
		(SPECIFY)
			HUSBAND 1
			LIVE-IN PARTNER 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE . . 4
			CLIENT/SEX WORKER .. 5
			OTHER _____ 6
			(SPECIFY)
				HUSBAND 1
				LIVE-IN PARTNER 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE . . 4
				CLIENT/SEX WORKER .. 5
				OTHER _____ 6
				(SPECIFY)

719	How long ago did you first have sexual intercourse with this person?	DAYS
		  AGO .. 1
		WEEKS
		  AGO .. 2
		MONTHS
		  AGO .. 3
		YEARS
		  AGO .. 4
			DAYS
			  AGO .. 1
			WEEKS
			  AGO .. 2
			MONTHS
			  AGO .. 3
			YEARS
			  AGO .. 4
				DAYS
				  AGO .. 1
				WEEKS
				  AGO .. 2
				MONTHS
				  AGO .. 3
				YEARS
				  AGO .. 4

720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES . . . . .
721	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO . . . . 2 (SKIP TO 724) ←	YES . . . . 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO . . . . 2 (SKIP TO 724) ←	
723	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 ☐ AGE 25-49 ☐		→ 727
725	CHECK 701: NOT ☐ CURRENTLY MARRIED/ ☐ IN A UNION LIVING WITH A MAN		→ 727
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES . . . . 1 NO 2	
727	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 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	

728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN):
	
	                            NO, ☐
	                   YES, ☐ CONDOM
	       CONDOM USED NOT USED NOT ☐
	                                    ASKED
			→ 731
			
			→ 731

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . 11 MATERNITY HOME . . . . 12 HEALTH CENTER (URBAN/RURAL)/ FORMER POLYCLINIC . . . . 13 REPRODUCTIVE HEALTH CENTER . . . . . 14 HEALTH HOUSE . . . . 15 INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMCI) . . . . . 17 IMMUNIPROPHYLAXIS CENTER . . . . 18 AIDS CENTER . . . . 19 HEALTHY LIFESTYLE CENTER . . . . 20 FAMILY MEDICINE CENTER . . . . 21 DISPENSARY . . . . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . 31 PRIVATE DOCTOR'S OFFICE . . . . 32 PHARMACY . . . . 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) **OTHER SOURCE** SHOP/MARKET . . . . 41 FRIEND/RELATIVE . . . . 43 OTHER _____ 96 (SPECIFY) DOESN'T KNOW 98	
731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . 1 2 MALE ADULTS . . . . 1 2 FEMALE ADULTS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER ☐ HE OR SHE ☐ STERILIZED ↓ STERILIZED		→ 813
802	CHECK 226: PREGNANT ☐ NOT PREGNANT ☐ ↓ OR UNSURE		→ 804
803	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 ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	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?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . 3 UNDECIDED/DON'T KNOW 8	 → 807 → 813 → 811

805	CHECK 226:
	
	NOT PREGNANT ☐ PREGNANT ☐
	OR UNSURE ↓ ↓
	
	a) How long would you like b) After the birth of the
	    to wait from now before child you are expecting
	    the birth of (a/another) now, how long would
	    child? 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
			
			→ 811
			→ 813
			
			→ 811

806	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓		→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ CURRENTLY USING USING ↓		→ 813
808	CHECK 805: '24' OR MORE MONTHS ☐ NOT ☐ '00-23' MONTHS ☐ OR '02' OR MORE YEARS ↓ ASKED ↓ OR '00-01' YEAR		→ 812

809	CHECK 714:
	
	                    YEARS ☐
	                    AGO
	DAYS, WEEKS OR ☐ NOT ☐
	MONTHS AGO ↓ ASKED
			→ 811
			
			→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

810	CHECK 804:
	
	WANTS TO HAVE ☐ WANTS NO MORE/ ☐
	A/ANOTHER CHILD NONE
	
	a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		NOT HAVING SEX . . . . B
		INFREQUENT SEX C
		MENOPAUSAL/HYSTERECTOMY . . . . D
		CAN'T GET PREGNANT . . . . E
		NOT MENSTRUATED SINCE
		    LAST BIRTH . . . . F
		BREASTFEEDING . . . . G
		UP TO GOD/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
		SIDE EFFECTS/HEALTH
		    CONCERNS . . . . O
		LACK OF ACCESS/TOO FAR . . . . P
		COSTS TOO MUCH . . . . Q
		PREFERRED METHOD
		    NOT AVAILABLE . . . . R
		NO METHOD AVAILABLE . . . . S
		INCONVENIENT TO USE . . . . T
		INTERFERES WITH BODY'S
		    NORMAL PROCESSES . . . . U
		
