

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 WOMAN'S QUESTIONNAIRE

IDENTIFICATION																
PLACE NAME _____																
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NAME AND LINE NUMBER OF WOMAN _____																
HOUSEHOLD SELECTED FOR MALE SURVEY AND FULL BIOMARKERS? (YES = 1; NO = 2)																
RESPONDENT SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? (YES = 1; NO = 2)																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td>1</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	1									
2	0	1														
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
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				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED																
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> HOME LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>					0	1										
0	1															
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: <table style="width: 100%; margin-left: 20px;"> <tr> <td>01 ENGLISH</td> <td>05 seSOTHO</td> <td>09 tshiVENDA</td> </tr> <tr> <td>02 AFRIKAANS</td> <td>06 seTSWANA</td> <td>10 xiTSONGA</td> </tr> <tr> <td>03 isiXHOSA</td> <td>07 sePEDI</td> <td>11 isiNDEBELE</td> </tr> <tr> <td>04 isiZULU</td> <td>08 siSWATI</td> <td>12 OTHER</td> </tr> </table>					01 ENGLISH	05 seSOTHO	09 tshiVENDA	02 AFRIKAANS	06 seTSWANA	10 xiTSONGA	03 isiXHOSA	07 sePEDI	11 isiNDEBELE	04 isiZULU	08 siSWATI	12 OTHER
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SUPERVISOR																
_____ NAME		<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER														

100A	CHECK RESPONDENT'S AGE AND MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE.	
	AGE 15-17 AND NEVER IN UNION <input type="checkbox"/> OR AGE 18 AND ABOVE <input type="checkbox"/> AGE 15-17 AND EVER IN UNION	→ 100C

INTRODUCTION AND CONSENT (PARENT/GUARDIAN)

100B

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to talk to (NAME OF MINOR) about her health and well-being. The questions usually take about 45 to 60 minutes. All of the answers (NAME OF MINOR) gives will be confidential and will not be shared with anyone other than members of our survey team. (NAME OF MINOR) doesn't have to be in the survey, but we hope you will agree to allow (NAME OF MINOR) to answer the questions since (NAME OF MINOR)'s views are important.

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 with (NAME OF MINOR) now?

SIGNATURE OF INTERVIEWER _____ DATE _____

PARENT/GUARDIAN AGREES
 MINOR MAY BE INTERVIEWED .. 1
 PARENT/GUARDIAN DOES NOT AGREE
TO ALLOW MINOR TO BE INTERVIEWED .. 2 → END



INTRODUCTION AND CONSENT (RESPONDENT)

100C

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 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 this information sheet.

GIVE INFORMATION SHEET.

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 <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> MINUTES <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>									
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 <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> ALWAYS 95 VISITOR 96					→ 105				
103	Just before you moved here, where did you live? PROBE: Is that a city, a town, a rural area, a farm, a tribal area, or an informal settlement?	CITY 1 TOWN 2 RURAL AREA 3 FARM 4 TRIBAL AREA 5 INFORMAL SETTLEMENT 6									
104	Before you moved here, which province did you live in?	WESTERN CAPE 01 EASTERN CAPE 02 NORTHERN CAPE 03 FREE STATE 04 KWAZULU-NATAL 05 NORTH WEST 06 GAUTENG 07 MPUMALANGA 08 LIMPOPO 09 SADC COUNTRY 16 OTHER COUNTRY 26									

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	On what day, month, and year were you born?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF AGE 95 OR OLDER, RECORD 95.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106A	Which population group do you consider yourself: black, white, coloured, Indian or something else?	BLACK/AFRICAN 1 WHITE 2 COLOURED 3 INDIAN/ASIAN 4 OTHER _____ 6 (SPECIFY)	
107	Have you ever attended an educational institution?	YES 1 NO 2	→ 111
108	What is the highest level you attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3	
109	What is the highest grade or form you completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6 /STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOING 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORAL) .. 36	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> →	→ 113

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
112	<p>CHECK 111:</p> <p align="center"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> </p> <p align="center"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </p>		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
115	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
116	Do you own a cell phone?	<p>YES 1</p> <p>NO 2</p>	→ 118
117	Do you use your cell phone for any financial transactions?	<p>YES 1</p> <p>NO 2</p>	
118	Do you have an account in a bank or other financial institution that you yourself use?	<p>YES 1</p> <p>NO 2</p>	
119	Have you ever used the internet?	<p>YES 1</p> <p>NO 2</p>	→ 124
120	<p>In the last 12 months, have you used the internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 124
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?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
124	In the last 12 months, how many times have you been away from home for one or more nights?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 126
125	In the last 12 months, have you been away from home for more than one month at a time?	<p>YES 1</p> <p>NO 2</p>	
126	<p>CHECK 106: AGE OF RESPONDENT</p> <p align="center"> AGE 15-49 <input type="checkbox"/> </p> <p align="center"> AGE 50 AND ABOVE <input type="checkbox"/> </p>		→ 701

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1209 414 1348 470"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 470 1348 526"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	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 <table border="1" data-bbox="1209 705 1348 761"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 761 1348 817"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, 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 <table border="1" data-bbox="1209 1108 1348 1164"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1164 1348 1220"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1209 1288 1348 1344"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	215A	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220A IF DEAD:	221
RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	IF BIRTH SINCE JANUARY 2011: How many months were you pregnant before the birth of (NAME)?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	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?	Where did (NAME) die? At a health facility, at home, or somewhere else?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
				ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. PLACE A 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)							
				C							
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HEALTH FACILITY ... 1 HOME 2 ELSEWHERE . 3	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0	
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
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 <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> 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	
230	Have you ever had a pregnancy that miscarried, was terminated, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN 2011-2016 <input type="checkbox"/> → 233A LAST PREGNANCY ENDED IN 2010 OR EARLIER <input type="checkbox"/> → 239		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
LINE NO.	233 In what month and year did the preceding such pregnancy end?	233A Did that pregnancy end in a spontaneous miscarriage, an induced abortion, or a stillbirth?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2011, have you had any other pregnancies that did not result in a live birth?
01		MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MISCARRIAGE 1 ABORTION 2 STILLBIRTH 3	<input type="text"/> <input type="text"/> MONTHS	YES 1 NO 2 → 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011-2016 OR LATER, ENTER 'C' FOR MISCARRIAGE, 'A' FOR INDUCED ABORTION, OR 'S' FOR STILLBIRTH IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
236A	CHECK 233A: HAD INDUCED ABORTION SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/>			→ 237
236B	The most recent time you had an induced abortion, what method was used?	SURGICAL ABORTION 11 MEDICAL ABORTION 21 SURGICAL AND MEDICAL 31 SELF-INDUCED 41 DON'T KNOW 98		→ 236D → 236E
236C	Where was the procedure done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MARIE STOPES CLINIC 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE BACKSTREET ABORTION 31 OTHER _____ 96 (SPECIFY)		→ 236E

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236D	<p>Where did you get the drug?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>COMMUNITY HEALTH WORKER 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>CHEMIST/PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>BACKSTREET ABORTION 31</p> <p>TRADITIONAL HEALER 32</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>									
236E	<p>We have spoken about pregnancy losses that occurred since 2011. Did you have any miscarriages, terminations, or stillbirths that ended before 2011?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 238</p> <p>→ 239</p>								
237	<p>Did you have any miscarriages, terminations or stillbirths that ended before 2011?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 239</p>								
238	<p>When did the last such pregnancy that terminated before 2011 end?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
239	<p>When did your last menstrual period start?</p> <p>_____ (DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>									
240	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 242</p>								
241	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
242	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? MARK ALL METHODS DECLARED BY THE RESPONDENT.</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	
01	<p>Female Sterilisation/Tubal Ligation/Tubes Cut/Tubes Binded. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>Male Sterilisation/Vasectomy/Tubes Cut/Tubes Binded. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
03	<p>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.</p>	<p>YES 1 NO 2</p>
04	<p>Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>Implants/Norplant/Jadelle. 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.</p>	<p>YES 1 NO 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
07	<p>Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>
08	<p>Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>
09	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
10	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1 NO 2</p>
11	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>
12	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 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 STERILISATION A MALE STERILISATION B IUD C INJECTABLES - 3 MONTH DEPO D INJECTABLES - 2 MONTH NUR-ISTERATE E IMPLANTS F PILL G MALE CONDOM H FEMALE CONDOM I EMERGENCY CONTRACEPTION J RHYTHM METHOD K WITHDRAWAL L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 309												
307	In what facility did the sterilisation take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CLINIC/COMMUNITY HEALTH CENTRE 12 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR'S ROOM 22 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER 96 _____ (SPECIFY) DON'T KNOW 98													
308	In what month and year was the sterilisation performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													→ 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> 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). ←													

