

**MALDIVES DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE**

IDENTIFICATION					
ISLAND NAME AND NUMBER				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
NAME OF HOUSEHOLD HEAD					
CLUSTER NUMBER				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
ATOLL NAME AND NUMBER					
HOUSEHOLD NUMBER				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
NAME AND LINE NUMBER OF WOMAN				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE				<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
				<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
INTERVIEWER'S NAME				<div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
RESULT*				<div style="display: flex; justify-content: space-between;"> <div>INT. NO.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
				<div style="display: flex; justify-content: space-between;"> <div>RESULT*</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
NEXT VISIT: DATE				<div style="display: flex; justify-content: space-between;"> <div>TOTAL NUMBER OF VISITS</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
TIME					
<p>*RESULT CODES:    1 COMPLETED                      4 REFUSED</p> <p>                         2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____</p> <p>                         3 POSTPONED                      6 INCAPACITATED                      SPECIFY _____</p>					
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> </div> <div>           LANGUAGE OF INTERVIEW** <span style="border: 1px solid black; padding: 2px 5px;"></span> <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <span style="border: 1px solid black; padding: 2px 5px;"></span> <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES: 01 ENGLISH 02 DHIVEHI         </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           _____            SUPERVISOR NAME         </div> <div style="width: 35%; text-align: center;">           SUPERVISOR  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>           NUMBER         </div> </div>					

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about health and other topics all over Maldives. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED .. 2 → END

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS .....</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES .....</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	
101A	COLLECT ALL RELEVANT DOCUMENTATION THAT MAY HAVE ANY INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
105	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH .....</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH .....</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR .....</div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR .....</div> <div>9998</div> </div>	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	<div style="display: flex; justify-content: space-between;"> <div>AGE IN COMPLETED YEARS .....</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	
107	Have you ever attended school?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div>	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	<div style="display: flex; justify-content: space-between;"> <div>PRIMARY .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECONDARY .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>HIGHER .....</div> <div>3</div> </div>	

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
109	What is the highest (grade/year) you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/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></tr></table>			
110	CHECK 108:  PRIMARY OR <input type="checkbox"/> SECONDARY     ↓  HIGHER <input type="checkbox"/> ..... → 113				
111	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5			
112	CHECK 111:  CODE '2', '3', OR '4' <input type="checkbox"/> CIRCLED     ↓  CODE '1' OR '5' CIRCLED <input type="checkbox"/> ..... → 114				
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3			
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3			
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3			
116	Do you own a mobile telephone?	YES ..... 1 NO ..... 2	→ 118		
117	Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2			
118	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2			
119	Have you ever used the internet?	YES ..... 1 NO ..... 2	→ 201		
120	In the last 12 months, have you used the internet?  IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES ..... 1 NO ..... 2	→ 201		
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4			

## 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" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) GIRLS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             YES  <input type="checkbox"/>              ↓           </div> <div style="text-align: center;">             NO <input type="checkbox"/>              ↓              PROBE AND              CORRECT 201-208              AS NECESSARY.           </div> </div>		
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             ONE OR MORE              BIRTHS <input type="checkbox"/>              ↓           </div> <div style="text-align: center;">             NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226

# SECTION 2. REPRODUCTION

<p>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 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.</p>									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	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? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.				
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	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"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

212  What name was given to your (first/next) baby?          RECORD NAME.  BIRTH HISTORY NUMBER.	213  Is (NAME) a boy or a girl?	214  Were any of these births twins?	215  On what day, month, and year was (NAME) born?	216  Is (NAME) still alive?	217 IF ALIVE:  How old was (NAME) at (NAME)'s last birthday?    RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE:  Is (NAME) living with you?	219 IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD:  How old was (NAME) when (he/she) died?  IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?  THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221  Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	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"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