		OTHER _____ X
		              (SPECIFY)
		DON'T KNOW . . . . Z	

811	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐_____ ASKED CURRENTLY USING CURRENTLY USING		→ 813
812	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	
813	CHECK 218: HAS LIVING ☐ NO LIVING ☐ CHILDREN CHILDREN a) 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? b) 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)	→ 815 → 815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	YES NO a) RADIO . . . . 1 2 b) TELEVISION . . . . 1 2 c) NEWSPAPER OR MAGAZINE . . . . 1 2 d) MOBILE PHONE 1 2	
816	Did any staff member from Caravan of Health or the program on methods of contraception talk to you about about family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
817	CHECK 701: YES, ☐ YES, ☐ NO, ☐ CURRENTLY LIVING NOT IN A UNION MARRIED ↓ WITH A MAN ↓		→ 901

818	CHECK 303: USING A CONTRACEPTIVE METHOD?
	
	                NOT
	CURRENTLY ☐ CURRENTLY ☐
	USING ↓ USING
	          NOT ☐
	          ASKED
			→ 820
			
			→ 822

819	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)	→ 821
820	Would you say that not 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)	

821	CHECK 304:
	
	    NEITHER ARE ☐ HE OR SHE ARE ☐
	    STERILIZED ↓ STERILIZED
			→ 901

822	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN ☐ UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS . . . . ☐☐	
903	Did your (husband/partner) ever attend school?	YES . . . . 1 NO 2	→ 906
904	What was the highest level of school he attended: general education school, professional primary(uchiliche), professional middle(technikum, college), higher or post-graduate?	GENERAL EDUCATION SCHOOL . . . . 1 PROFESSIONAL PRIMARY . . . . 2 PROFESSIONAL MIDDLE . . . . 3 HIGHER . . . . 4 POST-GRADUATE . . . . 5 DON'T KNOW 8	→ 906
905	What was the highest class/year/course he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR/COURSE ☐☐ DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 908A
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ⌐ ¦¦ ⌐ ¦¦ _____	
908A	In the past 3 years, has your (husband/partner) worked abroad for three or more months at a time?	YES . . . . 1 NO 2	
909	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 913
910	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	→ 913
911	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	→ 913
912	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ⌐ ¦¦ ⌐ ¦¦ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
915	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	
916	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	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED ☐ ↓ OTHER ☐		→ 921

919	Who usually decides how the money 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)	

920	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 HAS NO EARNINGS . . . . 4 DON'T KNOW 8	→ 922

921	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)	

922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	→931
926	Do you have a title deed for any house you own?	YES .... 1 NO .... 2 DON'T KNOW 8	→931
927	Is your name on the title deed?	YES .... 1 NO .... 2 DON'T KNOW 8	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./	PRES./ NOT	NOT
---	---	---	---
	LISTEN.	LISTEN.	PRES.
CHILDREN < 10	1	2	3
HUSBAND	1	2	3
OTHER MALES	1	2	3
OTHER FEMALES	1	2	3		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?		YES	NO	DK
---	---	---	---
a) GOES OUT	1	2	8
b) NEGLECTS CHILDREN	1	2	8
c) ARGUES	1	2	8
d) REFUSES SEX	1	2	8
e) BURNS FOOD	1	2	8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	Can people get HIV through saliva by kissing a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006A	Can people get HIV by shaking hands with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

1008	Can HIV be transmitted from a mother to her baby:		YES	NO	DK
	a) During pregnancy? b) During delivery? c) By breastfeeding?	a) DURING PREGNANCY .. b) DURING DELIVERY . . . . . c) BREASTFEEDING	1 1 1	2 2 2	8 8 8

1009	CHECK 1008: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓	→ 1011
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

1011	CHECK 208 AND 214:
	
	       NO LIVE BIRTHS ☐
	LAST LIVE BIRTH IN ☐
	2015-2017 ↓ LAST LIVE BIRTH IN ☐
	     2014 OR EARLIER
		→ 1027
		
		→ 1027

1012	CHECK 408 FOR LAST LIVE BIRTH: HAD ☐ NO ☐ ANTENATAL ANTENATAL CARE ↓ CARE	→ 1020
1013	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**	

1014	During any of the antenatal visits for your last birth were you given any information about:		YES	NO	DK
	a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	a) HIV FROM MOTHER .. b) THINGS TO DO . . . . c) TESTED FOR HIV	1 1 1	2 2 2	8 8 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1015	Were you offered a test for HIV as part of your antenatal care?	YES . . . . 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES . . . . 1 NO 2	→ 1020
1017	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . 11 MATERNITY HOME . . . . 12 HEALTH CENTER (URBAN/RURAL)/ FORMERLY POLYCLINIC . . . . 13 REPRODUCTIVE HEALTH CENTER . . . . . 14 HEALTH HOUSE . . . . 15 INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMCI) . . . . . 17 IMMUNIPROPHYLAXIS CENTER . . . . 18 AIDS CENTER . . . . 19 HEALTHY LIFESTYLE CENTER . . . . 20 FAMILY MEDICINE CENTER . . . . 21 DISPENSARY . . . . 22 TRUST POSTS/NEEDLE EXCHANGE/ FRIENDLY CABINET . . . . 23 MOBILE CLINIC . . . . 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . 31 PRIVATE DOCTOR'S OFFICE . . . . 32 PHARMACY . . . . 33 NGO . . . . 34 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) **OTHER SOURCE** HOME . . . . 41 WORKPLACE . . . . 42 CORRECTIONAL FACILITY . . . . 43 OTHER _____ 96 (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	→ 1020
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1020	CHECK 430 FOR LAST LIVE BIRTH: ANY CODE ☐ OTHER ☐ '21-36' CIRCLED ↓		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES . . . . 1 NO 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES . . . . 1 NO 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	→ 1025
1024	CHECK 1016: YES ☐ NO OR ☐ ↓ NOT ASKED		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 1028