SECTION 3. CONTRACEPTION

311	<p>CHECK 308 AND 309:</p> <p style="text-align: center;">YEAR IS 2011-2016 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p>	<p style="text-align: center;">YEAR IS 2010 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2011.</p> <p style="text-align: center;">THEN ↓ (SKIP TO 324) ←</p>		
312	<p>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.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2011. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
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.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p style="text-align: right;">(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>	<p style="text-align: center;">MONTH <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
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.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 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 STERILISATION 01 MALE STERILISATION 02 IUD 03 INJECTABLES - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE .. 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 329 → 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, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. CLINIC/COMMUNITY HEALTH CENTRE 12 MOBILE CLINIC 13 COMMUNITY HEALTH WORKER 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 CHEMIST/PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE WORKPLACE/WORKPLACE CLINIC 31 COMMUNITY CENTER, LIBRARY OR OTHER PUBLIC PLACE 32 SHOP 33 CHURCH 34 FRIEND/RELATIVE 35 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 - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE .. 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

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 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
320	Were you ever told by a nurse or health care 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/> YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>OTHER <input type="checkbox"/> ↓</p> <p>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?</p> </div> </div>	YES 1 NO 2	→ 324
323	Were you ever told by a nurse or health care 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 STERILISATION 01 MALE STERILISATION 02 IUD 03 INJECTABLES - 3 MONTH DEPO 04 INJECTABLES - 2 MONTH NUR-ISTERATE .. 05 IMPLANTS 06 PILL 07 MALE CONDOM 08 FEMALE CONDOM 09 EMERGENCY CONTRACEPTION 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 329 → 329 → 329

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>MOBILE CLINIC 13</p> <p>CHW 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>CHEMIST/PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>WORKPLACE/WORKPLACE CLINIC 31</p> <p>COMMUNITY CENTER, LIBRARY OR OTHER PUBLIC PLACE 32</p> <p>SHOP 33</p> <p>CHURCH 34</p> <p>FRIEND/RELATIVE 35</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 329</p>
326	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
330	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> NO BIRTHS IN 2011-2016 <input type="checkbox"/> → 648	
402	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST 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.)	
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY. LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216: NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time? YES 1 (SKIP TO 408) ← NO 2	When you got pregnant with (NAME), did you want to get pregnant at that time? YES 1 (SKIP TO 426) ← NO 2
406	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> 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) ←	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> 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 426) ←
407	How much longer did you want to wait? MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	How much longer did you want to wait? MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy? YES 1 NO 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C COMMUNITY HEALTH WORKER D OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL ... C GOVERNMENT CLINIC/ COMM. HEALTH CENTRE D MOBILE CLINIC E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																			
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> 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? d) Were you asked about the use of alcohol? e) Were you asked about smoking tobacco?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) ALCOHOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SMOKING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) ALCOHOL	1	2	e) SMOKING	1	2	
	YES	NO																			
a) BP	1	2																			
b) URINE	1	2																			
c) BLOOD	1	2																			
d) ALCOHOL	1	2																			
e) SMOKING	1	2																			
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth or lockjaw?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																			
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																			
416	CHECK 415: TETANUS INJECTIONS	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONLY ONE TIME ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> MORE THAN ONE TIME ↓ <input type="checkbox"/> </div> </div> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 426) ← 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 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
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

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM ROAD TO HEALTH BOOKLET OR OTHER HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM BOOKLET/CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>KG FROM BOOKLET/CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>
429	<p>Who assisted with the delivery of (NAME)?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/GYNAECOLOGIST A</p> <p>NURSE/MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT C</p> <p>RELATIVE/FRIEND D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/GYNAECOLOGIST A</p> <p>NURSE/MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT C</p> <p>RELATIVE/FRIEND D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 434) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW 998</p>	
431A	<p>Was (NAME) discharged at the same time as you?</p>	<p>YES 1</p> <p>(SKIP TO 432) ←</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
431B	How long after (NAME) was delivered did (NAME) stay at the facility? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="912 271 1051 327"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="912 327 1051 383"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="912 383 1051 439"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 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 chest?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434B) ← 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 <table border="1" data-bbox="858 1048 890 1093"><tr><td></td></tr></table> CIRCLED OTHER <table border="1" data-bbox="954 1077 1002 1122"><tr><td></td></tr></table> (SKIP TO 449) ←													
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 <table border="1" data-bbox="912 1395 1051 1451"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="912 1451 1051 1507"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="912 1507 1051 1563"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
438	<p>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?</p>	<p>YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8</p>							
439	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="911 521 1051 577"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="911 577 1051 633"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="911 633 1051 689"><tr><td></td><td></td></tr></table> DON'T KNOW 998</p>							
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/PAEDIATRICIAN 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
441	<p>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?</p>	<p>YES 1 NO 2 (SKIP TO 445) ←</p>							
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="911 1276 1051 1332"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="911 1332 1051 1388"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="911 1388 1051 1444"><tr><td></td><td></td></tr></table> DON'T KNOW 998</p>							
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8</p>							
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1" data-bbox="911 1126 1051 1294"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/PAEDIATRICIAN 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>							
449	<p>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)?</p>	<p>YES 1 NO 2 (SKIP TO 453) ←</p>							
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <table border="1" data-bbox="912 1151 1051 1323"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>							
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/GYNAECOLOGIST 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
453	<p>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?</p>	<p>YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8</p>							
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WEEKS AFTER BIRTH 3</p> <table border="1" data-bbox="911 1178 1051 1350"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW 998</p>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/PAEDIATRICIAN 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT CLINIC/ COMM. HEALTH CENTRE 22 MOBILE CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>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?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>a) CORD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) TEMP.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) SIGNS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) COUNSEL BREAST- FEED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) OBSERVE BREAST- FEED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		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	
	YES	NO	DK																								
a) CORD	1	2	8																								
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c) SIGNS	1	2	8																								
d) COUNSEL BREAST- FEED	1	2	8																								
e) OBSERVE BREAST- FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 460) ←</p> <p>NO 2 (SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1 NO 2 (SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
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 <input type="text"/> <input type="text"/> DON'T KNOW 98		MONTHS <input type="text"/> <input type="text"/> 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 <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←			
466	How long after birth did you first put (NAME) to the breast for feeding? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>			
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2			
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←	
469	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 470) ← NO 2			
469A	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98			
470	Did (NAME) drink anything from a bottle with a teat 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 IMMUNISATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2013-2016? ONE OR MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO BIRTHS IN 2013-2016 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2013-2016. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a Road to Health booklet/card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507A → 507A
505A	Did you ever have a Road to Health booklet for (NAME)?	YES 1 NO 2	→ 505A2
505A1	What happened to (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET DESTROYED 5 OTHER 6 (SPECIFY) _____	→ 506A
505A2	Why don't you have a Road to Health booklet for (NAME)?	NONE AVAILABLE AT HEALTH FACILITY 1 FOREIGNERS NOT GIVEN ONE 2 REQUIRED TO PAY FOR IT 3 TOO BUSY TO GET ONE 4 OTHER 6 (SPECIFY) _____	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
506A1	May I see the document where (NAME)'s vaccinations are written down?	YES, OTHER DOCUMENT SEEN 1 NO DOCUMENT SEEN 2	→ 508A → 511A
507A	May I see the Road to Health booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 508A → 508A
507A1	Where is (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET AT HEALTH FACILITY 5 OTHER 6 (SPECIFY) _____	
507A2	CHECK 507A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A

SECTION 5A. CHILD IMMUNISATION (LAST BIRTH)