**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  <div style="display: flex; justify-content: space-around;"> <div>             NUMBERS ARE SAME  <input type="checkbox"/> </div> <div>             NUMBERS ARE DIFFERENT  <input type="checkbox"/> </div> </div> (PROBE AND RECONCILE) ←		
224*	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	→ 226
225*	<b>C</b> FOR EACH BIRTH IN 2011-2016, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 230
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <b>C</b> 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  <div style="display: flex; justify-content: space-around;"> <div>             ONE OR MORE <input type="checkbox"/>              a) Did you want to have a baby later on or did you not want any more children?           </div> <div>             NONE <input type="checkbox"/>              b) Did you want to have a baby later on or did you not want any children?           </div> </div>	LATER ..... 1 NO MORE/NONE ..... 2	
230	Have you ever had a pregnancy that miscarried, was aborted, 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"/>	

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232*	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN 2011-2016 <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED IN 2010 OR EARLIER <input type="checkbox"/></p>	<p>→ 234</p> <p>→ 239</p>	
LINE NO.	233 In what month and year did the preceding such pregnancy end?	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		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
02	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MONTH</span> <span>YEAR</span> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
03	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MONTH</span> <span>YEAR</span> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
04	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MONTH</span> <span>YEAR</span> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → 236
236*	<p><b>C</b> FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011-2016 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>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>		
237	Did you have any miscarriages, abortions or stillbirths that ended before 2011?	YES ..... 1 NO ..... 2	→ 239
238	When did the last such pregnancy that terminated before 2011 end?	MONTH ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> YEAR ..... <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
239	When did your last menstrual period start?  <hr style="width: 50%; margin-left: 0;"/> (DATE, IF GIVEN)	<table style="width: 100%;"> <tr> <td style="width: 80%;">DAYS AGO .....</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 10%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> <tr> <td>WEEKS AGO .....</td> <td style="text-align: center;">2</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> <tr> <td>MONTHS AGO .....</td> <td style="text-align: center;">3</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> <tr> <td>YEARS AGO .....</td> <td style="text-align: center;">4</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996	DAYS AGO .....	1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	WEEKS AGO .....	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	MONTHS AGO .....	3	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	YEARS AGO .....	4	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>							
DAYS AGO .....	1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			
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MONTHS AGO .....	3	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			
YEARS AGO .....	4	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	<table style="width: 100%;"> <tr> <td style="width: 80%;">YES .....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="3" style="width: 10%; vertical-align: middle; text-align: center;"> <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/> → 242                         </td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </table>	YES .....	1	<input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/> → 242	NO .....	2	DON'T KNOW .....	8												
YES .....	1	<input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/> → 242																			
NO .....	2																				
DON'T KNOW .....	8																				
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%;"> <tr> <td style="width: 80%;">JUST BEFORE HER PERIOD BEGINS .....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="5" style="width: 10%;"></td> </tr> <tr> <td>DURING HER PERIOD .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED .....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS .....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: center;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">DON'T KNOW .....</td> <td style="text-align: center;">8</td> <td></td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS .....	1		DURING HER PERIOD .....	2	RIGHT AFTER HER PERIOD HAS ENDED .....	3	HALFWAY BETWEEN TWO PERIODS .....	4	OTHER .....	6	(SPECIFY)			DON'T KNOW .....		8		
JUST BEFORE HER PERIOD BEGINS .....	1																				
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HALFWAY BETWEEN TWO PERIODS .....	4																				
OTHER .....	6																				
(SPECIFY)																					
DON'T KNOW .....		8																			
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table style="width: 100%;"> <tr> <td style="width: 80%;">YES .....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="3" style="width: 10%;"></td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </table>	YES .....	1		NO .....	2	DON'T KNOW .....	8												
YES .....	1																				
NO .....	2																				
DON'T KNOW .....	8																				

\* For interviews conducted in 2017, the years were modified to 2012-2016.