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1026	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 95	→ 1033
1027	I don't want to know the results, but have you ever been tested for HIV?	YES . . . . 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

1030	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  HEALTH CENTER (URBAN/RURAL)/
		    FORMERLY POLYCLINIC 13
		  REPRODUCTIVE HEALTH CENTER 14
		  HEALTH HOUSE 15
		  INTEGRATED MANAGEMENT OF CHILD-
		    HOOD ILLNESS CENTER(IMCI) 17
		  IMMUNIPROPHYLAXIS CENTER 18
		  AIDS CENTER 19
		  HEALTHY LIFESTYLE CENTER 20
		  FAMILY MEDICINE CENTER 21
		  DISPENSARY 22
		  TRUST POSTS/NEEDLE EXCHANGE/
		    FRIENDLY CABINET 23
		  MOBILE CLINIC 24
		  OTHER PUBLIC
		    SECTOR _____ 26
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PRIVATE DOCTOR'S OFFICE 32
		  PHARMACY 33
		  NGO 34
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 36
		           (SPECIFY)
		OTHER SOURCE
		  HOME 41
		  WORKPLACE 42
		  CORRECTIONAL FACILITY 43
		
		OTHER _____ 96
		           (SPECIFY)
			→ 1033

1031	Do you know of a place where people can go to get an HIV test?	YES . . . . 1 NO 2	→ 1033

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1032	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** 　GOVT. HOSPITAL .... A 　MATERNITY HOME .... B 　HEALTH CENTER (URBAN/RURAL)/ 　　FORMERLY PLYCLINIC .... C 　REPRODUCTIVE HEALTH CENTER .... D 　HEALTH HOUSE .... E 　INTEGRATED MANAGEMENT OF CHILD- 　　HOOD ILLNESS CENTER(IMCI) .... F 　IMMUNIPROPHYLAXIS CENTER .... G 　AIDS CENTER .... H 　HEALTHY LIFESTYLE CENTER .... I 　FAMILY MEDICINE CENTER .... J 　DISPENSARY .... K 　TRUST POSTS/NEEDLE EXCHANGE/ 　　FRIENDLY CABINET .... L 　MOBILE CLINIC .... M 　OTHER PUBLIC SECTOR 　　_____ N 　　　　　(SPECIFY) **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL/CLINIC .... J 　PRIVATE DOCTOR'S OFFICE .... P 　PHARMACY .... Q 　NGO .... R 　OTHER PRIVATE MEDICAL SECTOR 　　_____ S 　　　　(SPECIFY) OTHER _____ X 　　　　　(SPECIFY)	
1033	Have you heard of test kits people can use to test themselves for HIV?	YES .... 1 NO 2	→ 1035
1034	Have you ever tested yourself for HIV using a self-test kit?	YES .... 1 NO 2	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE .... 1 DISAGREE .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES .... 1 NO .... 2 SAYS SHE HAS HIV .... 3 DON'T KNOW/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1042	CHECK 1001: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS ↓ HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ ↓		→ 1046
1045	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	
1046	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	
1047	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	
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION ↓ INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES .... 1 NO 2	→ 1051

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	

1050	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		 GOVT. HOSPITAL . . . . A
		 MATERNITY HOME . . . . B
		 HEALTH CENTER (URBAN/RURAL)
		  FORMERLY PLYCLINIC C
		 REPRODUCTIVE HEALTH CENTER . . . . D
		 HEALTH HOUSE . . . . E
		 INTEGRATED MANAGEMENT OF CHILD-
		  HOOD ILLNESS CENTER(IMCI) . . . . F
		 IMMUNIPROPHYLAXIS CENTER . . . . G
		 AIDS CENTER . . . . H
		 HEALTHY LIFESTYLE CENTER I
		 FAMILY MEDICINE CENTER . . . . J
		 DISPENSARY . . . . K
		 TRUST POSTS/NEEDLE EXCHANGE/
		  FRIENDLY CABINET L
		 MOBILE CLINIC . . . . M
		 OTHER PUBLIC SECTOR
		