508A	<p>PHOTOGRAPH VACCINATION PAGE OF BOOKLET OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. COPY DATES FROM THE BOOKLET. WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B (HEP B) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS (RV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTAP-IPV-HIB 4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY		MONTH		YEAR		BCG							ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV) 1							ROTAVIRUS (RV) 1							DTAP-IPV-HIB 1							HEPATITIS B (HEP B) 1							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1							DTAP-IPV-HIB 2							HEPATITIS B (HEP B) 2							DTAP-IPV-HIB 3							HEPATITIS B (HEP B) 3							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2							ROTAVIRUS (RV) 2							MEASLES 1							PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3							DTAP-IPV-HIB 4							MEASLES 2							VITAMIN A (MOST RECENT)							
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509A	CHECK 508A: 'BCG' TO 'MEASLES 2' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	→ 525A
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510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in immunisation campaigns?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>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)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p>
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SECTION 5A. CHILD IMMUNISATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunisation campaigns?	YES 1 NO 2 DON'T KNOW 8	→ 526A → 501B
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	
514A	Has (NAME) ever received oral polio vaccine, 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 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?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a DTP-combination vaccination, also known as a pentavalent vaccination? That is, an injection given in the left thigh or left arm to prevent diphtheria, tetanus, and whooping cough?	YES 1 NO 2 DON'T KNOW 8	→ 518A1
518A	How many times did (NAME) receive the DTP-combination vaccine?	NUMBER OF TIMES <input type="text"/>	
518A1	Has (NAME) ever received a hepatitis B vaccination, that is, an injection given in the right thigh to prevent hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A2	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, syrup in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the left thigh or right arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	Did (NAME) ever miss getting a vaccination or get a vaccination late?	YES 1 NO 2 DON'T KNOW 8	→ 501B
526A	CHECK 508A AND 511A: CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/> ↓ a) What was the reason for (NAME) missing the vaccination or getting it late? PROBE: Any other reason?	CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/> ↓ b) What is the reason (NAME) has not received any vaccinations? PROBE: Any other reason?	CLINIC OUT OF STOCK A NOT AWARE OF NEED FOR A VACCINATION B FEAR OF SIDE EFFECTS C DID NOT KNOW WHERE TO GO D TOO BUSY TO TAKE CHILD E NO MONEY FOR TRANSPORT F CHILD WAS ILL G RESPONDENT WAS ILL H OTHER X (SPECIFY) DON'T KNOW Z

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2013-2016. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 527B
504B	Do you have a Road to Health booklet/card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507B → 507B
505B	Did you ever have a Road to Health booklet for (NAME)?	YES 1 NO 2	→ 505B2
505B1	What happened to (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET DESTROYED 5 OTHER 6 (SPECIFY) _____	→ 506B
505B2	Why don't you have a Road to Health booklet for (NAME)?	NONE AVAILABLE AT HEALTH FACILITY 1 FOREIGNERS NOT GIVEN ONE 2 REQUIRED TO PAY FOR IT 3 TOO BUSY TO GET ONE 4 OTHER 6 (SPECIFY) _____	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
506B1	May I see the document where (NAME)'s vaccinations are written down?	YES, OTHER DOCUMENT SEEN 1 NO DOCUMENT SEEN 2	→ 508B → 511B
507B	May I see the Road to Health booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 508B → 508B
507B1	Where is (NAME)'s Road to Health booklet?	BOOKLET WITH RELATIVE 1 BOOKLET MISPLACED OR LOST 2 BOOKLET STOLEN 3 BOOKLET HELD AS COLLATERAL/RANSOM 4 BOOKLET AT HEALTH FACILITY 5 OTHER 6 (SPECIFY) _____	
507B2	CHECK 507B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B

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

508B

PHOTOGRAPH VACCINATION PAGE OF BOOKLET OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN.
 COPY DATES FROM THE BOOKLET.
 WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	DAY		MONTH		YEAR	
BCG						
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)						
ORAL POLIO VACCINE (OPV) 1						
ROTAVIRUS (RV) 1						
DTAP-IPV-HIB 1						
HEPATITIS B (HEP B) 1						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 1						
DTAP-IPV-HIB 2						
HEPATITIS B (HEP B) 2						
DTAP-IPV-HIB 3						
HEPATITIS B (HEP B) 3						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 2						
ROTAVIRUS (RV) 2						
MEASLES 1						
PNEUMOCOCCAL CONJUGATE VACCINE (PCV) 3						
DTAP-IPV-HIB 4						
MEASLES 2						
VITAMIN A (MOST RECENT)						

509B

CHECK 508B: 'BCG' TO 'MEASLES 2' 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 immunisation campaigns?

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)

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in immunisation campaigns?	YES 1 NO 2 DON'T KNOW 8	→ 526B → 527B
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	
514B	Has (NAME) ever received oral polio vaccine, 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 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?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a DTP-combination vaccination, also known as a pentavalent vaccination? That is, an injection given in the left thigh or left arm to prevent diphtheria, tetanus, and whooping cough?	YES 1 NO 2 DON'T KNOW 8	→ 518B1
518B	How many times did (NAME) receive the DTP-combination vaccine?	NUMBER OF TIMES <input type="text"/>	
518B1	Has (NAME) ever received a hepatitis B vaccination, that is, an injection given in the right thigh to prevent hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 519B
518B2	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, syrup in the mouth to prevent diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the left thigh or right arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
525B	Did (NAME) ever miss getting a vaccination or get a vaccination late?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 526B
526B	<p>CHECK 508B AND 511B:</p> <p>CHILD RECEIVED AT LEAST ONE VACCINATION <input type="checkbox"/></p> <p>↓</p> <p>a) What was the reason for (NAME) missing the vaccination or getting it late?</p> <p>PROBE: Any other reason?</p> <p>CHILD RECEIVED RECEIVED NO VACCINATIONS <input type="checkbox"/></p> <p>↓</p> <p>b) What is the reason (NAME) has not received any vaccinations?</p> <p>PROBE: Any other reason?</p>	CLINIC OUT OF STOCK A NOT AWARE OF NEED FOR A VACCINATION B FEAR OF SIDE EFFECTS C DID NOT KNOW WHERE TO GO D TOO BUSY TO TAKE CHILD E NO MONEY FOR TRANSPORT F CHILD WAS ILL G RESPONDENT WAS ILL H OTHER _____ X (SPECIFY) DON'T KNOW Z	
527B	<p>CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016?</p> <p>MORE BIRTHS IN 2013-2016 <input type="checkbox"/></p> <p>(GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)</p>	<p>NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/></p>	<input type="checkbox"/> → 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2011-2016 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> → 648 </div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST 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.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: right; margin-top: 5px;"> ← (SKIP TO 646) </div>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: right; margin-top: 5px;"> ← (SKIP TO 646) </div>
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
607	Was (NAME) given any drug for intestinal worms in the last six months? IF RESPONDENT SAYS NO, CHECK ROAD TO HEALTH BOOKLET.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhoea/loose stools in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 <div style="text-align: right; margin-top: 5px;"> ← (SKIP TO 618) </div>	YES 1 NO 2 DON'T KNOW 8 <div style="text-align: right; margin-top: 5px;"> ← (SKIP TO 618) </div>
609	CHECK 469: CURRENTLY BREASTFEEDING? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> YES <input type="checkbox"/> a) Now I would like to know how much (NAME) was given to drink during the diarrhoea 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? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NO <input type="checkbox"/> b) Now I would like to know how much (NAME) was given to drink during the diarrhoea. 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? </div> </div>		
		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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
610	When (NAME) had diarrhoea, 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 diarrhoea from any source?	YES 1 NO 2 (SKIP TO 615) ←	YES 1 NO 2 (SKIP TO 615) ←
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, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER _____ X (SPECIFY)
613	CHECK 612:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH				
		NAME _____			NAME _____				
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) A fluid made from a special packet called Sorol or Rehidrat?</p> <p>b) A clinic-recommended sugar-salt solution?</p> <p>c) Zinc tablets or syrup?</p>		YES	NO	DK		YES	NO	DK
		a) FLUID FROM ORS PACKET ...	1	2	8	a) FLUID FROM ORS PACKET ...	1	2	8
		b) HOMEMADE FLUID	1	2	8	b) HOMEMADE FLUID	1	2	8
		c) ZINC	1	2	8	c) ZINC	1	2	8
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhoea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) Was anything given to treat the diarrhoea?</p>		YES		1	YES		1	
			NO		2	NO		2	
			(SKIP TO 618) ←			(SKIP TO 618) ←			
			DON'T KNOW		8	DON'T KNOW		8	
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhoea?</p> <p>Anything else?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) What was given to treat the diarrhoea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	PILL OR SYRUP	ANTIBIOTIC		A	PILL OR SYRUP	ANTIBIOTIC		A
			ANTIMOTILITY		B		ANTIMOTILITY		B
			OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY)		C		OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY)		C
			UNKNOWN PILL OR SYRUP		D		UNKNOWN PILL OR SYRUP		D
		INJECTION	ANTIBIOTIC		E	INJECTION	ANTIBIOTIC		E
			NON-ANTIBIOTIC		F		NON-ANTIBIOTIC		F
			UNKNOWN INJECTION		G		UNKNOWN INJECTION		G
			(IV) INTRAVENOUS		H		(IV) INTRAVENOUS		H
			HOME REMEDY/ HERBAL MEDICINE		I		HOME REMEDY/ HERBAL MEDICINE		I
			OTHER _____		X		OTHER _____		X
			(SPECIFY)			(SPECIFY)			
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES			1	YES			1
		NO			2	NO			2
		DON'T KNOW			8	DON'T KNOW			8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES			1	YES			1
		NO			2	NO			2
		DON'T KNOW			8	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	YES			1
		NO			2	NO			2
		(SKIP TO 623) ←			(SKIP TO 623) ←				
		DON'T KNOW			8	DON'T KNOW			8
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY			1	CHEST ONLY			1
		NOSE ONLY			2	NOSE ONLY			2
		BOTH			3	BOTH			3
		OTHER _____			6	OTHER _____			6
		(SPECIFY)			(SPECIFY)				
		DON'T KNOW			8	DON'T KNOW			8
		(SKIP TO 624) ←			(SKIP TO 624) ←				
623	CHECK 618: HAD FEVER?	YES <input type="checkbox"/>		NO OR DK <input type="checkbox"/>		YES <input type="checkbox"/>		NO OR DK <input type="checkbox"/>	
		(SKIP TO 646) ←			(SKIP TO 646) ←				

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
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, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER _____ X (SPECIFY)		PUBLIC SECTOR GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ COMM. HEALTH CENTRE B MOBILE CLINIC C COMM. HEALTH WORKER .. D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F CHEMIST/PHARMACY G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SUPERMARKET/SHOP J TRADITIONAL HEALER K MARKET L OTHER _____ X (SPECIFY)	
626	CHECK 625:	TWO OR MORE CODES CIRCLED ↓ (SKIP TO 628) ←	ONLY ONE CODE CIRCLED □ (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED ↓ (SKIP TO 628) ←	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	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	<p>ANTIMALARIAL DRUGS COARTEM/ARTEMISININ COMBINATION THERAPY (ACT) A OTHER ANTIMALARIAL _____ B (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP C INJECTION/IV D</p> <p>OTHER DRUGS ASPIRIN E PARACETAMOL/PANADO .. F BRUFEN G PONSTAN H</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS COARTEM/ARTEMISININ COMBINATION THERAPY (ACT) A OTHER ANTIMALARIAL _____ B (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP C INJECTION/IV D</p> <p>OTHER DRUGS ASPIRIN E PARACETAMOL/PANADO .. F BRUFEN G PONSTAN H</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
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.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓	ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> → 648B	
648	Have you ever heard of a special product called Sorol or Rehidrat that you can get for the treatment of diarrhoea?	YES 1 NO 2	
648A	CHECK 224: ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> ↓	NO BIRTHS IN 2011-2016 <input type="checkbox"/> → 648C	
648B	CHECK 615(b), ALL COLUMNS: NO CHILD RECEIVED CLINIC RECOMMENDED SUGAR-SALT SOLUTION <input type="checkbox"/> ↓	ANY CHILD RECEIVED CLINIC RECOMMENDED SUGAR-SALT SOLUTION <input type="checkbox"/> → 649	
648C	Have you ever heard from a health care worker about a sugar-salt solution that can be made at home for the treatment of diarrhoea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2014-2016 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/> → 701	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	<p>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:</p>				
		YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Fruit juice or squashes?	b) 1	2	8	
	<p>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'.</p>	<p>d) 1 NUMBER OF TIMES DRANK MILK <input type="text"/></p>	2	8	
	<p>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>e) 1 NUMBER OF TIMES DRANK FORMULA <input type="text"/></p>	2	8	
	eb) Coke, Stoney, Dixi Cola, Jive or other sugary drinks?	eb) 1	2	8	
	f) Any other liquids?	f) 1	2	8	
	<p>g) Yogurt, amasi, maas or custard? IF YES: How many times did (NAME) eat yogurt, amasi, maas or custard? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>g) 1 NUMBER OF TIMES ATE YOGURT <input type="text"/></p>	2	8	
	h) Any Purity, Cerelac, Ace or other commercially fortified baby cereal or porridge?	h) 1	2	8	
	i) Porridge, pap, bread, rice, noodles, Morvite or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) White potatoes, white sweet potatoes, white yams, or any other foods made from roots?	k) 1	2	8	
	l) Any dark green, leafy vegetables?	l) 1	2	8	
	m) Ripe mangoes, ripe papayas, or orange melon?	m) 1	2	8	
	<p>n) Any other fruits or vegetables such as oranges, apples, bananas, guava, green melon, pineapples, avocados, or mushrooms?</p>	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	<p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p>	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh, dried or tinned fish or shellfish?	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	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	u) Any oils, fats, butter, or foods made with any of these? ----- v) Any sugary foods such as chocolates, sweets, candies, pastries, cakes or biscuits? ----- va) Any salty snacks such as Nik Naks, Simba, Flings, or Spookies? ----- w) Any other solid, semi-solid, or soft food?	u) 1 2 8 ----- v) 1 2 8 ----- va) 1 2 8 ----- w) 1 2 8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'w'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 653		
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 → 653A	
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 <input type="text"/> DON'T KNOW 8	
653A	CHECK 215: CHILD AGE 6 MONTHS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> → 654		
653B	Has (NAME FROM 649) ever eaten liver?	YES 1 NO 2 → 654	
653C	In the last four weeks, how many times has (NAME FROM 649) eaten liver?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
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, DITCH, RIVER OR STREAM 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO 3	<input type="checkbox"/> → 701B
701A	Do you have a regular boyfriend/partner or fiancé?	YES 1 NO 2	→ 702
701B	Is this person a man or a woman?	MAN 1 WOMAN 2 INTERSEX OR TRANSGENDERED 3	
701C	CHECK 701: RESPONDENT'S CURRENT MARITAL STATUS 701 = 3 <input type="checkbox"/> 701 = 1 OR 2 <input type="checkbox"/>		→ 703A
702	Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	→ 703A
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
703A	CHECK 106: AGE OF RESPONDENT AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/>		→ 901
703B	CHECK 701 AND 702: EVER MARRIED OR LIVED WITH A PARTNER? 701 = 1 OR 2 <input type="checkbox"/> 702 = 1 OR 2 <input type="checkbox"/> 701 = 3 AND 702 = 3 <input type="checkbox"/>		→ 709 → 713
704	Is your (spouse/partner) living with you now or is he/she staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE SPOUSE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE/SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
705A	CHECK 701B: SEX OF SPOUSE/PARTNER SPOUSE/PARTNER IS MALE (701B = 1) <input type="checkbox"/> SPOUSE/PARTNER IS FEMALE OR INTERSEX (701B = 2 OR 3) <input type="checkbox"/>		→ 709
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	<input type="checkbox"/> → 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	Have you been married or lived with someone only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A PARTNER ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (spouse/partner)?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MARRIED/LIVED WITH A PARTNER MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (spouse/partner). In what month and year did you start living with your first (spouse/partner)?</p> </div> </div>	<p>MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p style="text-align: right;">→ 712</p>
711	How old were you when you first started living together?	AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
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?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p style="text-align: right;">→ 731</p>
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.	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	<p style="text-align: right;">→ 716</p> <p style="text-align: right;">→ 727</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		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 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
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/GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND 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 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> 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 .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
724	CHECK 106: AGE 15-24 <input type="checkbox"/> ↓	AGE 25-49 <input type="checkbox"/> → 727													
725	CHECK 701: NOT CURRENTLY MARRIED/ LIVING WITH A SPOUSE <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A SPOUSE <input type="checkbox"/> → 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 <input type="text"/> <input type="text"/> DON'T KNOW 98													
731	PRESENCE OF OTHERS DURING THIS SECTION.	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 304: NEITHER <input type="checkbox"/> STERILISED ↓	HE OR SHE <input type="checkbox"/> STERILISED →	813								
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> 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 <input type="checkbox"/> OR UNSURE ↓ PREGNANT <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812								
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813								
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812								
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	811 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> ↓</p> <p>WANTS NO MORE/NONE <input type="checkbox"/> ↓</p> <p>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?</p> <p>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?</p> <p>Any other reason? _____</p> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER</p> <p>PARTNER IS A WOMAN V</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> ↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/> ↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/> →</p>		813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>NO LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>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?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
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?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: center;">NUMBER . . .</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table> <p>OTHER _____ 96 (SPECIFY)</p>	BOYS	GIRLS	EITHER	NUMBER . . .	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										
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815	In the last six 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) Heard about family planning from a community health worker?	<table border="1" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) COMMUNITY HEALTH WORKER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) COMMUNITY HEALTH WORKER	1	2	
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b) TELEVISION	1	2																
c) NEWSPAPER OR MAGAZINE	1	2																
d) COMMUNITY HEALTH WORKER	1	2																
815A	CHECK Q18 IN HOUSEHOLD QUESTIONNAIRE: YES, CURRENTLY ATTENDING SCHOOL <input type="checkbox"/> NO, NOT CURRENTLY ATTENDING SCHOOL <input type="checkbox"/>		→ 817															
815	e) Heard about family planning at school?	<table border="1" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>e) SCHOOL</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	e) SCHOOL	1	2										
	YES	NO																
e) SCHOOL	1	2																
817	CHECK 701, 701A AND 701B: YES, CURRENTLY MARRIED TO A MAN <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> YES, HAS REGULAR MALE PARTNER/BOYFRIEND <input type="checkbox"/> NO, NOT IN A UNION OR, IN UNION, BUT NOT WITH A MAN <input type="checkbox"/>		→ 901															
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>		→ 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?	<table border="1" style="width: 100%;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: right;">6</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____ (SPECIFY)	6	→ 821							
MAINLY RESPONDENT	1																	
MAINLY HUSBAND/PARTNER	2																	
JOINT DECISION	3																	
OTHER _____ (SPECIFY)	6																	
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?	<table border="1" style="width: 100%;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: right;">6</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____ (SPECIFY)	6								
MAINLY RESPONDENT	1																	
MAINLY HUSBAND/PARTNER	2																	
JOINT DECISION	3																	
OTHER _____ (SPECIFY)	6																	
821	CHECK 304: NEITHER ARE STERILISED <input type="checkbox"/> HE OR SHE ARE STERILISED <input type="checkbox"/>		→ 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?	<table border="1" style="width: 100%;"> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8								
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DON'T KNOW	8																	