		_____ N
		 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC . . . . O
		 PRIVATE DOCTOR'S OFFICE . . . . P
		 PHARMACY . . . . Q
		 NGO . . . . R
		 OTHER PRIVATE MEDICAL SECTOR
		
		_____ S
		 (SPECIFY)
		OTHER SOURCE
		 SHOP . . . . T
		
		 OTHER _____ X
		  (SPECIFY)	

1051	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	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1053	CHECK 701: CURRENTLY MARRIED/ ☐ NOT IN UNION ☐ LIVING WITH A MAN		→1101
1054	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	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . □□ NONE 00	→ 1104
1102	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . □□ NONE 00	→ 1104
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . □□	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1108
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO . . . . B CIGARS, CHEROOTS, OR CIGARILLOS . . . . C WATER PIPE . . . . D NAZ SNUFF BY MOUTH . . . . E NAZ SNUFF BY NOSE . . . . F CHEWING TOBACCO . . . . G OTHER _____ X (SPECIFY)	
1108	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG NOT A BIG PROBLEM PROBLEM a) PERMISSION TO GO . . . . . 1 2 b) GETTING MONEY . . . . 1 2 c) DISTANCE . . . . 1 2 d) GO ALONE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	Have you ever had your blood sugar measured by a doctor or other health worker?	YES . . . . 1 NO 2	
1120	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES . . . . 1 NO 2	
1121	These next questions are about blood pressure. Except for this time, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1122	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2	→ 1126
1123	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2	
1124	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES . . . . 1 NO 2	
1125	Are you taking medication to control your blood pressure?	YES . . . . 1 NO 2	
1126	CHECK 101A: AGREED TO BE MEASURED ▢ ↓	OTHER ▢	→ 1201
1127	RECORD THE TIME.	HOURS . . . . ▢▢ MINUTES . . . . ▢▢	
1128	May I measure your blood pressure at this time? CIRCLE THE CODE AND SIGN YOUR NAME.	AGREED . . . . 1 _____ (SIGN) REFUSED . . . . 2 THEN SKIP TO 1201	
1129	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q1201. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE MEASURED** SYSTOLIC . . . . ▢▢▢ DIASTOLIC . . . . ▢▢▢ TECHNICAL PROBLEMS . . . . '995 OTHER _____ '996 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK Q658 AND Q1129. SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q658 AND Q1129 ⬐	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH Q658 AND Q1129 ☐	→ 1207
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q658 AND Q1129.		
1203	BLOOD PRESSURE MEASUREMENTS FROM Q658	**SYSTOLIC** ☐☐☐ **DIASTOLIC** ☐☐☐	
1204	BLOOD PRESSURE MEASUREMENTS FROM Q1129	**SYSTOLIC** ☐☐☐ **DIASTOLIC** ☐☐☐	
1205	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES	**SUM SYSTOLIC** ☐☐☐ **SUM DIASTOLIC** ☐☐☐	
1206	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q1205 BY 2	**AVERAGE SYSTOLIC** ☐☐☐ **AVERAGE DIASTOLIC** ☐☐☐	→ 1211
1207	CHECK Q1129: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1129 ⬐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q1129 ☐	→ 1210
1208	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q658 ⬐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q658 ☐	→ 1210
1209	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E ⬐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q101E ☐	→ 1213
1210	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	**SYSTOLIC** ☐☐☐ **DIASTOLIC** ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1211 USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE ROW IN WHICH THE VALUE FOR THE SYSTOLIC BLOOD PRESSURE FROM Q1206 OR Q1210 IS FOUND.

THEN CIRCLE THE COLUMN IN WHICH THE VALUE FOR THE DIASTOLIC BLOOD FROM Q1206 OR Q1210 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1212.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100- 109	110- 119	>=120
<129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
>=210	6	6	6	6	6	6

1212 RECORD THE NUMBER YOU CIRCLED IN Q1211 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	TODAY
6	EXTREMELY HIGH	TODAY

1213 CHECK THAT THE RESPONDENT HAS RECEIVED A REPORTING FORM ON BLOOD PRESSURE

RECEIVED 1
NOT RECEIVED 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1300	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED ☐ FOR THIS SECTION ↓	WOMAN ☐ NOT SELECTED	→ 1401A
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 ↓	PRIVACY NOT POSSIBLE 2	→ 1332
1301A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Tajikistan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1302	CHECK 701 AND 702: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	FORMERLY MARRIED/ LIVED WITH A MAN ☐ (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ↓ NEVER MARRIED/ NEVER LIVED WITH ☐ A MAN	→ 1316

1303	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?		YES	NO	DK
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS . .	1	2	8
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	1	2	8

1304	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3
	b) threaten to hurt or harm you or someone you care about?	YES 1 → NO 2 ↓	1	2	3
	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3

1305	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

NO.	QUESTIONS AND FILTERS	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	SKIP
	a) push you, shake you, or throw something at you?	YES 1 NO 2	→	1	2	3	
	b) slap you?	YES 1 NO 2	→	1	2	3	
	c) twist your arm or pull your hair?	YES 1 NO 2	→	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→	1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2	→	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2	→	1	2	3	
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→	1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→	1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→	1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→	1	2	3	
1306	CHECK 1305A (a-j): AT LEAST ONE ☐ 'YES' ↓			NOT A SINGLE ☐ 'YES'		→	1309
1307	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.			NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95			
1308	Did the following ever happen as a result of what your (last) (husband/partner) did to you: a) You had cuts, bruises, or aches?			YES . . . . 1 NO 2			
	b) You had eye injuries, sprains, dislocations, or burns?			YES . . . . 1 NO 2			
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?			YES . . . . 1 NO 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES .... 1 NO 2	→ 1311
1310	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN .... 1 SOMETIMES .... 2 NOT AT ALL 3	
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES .... 1 NO 2	→ 1313
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN .... 1 SOMETIMES .... 2 NEVER 3	
1313	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID .... 1 SOMETIMES AFRAID .... 2 NEVER AFRAID 3	

1314	CHECK 709: MARRIED MORE ☐ MARRIED ONLY ☐ THAN ONCE ↓ ONCE		→ 1316

1315	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	B. How long ago did this last happen?	

		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2	1	2	3
	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2	1	2	3
	c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2	1	2	3

1316	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) From the time you were 15 b) From the time you were 15 years old has anyone other years old has anyone hit you, than (your/any) slapped you, kicked you, or (husband/partner) hit you, done anything else to hurt you slapped you, kicked you, or physically? done anything else to hurt you physically?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1319

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1317	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C DAUGHTER/SON . . . . D OTHER RELATIVE . . . . E CURRENT BOYFRIEND . . . . F FORMER BOYFRIEND . . . . G MOTHER-IN-LAW . . . . H FATHER-IN-LAW . . . . I OTHER IN-LAW . . . . J TEACHER . . . . K EMPLOYER/SOMEONE AT WORK . . L POLICE/SOLDIER . . . . M OTHER _____ X (SPECIFY)	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1319	CHECK 201, 210 AND 226: EVER BEEN PREGNANT □ ('YES' ON 201 OR 210 OR 226) ↓	NEVER BEEN PREGNANT □	→ 1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	→ 1322
1321	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-FATHER . . . . C SISTER/BROTHER . . . . D DAUGHTER/SON . . . . E OTHER RELATIVE . . . . F FORMER HUSBAND/PARTNER . . . . . G CURRENT BOYFRIEND . . . . H FORMER BOYFRIEND . . . . I MOTHER-IN-LAW . . . . J FATHER-IN-LAW . . . . K OTHER IN-LAW . . . . L TEACHER . . . . M EMPLOYER/SOMEONE AT WORK . . N POLICE/SOLDIER . . . . O OTHER _____ X (SPECIFY)	
1322	CHECK 701 AND 702: EVER MARRIED/EVER □ LIVED WITH A MAN ↓	NEVER MARRIED/NEVER □ LIVED WITH A MAN	→ 1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1323 →1324A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1322B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	➡ 1326
1323	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER . . . . . 01 FORMER HUSBAND/PARTNER . . . . . 02 CURRENT/FORMER BOYFRIEND . . 03 FATHER/STEP-FATHER . . . . 04 BROTHER/STEP-BROTHER . . . . 05 OTHER RELATIVE . . . . 06 IN-LAW . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . 09 TEACHER . . . . 10 EMPLOYER/SOMEONE AT WORK . . 11 POLICE/SOLDIER . . . . 12 PRIEST/RELIGIOUS LEADER . . . . 13 STRANGER . . . . 14 OTHER _____ 96 (SPECIFY)	
1324	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . 1 NO 2	➡ 1325
1324A	CHECK 1305A (h-j) and 1315A(b) AT LEAST ONE ☐ NOT A ☐ 'YES' ↓ SINGLE 'YES'		➡ 1326
1325	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? b) How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . . ☐☐ DON'T KNOW 98	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1326	CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B: AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'		→ 1330
1327	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . 1 NO 2	→ 1329

1328	From whom have you sought help?
	
	 Anyone else?
	
	 RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		 HUSBAND'S/PARTNER'S FAMILY B
		 CURRENT/FORMER
		      HUSBAND/PARTNER C
		 CURRENT/FORMER BOYFRIEND . . D
		 FRIEND . . . . E
		 NEIGHBOR . . . . F
		 RELIGIOUS LEADER . . . . G
		 DOCTOR/MEDICAL PERSONNEL H
		 POLICE I
		 LAWYER . . . . J
		 SOCIAL SERVICE ORGANIZATION . . K
		
		 OTHER _____ X
		                (SPECIFY)
			→ 1330

1329	Have you ever told any one about this?	YES . . . . 1 NO 2	
1330	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
1331	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES, YES, MORE ONCE THAN ONCE NO HUSBAND . . . . 1 2 3 OTHER MALE ADULT . . 1 2 3 FEMALE ADULT 1 2 3	
1332	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____		