SECTION 9. SPOUSE'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701 AND 701A: CURRENTLY MARRIED/ LIVING WITH SOMEONE OR HAS A REGULAR PARTNER/BOYFRIEND <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/> OR NO REGULAR PARTNER/BOYFRIEND	→ 909
902	How old was your (spouse/partner) on his/her last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (spouse/partner) ever attend an educational institution?	YES 1 NO 2	→ 906
904	What was the highest level he/she attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3 DON'T KNOW 8	→ 906
905	What was the highest grade or form he/she completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6 /STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOING 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA .. 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORATE) 36 DON'T KNOW 98	
906	Has your (spouse/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (spouse/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (spouse's/partner's) occupation? That is, what kind of work does he/she mainly do?	_____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913

SECTION 9. SPOUSE'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→ 913A
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ <div style="border: 1px dashed black; width: 100px; height: 20px; margin-left: auto;"></div>	
913A	CHECK 106: AGE OF RESPONDENT AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/>		→ 1202
913B	CHECK 909, 910, 911, AND 912: ANY YES? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 917
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, 701A AND 701B: CURRENTLY MARRIED/ LIVING WITH A MAN, OR HAS REGULAR MALE PARTNER/BOYFRIEND <input type="checkbox"/> NOT IN UNION OR NOT IN UNION <input type="checkbox"/> WITH A MAN		→ 925
918	CHECK 916: CODE '1' OR '2' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/>		→ 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)	

SECTION 9. SPOUSE'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
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																									
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 or documents for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																								
927	Is your name on the title deed or documents?	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)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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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?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		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	
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933	CHECK 217 AND 218: ONE OR MORE CHILDREN LESS THAN AGE 18 LIVING WITH HER <input type="checkbox"/> NO CHILDREN OR NO CHILDREN LESS THAN AGE 18 LIVING WITH HER <input type="checkbox"/>		→ 1001																								
934	Now I would like to ask you questions about how you discipline or punish your (child/children). In the past 12 months, have you ever: a) Hit or slapped your (child/children) with your hand to punish or discipline the child? b) Hit or beat your (child/children) using a belt, spoon, stick, shoe or any other implement to punish or discipline the child?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) HIT WITH HAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HIT WITH IMPLEMENT</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) HIT WITH HAND	1	2	b) HIT WITH IMPLEMENT	1	2																
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042																
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
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a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		→ 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 215: <div style="display: flex; justify-content: space-around;"> <div>LAST BIRTH IN 2014-2016 <input type="checkbox"/></div> <div>NO BIRTHS <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>LAST BIRTH IN 2013 OR EARLIER <input type="checkbox"/></div> <div></div> </div>		→ 1027 → 1027																
1012	CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around;"> <div>HAD ANTENATAL CARE <input type="checkbox"/></div> <div>NO ANTENATAL CARE <input type="checkbox"/></div> </div>		→ 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: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
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a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																
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																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 96 AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>MOBILE/TEMPORARY HCT SERVICES 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>NEW START TESTING SITE 22</p> <p>CHEMIST/PHARMACY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>WORKPLACE 32</p> <p>CORRECTIONAL FACILITY 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1018	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1020
1019	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1020	<p>CHECK 430 FOR LAST BIRTH:</p> <p align="center">ANY CODE <input type="checkbox"/> '21-36' CIRCLED ↓</p>	<p>OTHER <input type="checkbox"/> _____</p>	→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	<p>YES 1</p> <p>NO 2</p>	
1022	I don't want to know the results, but were you tested for HIV at that time?	<p>YES 1</p> <p>NO 2</p>	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1025
1024	<p>CHECK 1016:</p> <p align="center">YES <input type="checkbox"/> ↓</p>	<p>NO OR <input type="checkbox"/> NOT ASKED _____</p>	→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 1028
1026	How many months ago was your most recent HIV test?	<p>MONTHS AGO <input type="text"/> <input type="text"/></p> <p>TWO OR MORE YEARS 95</p>	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 <input type="text"/> <input type="text"/> 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, RECORD 96 AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12 MOBILE/TEMPORARY HCT SERVICES 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 NEW START TESTING SITE 22 CHEMIST/PHARMACY 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 CORRECTIONAL FACILITY 33 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
1032	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1042
1034	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1042	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> →		→ 1101
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> →		→ 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 INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> →		→ 1053
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1053

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B</p> <p>MOBILE/TEMPORARY HCT SERVICES C</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E</p> <p>NEW START TESTING SITE F</p> <p>CHEMIST/PHARMACY G</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ H (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP I</p> <p>TRADITIONAL HERBALIST J</p> <p>TRADITIONAL HEALER K</p> <p>OTHER _____ X (SPECIFY)</p>	
1053	<p>CHECK 701, 701A AND 701B:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>OR HAS REGULAR PARTNER/BOYFRIEND</p>	<p>NOT IN UNION OR NO REGULAR PARTNER/BOYFRIEND</p> <p>OR NOT IN UNION/PARTNERED WITH A MAN <input type="checkbox"/></p>	<p>→ 1101</p>
1054	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1055	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 11. MATERNAL MORTALITY

NO.		CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your biological mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO BIOLOGICAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 1201							
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died? IF DON'T KNOW, PROBE TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1114	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1114	Was (NAME)'s death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.								