SECTION 14A. INFORMATION ABOUT THE HEALTH FACILITY WHERE IMMUNIZATION RECORDS ARE KEPT(LAST CHILD)

NO.	INFORMATION	LAST BIRTH	SKIP
1401A	CHECK 214, 508A AND 508B: ANY LIVE BIRTHS IN 2014-2017 YES ☐ NO ☐		→ 1414
1402A	CHECK 212, 214, 216 AND 508A: RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF THE LAST CHILD BORN IN 2014-2017 NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ☐☐		
1403A	CHECK 218 FOR THE LAST CHILD: LIVING ☐ DEAD ☐		→ 1401B
1403AA	CHECK 507A: CODE '1' (CARD/FORM 63) AND CODE '3' (CARD/FORM 63 AND OTHER DOCUMENT) CIRCLED NO ☐ YES ☐		→ 1401B
1404A	ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE LAST CHILD'S HEALTH CARD AND IMMUNIZATION CARD (FORM 63) KEPT IN A HEALTH FACILITY	As part of this survey, we would like to visit the health facility in which your children who were born in January 2014 or later got vaccinated. We would like to have your permission to copy the vaccination dates from your children's health records. With your permission, our team supervisor will visit the health facility and copy the vaccination dates from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children's vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Tajikistan. Do you have any questions? Will you allow (NAME OF LAST CHILD) to have his/her vaccination records copied from (NAME OF CHILD)'s health card kept at the health facility?	
1405A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (INTERVIEWER'S SIGNATURE) REFUSED . . . . 2 THEN SKIP TO 1413A NOT PRESENT/ OTHER 3 THEN SKIP TO 1413A	
1405AA	ASK RESPONDENT FOR CONSENT TO TAKE A PHOTO OF THE LAST CHILD'S VACCINATION RECORDS KEPT IN A HEALTH FACILITY	Will you allow us to photograph (his/her) vaccination records photographed for verification purposes later on in case of mistakes?	
1405AAA	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (INTERVIEWER'S SIGNATURE) REFUSED 2	

NO.	INFORMATION	LAST LIVE BIRTH
	RECORD LAST CHILD'S FULL NAME, MOTHER'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS, NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS ARE KEPT (FORMS 063 AND 112), CHILD'S DOCTOR NAME AND UCHASTOK NUMBER.	
1406A	LAST CHILD'S FULL NAME	CHILD'S FIRST NAME CHILD'S LAST NAME
1407A	MOTHER'S FULL NAME	MOTHER'S FIRST NAME MOTHER'S LAST NAME
1408A	RECORD LAST CHILD'S DATE OF BIRTH FROM 214	DAY .... MONTH .... YEAR ..
1409A	LAST CHILD'S HOME ADDRESS	(STREET NAME, HOUSE NUMBER AND FLAT NUMBER) CITY, TOWN, VILLAGE, ZIP CODE
1410A	NAME, ADDRESS AND TELEPHONE NUMBER OF MEDICAL FACILITY WHERE LAST CHILD'S VACCINATION RECORDS (FORMS # 063 AND #112) ARE KEPT	(NAME OF MEDICAL FACILITY) (STREET ADDRESS OF THE MEDICAL FACILITY) TELEPHONE NUMBER
1411A	LAST CHILD'S DOCTOR NAME	DOCTOR'S FIRST NAME DOCTOR'S LAST NAME
1412A	LAST CHILD'S HEALTH FACILITY UCHASTOK №	UCHASTOK NUMBER
1413A	CONTINUE WITH 1401B	

NO.	INFORMATION	NEXT TO LAST BIRTH	SKIP
1401B	CHECK 214, 508A AND 508B: ANY MORE LIVE BIRTHS IN 2014-2017? YES ☐ NO ☐		→ 1414
1402B	CHECK 212, 214, 216 AND 508B: RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF NEXT-TO-THE-LAST CHILD BORN IN 2014-2017 NAME OF NEXT TO LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ☐☐		
1403B	CHECK 218 FOR CHILD: LIVING ☐ DEAD ☐		→ 1413B
1403BB	CHECK 507B: CODE '1' (CARD/FORM 63) AND CODE '3' (CARD/FORM 63 AND OTHER DOCUMENT) CIRCLED NO ☐ YES ☐		→ 1401B
1404B	ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE NEXT-TO-LAST CHILD'S HEALTH CARD AND IMMUNIZATION CARD (FORM 63) KEPT IN A HEALTH FACILITY	As part of this survey, we would like to visit the health facility in which your children who were born in January 2014 or later got vaccinated. We would like to have your permission to copy the vaccination dates from your children's health records. With your permission, our team supervisor will visit the health facility and copy the vaccination dates from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children's vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Tajikistan. Do you have any questions? Will you allow (NAME OF THE NEXT TO LAST CHILD) to have his/her vaccination records copied from (NAME OF CHILD)'s health card kept at the health facility?	
1405B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (INTERVIEWER'S SIGNATURE) REFUSED . . . . 2 THEN SKIP TO 1413B NOT PRESENT/ OTHER 3 THEN SKIP TO 1413B	
1405BB	ASK RESPONDENT FOR CONSENT TO TAKE A PHOTO OF NEXT TO THE LAST CHILD'S VACCINATION RECORDS KEPT IN A HEALTH FACILITY	Will you allow us to photograph (his/her) vaccination records photographed for verification purposes later on in case of mistakes?	
1405BBB	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (INTERVIEWER'S SIGNATURE) REFUSED 2	

NO.	INFORMATION	NEXT TO THE LAST LIVE BIRTH
		RECORD NEXT-TO-LAST CHILD'S FULL NAME, MOTHER'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS, NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS ARE KEPT (FORMS 063 AND 112), CHILD'S DOCTOR NAME AND UCHASTOK NUMBER.
1406B	NEXT-TO-LAST CHILD'S FULL NAME	_____ _____ CHILD'S FIRST NAME CHILD'S LAST NAME
1407B	MOTHER'S FULL NAME	_____ _____ MOTHER'S FIRST NAME MOTHER'S LAST NAME
1408B	RECORD NEXT-TO-LAST CHILD'S DATE OF BIRTH FROM 214	DAY . . . . [ ][ ] MONTH . . . . [ ][ ] YEAR . . [ ][ ][ ][ ]
1409B	NEXT-TO-LAST CHILD'S HOME ADDRESS	_____ (STREET NAME, HOUSE NUMBER AND FLAT NUMBER) _____ CITY, TOWN, VILLAGE, ZIP CODE
1410B	NAME, ADDRESS AND TELEPHONE NUMBER OF MEDICAL FACILITY WHERE NEXT-TO-LAST CHILD'S VACCINATION RECORDS (FORMS # 063 AND #112) ARE KEPT	_____ (NAME OF MEDICAL FACILITY) _____ (STREET ADDRESS OF THE MEDICAL FACILITY) _____ TELEPHONE NUMBER
1411B	NEXT-TO-LAST CHILD'S DOCTOR NAME	_____ _____ DOCTOR'S FIRST NAME DOCTOR'S LAST NAME
1412B	NEXT-TO-LAST CHILD'S HEALTH FACILITY UCHASTOK NUMBER	UCHASTOK NUMBER [ ][ ]
1413B	CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2014-2017? NO MORE LIVE BIRTHS IN 2014-2017 [ ] MORE LIVE BIRTHS IN 2014-2017 [ ] (GO TO 1401B IN AN ADDITIONAL QUESTIONNAIRE)	
1414	RECORD THE TIME.	HOURS . . . . [ ][ ] MINUTES . . . . [ ][ ]
	AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, THE TEAM SUPERVISOR MUST GO TO THE MEDICAL FACILITY AND RECORD DATES WHEN THE SPECIFIC VACCINES WERE GIVEN IN SECTION 15 FOR ALL LIVING LIVE BIRTHS IN 2014-2017

SECTION 15A. CHILD IMMUNIZATION FROM HEALTH FACILITY FORM 112 AND FORM 63 (LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1501A	CHECK 214 IN THE PREGNANCY HISTORY AND 1401A ONE OR MORE LIVE ☐ NO LIVE BIRTHS ☐ BIRTHS IN 2014-2017 ↓ IN 2014-2017		→ END
1502A	CHECK 212, 214, 216 AND 1402A RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF THE LAST CHILD BORN IN 2014-2017 NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ☐☐		
1503A	CHECK 218 FOR CHILD: LIVING ☐ DEAD ☐ ↓		→ 1508A
1504A	CHECK 1410A IS THERE AN ADDRESS RECORDED FOR THE HEALTH FACILITY WHERE LAST LIVE BIRTH'S IMMUNIZATION RECORDS ARE KEPT?	YES .... 1 NO 2	→ 1508A
1505A	WAS THIS HEALTH FACILITY VISITED?	YES .... 1 NO 2	→ 1508A
1506A	HAVE YOU LOCATED THE IMMUNIZATION RECORDS OF LAST LIVE BIRTH IN THE HEALTH FACILITY (FORM 112 AND FORM 63)?	YES SEEN .... 1 YES SEEN, NO RECORDS IN THE CARDS .. 2 NO 3	→ 1508A → 1508A

| | NAME OF LAST LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER | . . | | |

1507A COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS 112 AND 063)
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

Vaccine		Day		Month		Year		
TB	BCG (given at birth)							
Polio	Polio 0 (given at birth)							
	Polio 1							
	Polio 2							
	Polio 3							
	Polio 4							
Hepatitis	HepB (given at birth)							
Pentavalent /Diptheria, pertusis, and tetanus	Penta 1							
	Penta 2							
	Penta 3							
	DPT 4							
Rotavirus	Rota 1							
	Rota 2							
Measles and Rubella	MR 1							
	Vitamin A (last dose)							