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK COVER SHEET: IS HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS OR IS RESPONDENT AGE 50 OR OLDER AND SELECTED FOR HOUSEHOLD RELATIONS MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1501
1202	Would you say your health is poor, average, good, or excellent?	POOR 1 AVERAGE 2 GOOD 3 EXCELLENT 4	
1203	Do you personally think you are underweight, normal weight, overweight, or obese?	UNDERWEIGHT 1 NORMAL WEIGHT 2 OVERWEIGHT 3 OBESE 4 DON'T KNOW 8	
1204	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1207 → 1206
1205	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 1208
1206	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1209
1207	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars or cigarillos? e) Number of hookah, hubbly-bubbly or water pipe sessions? f) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 1209

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars or cigarillos?</p> <p>e) Number of hookah, hubbly-bubbly or water pipe sessions?</p> <p>f) Any others?</p> <p>_____ (SPECIFY)</p>	<p>NUMBER WEEKLY</p> <p>a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
1209	<p>Do you currently use snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 1211</p> <p>→ 1212</p>
1210	<p>In the past, have you used snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 1213</p>
1211	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others?</p> <p>_____ (SPECIFY)</p>	<p>TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 1213</p>
1212	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Any others?</p> <p>_____ (SPECIFY)</p>	<p>TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1213	CHECK 106: AGE OF RESPONDENT AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/>	→ 1220	
1214	CHECK 224: LIVE BIRTH SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 1220	
1215	CHECK 212 AND 215: _____ (NAME OF YOUNGEST CHILD)		
1216	CHECK 1204 AND 1206: CURRENTLY SMOKES TOBACCO OR SMOKED IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 1218	
1217	During your pregnancy with (NAME) how often did you smoke tobacco: every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1218	CHECK 1209 AND 1210: CURRENTLY USES SMOKELESS TOBACCO OR USED IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 1220	
1219	During your pregnancy with (NAME) how often did you use smokeless tobacco: every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1220	Do you currently work in a job where other people smoke tobacco around you?	YES 1 NO 2 NOT CURRENTLY WORKING 3	
1221	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES 1 NO 2	→ 1223
1222	How many years did you work at a job where you were regularly exposed to smoke, dust, fumes or strong smells? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
1223	Do you currently use e-cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
1224	Have you ever consumed a drink that contains alcohol such as beer, wine, ciders, spirits, or sorghum beer? PROBE: Even one drink?	YES 1 NO 2	→ 1301
1225	Was this within the last 12 months?	YES 1 NO 2	→ 1233
1226	In the last 12 months, how frequently have you had at least one drink? PROBE: Five or more days a week, 1-4 days a week, 1-3 days a month, or less often than once a month?	5 OR MORE DAYS A WEEK 1 1-4 DAYS PER WEEK 2 1-3 DAYS A MONTH 3 LESS OFTEN THAN ONCE A MONTH 4	

SECTION 12. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1227	During each of the last 7 days, how many standard drinks did you have? USE SHOWCARD. RECORD TOTAL NUMBER OF DRINKS CONSUMED EACH DAY STARTING WITH THE DAY BEFORE THE DAY OF THE INTERVIEW AND PROCEEDING BACKWARDS. IF NONE, RECORD '00'.	MONDAY <input type="text"/> <input type="text"/> TUESDAY <input type="text"/> <input type="text"/> WEDNESDAY <input type="text"/> <input type="text"/> THURSDAY <input type="text"/> <input type="text"/> FRIDAY <input type="text"/> <input type="text"/> SATURDAY <input type="text"/> <input type="text"/> SUNDAY <input type="text"/> <input type="text"/>	
1227H	During the last 7 days, how many standard home-made beers or other homemade alcohol did you have? USE SHOWCARD.	NUMBER OF HOME-MADE BEERS ... <input type="text"/> <input type="text"/>	
1227I	CHECK 1226 AND 1227: CODE 3 OR 4 RECORDED IN 1226 AND CONSUMED 0-1 DRINKS IN THE LAST 7 DAYS IN 1227? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1233
1228	Have you ever felt that you should cut down on your drinking?	YES 1 NO 2	
1229	Have people annoyed you by criticizing your drinking?	YES 1 NO 2	
1230	Have you ever felt bad or guilty about your drinking?	YES 1 NO 2	
1231	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES 1 NO 2	
1231A	CHECK 1227: FIVE OR MORE DRINKS IN ONE DAY DURING LAST 7 DAYS? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1233
1232	In the past 30 days, have you consumed five or more standard drinks on at least one occasion?	YES 1 NO 2	
1233	CHECK 106: AGE OF RESPONDENT AGE 15-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/>		→ 1301
1234	CHECK 224: LIVE BIRTH SINCE JANUARY 2011? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1301
1235	CHECK 212 AND 215: _____ (NAME OF YOUNGEST CHILD) ↓		
1236	During your pregnancy with (NAME) how often did you drink alcohol: every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	

SECTION 13. FAT, SALT, SUGAR, FRUIT AND VEGETABLE CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Now I would like to ask you some questions about the foods that you eat. There are no right or wrong answers. USE SHOWCARD.		
1304	How often do you usually eat fried foods such as hot chips, fried fish, fried chicken, fried meat, vetkoek or doughnuts?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1305	How often do you eat fast-foods or take-away foods from places like Chicken Licken, KFC, Captain DoRego's, Steers, Nando's, McDonalds, pizza delivery, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1306	How often do you eat chips such as a packet of crispy chips or similar salty snacks such as Doritos, cheese curls, salted nuts, salty biscuits, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1307	How often do you eat processed meat such as polony, viennas, meat pies, or sausage rolls?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1308	Which of the following statements best describes your approach towards salt consumption: 1) I am not interested in lowering salt in my food. 2) I am interested in lowering salt in my food within the next six months. 3) I am interested in lowering salt in my food within the next month. 4) I have started lowering salt within the last six months. 5) I have already lowered my salt intake for longer than six months.	NO INTENTION TO LOWER SALT 1 INTERESTED WITHIN NEXT SIX MONTHS 2 INTERESTED WITHIN NEXT MONTH 3 STARTED IN LAST SIX MONTHS 4 ALREADY LOWERED LONGER THAN SIX MONTHS 5 DON'T KNOW 8	
1309	Yesterday, how many types of fruit did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF FRUIT <input type="text"/> <input type="text"/>	
1310	Yesterday, how many types of vegetables, excluding potatoes, did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF VEGETABLES <input type="text"/> <input type="text"/>	
1311	Yesterday, did you drink any sugar-sweetened drinks? Sugar-sweetened drinks include fizzy drinks like Coke or drinks like Squash where water is added, but not diet or unsweetened cold drinks.	YES 1 NO 2	→ 1312
1311A	How many and what size sugar-sweetened drinks did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML GLASS A <input type="text"/> <input type="text"/> 330 ML CAN OR BOTTLE B <input type="text"/> <input type="text"/> 500 ML BOTTLE C <input type="text"/> <input type="text"/> 1 L BOTTLE D <input type="text"/> <input type="text"/> 2 L BOTTLE E <input type="text"/> <input type="text"/>	
1312	Yesterday, did you drink any fruit juice?	YES 1 NO 2	→ 1401
1312A	How many and what size fruit juices did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML JUICE CARTON A <input type="text"/> <input type="text"/> 200 ML GLASS B <input type="text"/> <input type="text"/>	

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1401	<p>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:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) GO ALONE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																
a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1402	Are you covered by Medical Aid, Medical Benefit Scheme, Provident Scheme, or Hospital Plan that helps you pay for health care or drug services?	YES 1 NO 2																
1404	During the last month, have you received health, medical, or dental care without staying overnight?	YES 1 NO 2	→ 1406															
1405	<p>Where have you received health, medical, or dental care?</p> <p>PROBE: Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B OTHER PUBLIC SECTOR _____ C (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D CHEMIST/PHARMACY E DENTIST/ORAL HYGIENIST/ DENTAL THERAPIST F OTHER PRIVATE MEDICAL SECTOR _____ G (SPECIFY) <p>OTHER SOURCE</p> WORKPLACE HEALTH SERVICE H TRADITIONAL HEALER I TRADITIONAL HERBALIST J FAITH HEALER K OTHER _____ X (SPECIFY)																
1406	During the last month, have you had any visits by a home-based care giver or a community-based care giver?	YES 1 NO 2 DON'T KNOW 8																
1407	<p>Have you ever had a Pap smear?</p> <p>PROBE: When visiting a doctor or nurse, have you ever been asked to lie on your back with your legs apart so they could use a stick to take a sample from your vagina? The sample would have been sent to a laboratory for testing.</p>	YES 1 NO 2 DON'T KNOW 8	→ 1410															