1508A CONTINUE WITH 1501B

SECTION 15B. HEALTH FACILITY FORM 112 AND FORM 63 CHILD IMMUNIZATIONN (NEXT-TO-LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1501B	CHECK 214 IN THE PREGNANCY HISTORY AND 1401B: ANY MORE BIRTHS IN 2014-2017 MORE LIVE BIRTHS IN ☐ 2014-2017 ↓	NO MORE LIVE ☐ BIRTHS IN 2014-2017	→ END
1502B	CHECK 212, 214, 216, AND 1402B: RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2014-2017 NAME OF NEXT- TO-LAST LIVE _____	PREGNANCY HISTORY NUMBER ☐☐	
1503B	CHECK 218 FOR CHILD: LIVING ☐ ↓	DEAD ☐	1508B
1504B	CHECK 1410B IS THERE AN ADDRESS RECORDED FOR THE HEALTH FACILITY WHERE NEXT TO THE LAST LIVE BIRTH'S IMMUNIZATION RECORDS ARE KEPT?	YES . . . . 1 NO 2	→ 1508B
1505B	WAS THIS HEALTH FACILITY VISITED?	YES . . . . 1 NO 2	→ 1508B
1506B	HAVE YOU LOCATED THE IMMUNIZATION RECORDS OF THE NEXT-TO-LAST LIVE BIRTH IN THE HEALTH FACILITY (FORM 112 AND FORM 63)?	YES SEEN . . . . 1 YES SEEN, NO RECORD IN THE CARDS . . . . 2 NO 3	→ 1508B → 1508B

	NAME OF NEXT-TO-LAST LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .		

1507B COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS 112 AND 63)
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	Vaccine	Day		Month		Year		
TB	BCG (given at birth)							
Polio	Polio 0 (given at birth)							
	Polio 1							
	Polio 2							
	Polio 3							
	Polio 4							
Hepatitis	HepB (given at birth)							
Pentavalent /Diptheria, pertusis, and tetanus	Penta 1							
	Penta 2							
	Penta 3							
	DPT 4							
Rotavirus	Rota 1							
	Rota 2							
Measles and Rubella	MR 1							
	Vitamin A (last dose)							

1508B CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2014-2017

MORE LIVE BIRTHS IN 2014-2017 ☐
(GO TO 1501B IN AN ADDITIONAL QUESTIONNAIRE)

NO MORE LIVE BIRTHS IN 2014-2017 ☐ → END

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

INSTRUCTIONS:
    ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
    COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>

  B BIRTHS
  P PREGNANCIES
  T TERMINATIONS

  0 NO METHOD

  1 FEMALE STERILIZATION
  2 MALE STERILIZATION
  3 IUD
  4 INJECTABLES
  5 IMPLANTS
  6 PILL
  7 CONDOM
  8 FEMALE CONDOM
  9 EMERGENCY CONTRACEPTION

  K LACTATIONAL AMENORRHEA METHOD
  L RHYTHM/CALENDAR METHOD

  M WITHDRAWAL
  X OTHER MODERN METHOD
  Y OTHER TRADITIONAL METHOD

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>

  0 INFREQUENT SEX/HUSBAND AWAY
  1 BECAME PREGNANT WHILE USING
  2 WANTED TO BECOME PREGNANT
  3 HUSBAND/PARTNER DISAPPROVED
  4 WANTED MORE EFFECTIVE METHOD
  5 SIDE EFFECTS/HEALTH CONCERNS

  6 LACK OF ACCESS/TOO FAR
  7 COSTS TOO MUCH
  8 INCONVENIENT TO USE
  F UP TO GOD/FATALISTIC
  A DIFFICULT TO GET PREGNANT/MENOPAUSAL
  D MARITAL DISSOLUTION/SEPARATION
  X OTHER

                  (SPECIFY)
  Z DON'T KNOW

Year		Month		COL. 1	COL. 2	Year
2017	12	DEC	01			2017
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
	08	AUG	05			
	07	JUL	06			
	06	JUN	07			
	05	MAY	08			
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
2016	12	DEC	13			2016
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
	08	AUG	17			
	07	JUL	18			
	06	JUN	19			
	05	MAY	20			
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
2015	12	DEC	25			2015
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
	08	AUG	29			
	07	JUL	30			
	06	JUN	31			
	05	MAY	32			
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
2014	12	DEC	37			2014
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
	08	AUG	41			
	07	JUL	42			
	06	JUN	43			
	05	MAY	44			
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
2013	12	DEC	49			2013
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
	08	AUG	53			
	07	JUL	54			
	06	JUN	55			
	05	MAY	56			
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
2012	12	DEC	61			2012
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
	08	AUG	65			
	07	JUL	66			
	06	JUN	67			
	05	MAY	68			
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			