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1408	How many years ago was your last Pap smear?	WITHIN THE LAST 3 YEARS 1 4-5 YEARS AGO 2 6-10 YEARS AGO 3 MORE THAN 10 YEARS AGO 4 DON'T KNOW/DON'T REMEMBER 8	
1409	The last time you had a Pap smear, did you get the result of the test?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1410	Has a doctor, nurse or health worker ever told you that you have TB?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 1413
1411	When was the last time you were told you had TB?	IN THE LAST 12 MONTHS 1 MORE THAN 12 MONTHS AGO 2	
1412	Did you get medical treatment the last time you had TB?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1413	Has a doctor, nurse or health worker told you that you have or have had any of the following conditions:	YES NO DK	
	a) High blood pressure?	a) HIGH BLOOD PRESS. 1 2 8	
	b) Heart attack or angina/chest pains?	b) HEART ATTACK 1 2 8	
	c) Cancer?	c) CANCER 1 2 8	
	d) Stroke?	d) STROKE 1 2 8	
	e) High blood cholesterol or fats in the blood?	e) HIGH BLOOD CHOLEST 1 2 8	
	f) Diabetes or blood sugar?	f) DIABETES 1 2 8	
	g) Chronic bronchitis, emphysema, or COPD?	g) CHRONIC BRONCHITIS 1 2 8	
	h) Asthma?	h) ASTHMA 1 2 8	
1414	CHECK 1413: ANY QUESTION a-h = YES?	YES <input type="checkbox"/> NO <input type="checkbox"/> → 1432	
1415	CHECK 1413a: RESPONDENT HAS HAD HIGH BLOOD PRESSURE.	1413a = YES <input type="checkbox"/> 1413a = NO OR DK <input type="checkbox"/> → 1417	
1416	Did you receive medical treatment for high blood pressure at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1417	CHECK 1413b: RESPONDENT HAS HAD HEART ATTACK OR ANGINA.	1413b = YES <input type="checkbox"/> 1413b = NO OR DK <input type="checkbox"/> → 1419	
1418	Did you receive medical treatment for the heart attack, angina/chest pains at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1419	CHECK 1413c: RESPONDENT HAS HAD CANCER.	1413c = YES <input type="checkbox"/> 1413c = NO OR DK <input type="checkbox"/> → 1421	
1420	Did you receive medical treatment for the cancer at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1421	CHECK 1413d: RESPONDENT HAS HAD STROKE.	1413d = YES <input type="checkbox"/> 1413d = NO OR DK <input type="checkbox"/> → 1423	
1422	Did you receive medical treatment for the stroke at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1423	CHECK 1413e: RESPONDENT HAS HAD HIGH BLOOD CHOLESTEROL.	1413e = YES <input type="checkbox"/> ↓ 1413e = <input type="checkbox"/> NO OR DK	→ 1425
1424	Did you receive medical treatment for high blood cholesterol or fats in the blood at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1425	CHECK 1413f: RESPONDENT HAS HAD DIABETES.	1413f = YES <input type="checkbox"/> ↓ 1413f = <input type="checkbox"/> NO OR DK	→ 1427
1426	Did you receive medical treatment for the diabetes or blood sugar at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1427	CHECK 1413g: RESPONDENT HAS HAD CHRONIC BRONCHITIS.	1413g = YES <input type="checkbox"/> ↓ 1413g = <input type="checkbox"/> NO OR DK	→ 1429
1428	Did you receive medical treatment for chronic bronchitis, emphysema, or COPD at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1429	CHECK 1413h: RESPONDENT HAS HAD ASTHMA.	1413h = YES <input type="checkbox"/> ↓ 1413h = <input type="checkbox"/> NO OR DK	→ 1432
1430	Did you receive medical treatment for asthma at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1432	Compared with other people your age, do you feel you have less breath when exerting yourself? PROBE: By exercising or moving a lot?	YES 1 NO 2 DON'T KNOW 8	
1433	During the last 12 months, have you had wheezing when you breathe?	YES 1 NO 2 DON'T KNOW 8	→ 1436
1434	Were you also short of breath when the wheezing noise was present?	YES 1 NO 2 DON'T KNOW 8	
1435	Have you had the wheezing when you did not have a cold?	YES 1 NO 2 DON'T KNOW 8	
1436	Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1437	Have you been woken by an attack of shortness of breath at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1438	Have you been woken by an attack of coughing at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
1439	Do you usually cough on most days?	YES 1 NO 2 DON'T KNOW 8	→ 1443

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1440	When you cough, do you usually bring up phlegm from your chest?	YES 1 NO 2 DON'T KNOW 8	→ 1443
1441	Have you brought up phlegm every day for at least three months during the last year?	YES 1 NO 2 DON'T KNOW 8	→ 1443
1442	For how many years have you brought up phlegm in this way? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
1443	Are you currently troubled by pain or discomfort, either all the time or on and off?	YES 1 NO 2	→ 1446
1444	Have you had this pain or discomfort for more than 3 months?	YES 1 NO 2	→ 1446
1445	Where do you feel this pain or discomfort? RECORD ALL MENTIONED.	BACK PAIN A NECK OR SHOULDER PAIN B HEADACHE, FACIAL OR DENTAL PAIN C STOMACH ACHE OR ABDOMINAL PAIN D PAIN IN ARMS, HANDS, HIPS, LEGS OR FEET E CHEST PAIN F OTHER _____ X (SPECIFY)	
1446	In the last 12 months, did your teeth or your mouth cause you any pain or discomfort?	YES 1 NO 2	→ 1450
1447	Did you get treatment the last time that you had the problem?	YES 1 NO 2	→ 1449
1448	Who did you see for treatment? RECORD ALL MENTIONED.	PUBLIC SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST A MEDICAL DOCTOR/NURSE B PRIVATE MEDICAL SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST C MEDICAL DOCTOR/NURSE D OTHER SOURCE TRADITIONAL HEALER E OTHER X	→ 1450
1449	What was the main reason that you did not get treatment?	NO ORAL HEALTH SERVICE AVAILABLE 1 ORAL HEALTH SERVICES TOO FAR 2 ORAL HEALTH SERVICES TOO EXPENSIVE/ COULD NOT AFFORD 3 PROBLEM WENT AWAY 4 OTHER 6	
1450	Now I would like to ask you about any medication you take. Do you use any medication daily or regularly that has been prescribed by a doctor or nurse?	YES 1 NO 2	→ 1455
1451	How many different prescribed medications do you use daily or regularly?	NUMBER OF MEDICINES <input type="text"/> <input type="text"/>	

SECTION 14. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1452	Who pays for most of these medications?	RESPONDENT 1 FAMILY/FRIEND! 2 MEDICAL AID 3 EMPLOYER 4 PROVIDED BY PUBLIC CLINIC OR HOSPITAL .. 5 OTHER 6	→ 1455 → 1455
1453	In the last 12 months, have you ever been sent away from the clinic without a medication because they did not have stock?	YES 1 NO 2	→ 1455
1454	How many times has this happened to you in the last 12 months? PROBE FOR ESTIMATE OF NUMBER OF TIMES.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
1455	In the last 12 months, have you used any medications containing codeine to treat a medical condition? USE THE SHOWCARD.	YES 1 NO 2 DON'T KNOW 8	→ 1500
1457	In the last 12 months, have you used any of these medications for the experience or feeling it gave you rather than for their medicinal effect?	YES 1 NO 2	→ 1500
1458	In the last 12 months, which codeine-containing medications have you used for the experience or feeling rather than for their medical effect? RECORD ALL MENTIONED.	BRONCLEER/LENAZINE FORTE A ACTIFED DRY COUGH B BENYLIN SYRUP WITH CODEINE C LENADOL/ADCO-DOL PAIN TABLETS D NUROFEN PLUS E MYPRODOL F STILPANE G SYNDOL H OTHER _____ X (SPECIFY)	
1459	In the last 12 months, have you received treatment for your problems related to the use of codeine-containing medications for non-medical purposes?	YES 1 NO 2	

SECTION 15: HOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
1500	CHECK COVER PAGE AND 106: WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION AND AT LEAST 18 YEARS OLD	WOMAN NOT SELECTED <input type="checkbox"/> OR SELECTED <input type="checkbox"/> BUT AGE 15-17	1533																									
1501	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	1532																									
1501A	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 South Africa. 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.																											
1502	CHECK 701, 701A, 701B AND 702: NEVER IN UNION WITH A MAN <input type="checkbox"/>	CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> OR HAS REGULAR MALE PARTNER/BOYFRIEND FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/>	1503																									
1502A	Do you have a boyfriend or have you had one in the past?	YES, CURRENTLY HAS BOYFRIEND 1 YES, HAD BOYFRIEND IN PAST ... 2 NO 3	1516																									
1503	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/boyfriend)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE .	1	2	8		
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NOT MEET FRIENDS	1	2	8																									
NO FAMILY	1	2	8																									
WHERE YOU ARE .	1	2	8																									
1504	Now I need to ask some more questions about your relationship with your most recent partner. A Did your (last) partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself? d) refuse to give you enough money for household expenses or contribute towards household expenses when he has the money to do so?	B How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) refuse to give you enough money for household expenses or contribute towards household expenses when he has the money to do so?</td> <td>YES 1 NO OR 2 N/A ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		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	d) refuse to give you enough money for household expenses or contribute towards household expenses when he has the money to do so?	YES 1 NO OR 2 N/A ↓	1	2	3	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
1505	<p>A Did your (last) partner ever do any of the following things to you:</p> <p>a) slap you, push you, shake you, or throw something at you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				
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1506	<p>CHECK 1505A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1511																																																																												
1508	<p>Did the following ever happen as a result of what your (last) partner did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																													
1511	Does (did) your (last) partner drink alcohol?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 1512A																																																																												
1512	How often does (did) he get drunk: often, only sometimes, or never?	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>																																																																													
1512A	Does (did) your (last) partner take drugs?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 1512C																																																																												
1512B	How often does (did) he take drugs: often, only sometimes, or never?	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>																																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1512C	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) partner at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1513
1512D	In the last 12 months, how often have you done this to your (last) partner: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1513	Are (Were) you afraid of your (last) partner: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1514	CHECK 709: OTHER <input type="checkbox"/> OR NOT ASKED MARRIED OR LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>		→ 1515
1514A	So far we have been talking about the behaviour of your (current/last) partner. Now I want to ask you about the behaviour of any previous partner. Have you had a previous partner?	YES 1 NO 2	→ 1515Aa → 1516A
1515	A So far we have been talking about the behaviour of your (current/last) partner. Now I want to ask you about the behaviour of any previous partner.	B How long ago did this last happen?	
		EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER	
	a) Did any previous partner ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → 1 2 3 NO 2 ↓	
	b) Did any previous partner physically force you to have sexual intercourse against your will?	YES 1 → 1 2 3 NO 2 ↓	
	c) Did any previous partner physically force you to perform any other sexual acts against your will?	YES 1 → 1 2 3 NO 2 ↓	
	d) Did any previous partner humiliate, threaten, belittle, insult or try to exert excessive control over you in any way?	YES 1 → 1 2 3 NO 2 ↓	
	e) Did any previous partner refuse to give you enough money for household expenses or contribute towards household expenses?	YES 1 → 1 2 3 NO OR N/A 2 ↓	
1516A	CHECK 1505A (h-j) and 1515A(b, c) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1516
1516B	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by (your/any) partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
1516	CHECK 701, 701A, 701B, 702 AND 1502A: EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> a) From the time you were 15 years old has anyone other than (your/any) partner hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1518A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1517	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 MOTHER-IN-LAW F FATHER-IN-LAW G OTHER IN-LAW H TEACHER I EMPLOYER/SOMEONE AT WORK . J POLICE/SOLDIER K NEIGHBOUR L OTHER _____ X (SPECIFY)	
1518	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	
1518A	CHECK 106: AGE OF RESPONDENT AGE 18-49 <input type="checkbox"/> AGE 50 AND ABOVE <input type="checkbox"/> → 1522		
1519	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/> → 1522		
1519A	CHECK 701, 701A, 701B, 702 AND 1502A: EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> → 1520A		
1520	Has a partner ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	
1520A	Has any one else ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	
1521A	CHECK 1520 AND 1520A: EITHER 1520 OR 1520A = YES <input type="checkbox"/> NEITHER 1520 NOR 1520A = YES <input type="checkbox"/> → 1522		
1521	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 NEIGHBOUR P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1522	<p>CHECK 701, 701A, 701B, 702 AND 1502A:</p> <p>EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/></p> <p>a) Now I want to ask you about things that may have been done to you by someone other than (your/any) partner.</p> <p>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 when you did not want to?</p> <p>b) 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 when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1522C</p>
1522A	<p>How old were you the first time this happened?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1522B	<p>Who was the person who was forcing you the very first time this happened?</p>	<p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK . 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>NEIGHBOUR 15</p> <p>OTHER _____ 96 (SPECIFY)</p>	
1522C	<p>At any time in your life, as a child or as an adult, has anyone (other than any partner) ever forced you in any way to perform any other sexual acts when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1526</p>
1522D	<p>How old were you the first time this happened?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1523	<p>Who was the person who was forcing you the very first time this happened?</p>	<p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK . 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>NEIGHBOUR 15</p> <p>OTHER _____ 96 (SPECIFY)</p>	
1523A	<p>CHECK 1522: EVER FORCED TO HAVE SEXUAL INTERCOURSE?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>→ 1526</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1524	CHECK 701, 701A, 701B, 702 AND 1502A: EVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> a) In the last 12 months, has anyone other than (your/any) partner physically forced you to have sexual intercourse when you did not want to? NEVER IN UNION OR HAD A BOYFRIEND <input type="checkbox"/> 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																					
1526	CHECK 1505A (a-j), 1515A (a, b, c), 1516, 1520, 1520A, 1522, 1522C AND 1524: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1530																				
1527	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	→ 1529																				
1528	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 NEIGHBOUR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL . H POLICE I LAWYER J SOCIAL SERVICE ORGANISATION . K COLLEAGUE L HELPLINE M OTHER _____ X (SPECIFY)	→ 1530																				
1529	Have you ever told any one about this?	YES 1 NO 2																					
1530	As far as you know, did your father or any other husband or boyfriend your mother had ever hit or beat her?	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 HOUSEHOLD RELATIONS MODULE ONLY.																							
1531	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>YES, MORE ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND/PARTNER .</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT .</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> </tr> </tbody> </table>		YES	YES, MORE ONCE	YES, MORE THAN ONCE	NO	HUSBAND/PARTNER .	1	2	3	3	OTHER MALE ADULT .	1	2	3	3	FEMALE ADULT	1	2	3	3	
	YES	YES, MORE ONCE	YES, MORE THAN ONCE	NO																			
HUSBAND/PARTNER .	1	2	3	3																			
OTHER MALE ADULT .	1	2	3	3																			
FEMALE ADULT	1	2	3	3																			
1532	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE HOUSEHOLD RELATIONS MODULE _____ _____ _____																						
1533	RECORD THE TIME.	HOURS MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- C MISCARRIAGES
- A INDUCED ABORTIONS
- S STILLBIRTHS

- 0 NO METHOD
- 1 FEMALE STERILISATION
- 2 MALE STERILISATION
- 3 IUD
- 4 INJECTABLES - 3 MONTH DEPO
- 5 INJECTABLES - 2 MONTH NUR-ISTERATE
- 6 IMPLANTS
- 7 PILL
- 8 MALE CONDOM
- 9 FEMALE CONDOM
- E EMERGENCY CONTRACEPTION

- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 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

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
2	09	SEP	04	
	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
6	05	MAY	08	6
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	
	08	AUG	17	2
0	07	JUL	18	0
1	06	JUN	19	1
5	05	MAY	20	5
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
2	09	SEP	28	
	08	AUG	29	2
0	07	JUL	30	0
1	06	JUN	31	1
4	05	MAY	32	4
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
2	09	SEP	40	
	08	AUG	41	2
0	07	JUL	42	0
1	06	JUN	43	1
3	05	MAY	44	3
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	
	08	AUG	53	2
0	07	JUL	54	0
1	06	JUN	55	1
2	05	MAY	56	2
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	
	08	AUG	65	2
0	07	JUL	66	0
1	06	JUN	67	1
1	05	MAY	68	1
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