**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?          FOR EACH METHOD NOT MENTIONED SPONTANEOUSLY, ASK:          Have you heard of (METHOD)?</p>	
01	<p>Female Sterilization.          PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1          NO ..... 2</p>
02	<p>Male Sterilization.          PROBE: Men can have an operation to avoid having any more</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</p>	<p>YES ..... 1          NO ..... 2</p>
04	<p>Injectables.          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.          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</p>	<p>YES ..... 1          NO ..... 2</p>
07	<p>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/Morning After Pill.          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>Standard Days Method.          PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p>	<p>YES ..... 1          NO ..... 2</p>
11	<p>Lactational Amenorrhea Method (LAM).          PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.</p>	<p>YES ..... 1          NO ..... 2</p>
12	<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>
13	<p>Withdrawal.          PROBE: Men can be careful and pull out before climax.</p>	<p>YES ..... 1          NO ..... 2</p>
14	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD          _____ 1          (SPECIFY)          YES, TRADITIONAL METHOD          _____ 2          (SPECIFY)          NO ..... 3</p>

### SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226:  <div style="display: flex; justify-content: space-around;"> <span>NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓</span> <span>PREGNANT <input type="checkbox"/> → 312</span> </div>		
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 312
304	Which method are you using?  RECORD ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PILL ..... F CONDOM ..... G FEMALE CONDOM ..... H EMERGENCY CONTRACEPTION ..... I STANDARD DAYS METHOD ..... J LACTATIONAL AMENORRHEA METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 309
307	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSPIT/..... 11 GOVT. REGIONAL HOSPITAL ..... 12 GOVT. ATOLL HOSPITAL ..... 13 GOVERNMENT HEALTH CENTER..... 14 OTHER PUBLIC SECTOR ..... _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 OTHER PRIVATE MEDICAL SECTOR ..... _____ 26 (SPECIFY)  OTHER ..... _____ (SPECIFY) 96 DON'T KNOW ..... 98	
308	In what month and year was the sterilization performed?	MONTH ..... YEAR .....	→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... YEAR .....	
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309  <div style="display: flex; justify-content: space-between;"> <span>NO <input type="checkbox"/> ↓</span> <span>YES <input type="checkbox"/> ←</span> </div> 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 (CAPI OPTION)**

311*	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>CHECK 308 AND 309:</p> <p align="center">YEAR IS 2011-2016 <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE ↓</p> </div> <div style="width: 48%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2010 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2011 .</p> <p align="center">THEN ↓ (SKIP TO 324) ←</p> </div> </div>																																								
312*	<p>When was the last time you used a method? Which method was that?</p> <p><b>C</b> 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>																																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th><th style="width:25%; text-align: center;">COLUMN 1</th><th style="width:25%; text-align: center;">COLUMN 2</th><th style="width:25%; text-align: center;">COLUMN 3</th></tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;">312A</td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312B</td><td style="padding: 5px;"> Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?  YES ..... 1  NO ..... 2  (SKIP TO 312I) ← </td><td style="padding: 5px;"> YES ..... 1  NO ..... 2  (SKIP TO 312I) ← </td><td style="padding: 5px;"> YES ..... 1  NO ..... 2  (SKIP TO 312I) ← </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312C</td><td style="padding: 5px;"> Which method was that?  METHOD CODE .. <input style="width: 40px;" type="text"/> </td><td style="padding: 5px;"> METHOD CODE .. <input style="width: 40px;" type="text"/> </td><td style="padding: 5px;"> METHOD CODE .. <input style="width: 40px;" type="text"/> </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312D</td><td style="padding: 5px;"> How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?  CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.  IMMEDIATELY ..... 00  MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312F) ←  DATE GIVEN ..... 95 </td><td style="padding: 5px;"> IMMEDIATELY ..... 00  MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312F) ←  DATE GIVEN ..... 95 </td><td style="padding: 5px;"> IMMEDIATELY ..... 00  MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312F) ←  DATE GIVEN ..... 95 </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312E</td><td style="padding: 5px;"> RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.  MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312F</td><td style="padding: 5px;"> For how many months did you use (METHOD)?  CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.  MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312H) ←  DATE GIVEN ..... 95 </td><td style="padding: 5px;"> MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312H) ←  DATE GIVEN ..... 95 </td><td style="padding: 5px;"> MONTHS .. <input style="width: 40px;" type="text"/>  (SKIP TO 312H) ←  DATE GIVEN ..... 95 </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312G</td><td style="padding: 5px;"> RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.  MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td><td style="padding: 5px;"> MONTH <input style="width: 40px;" type="text"/>  <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  YEAR </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312H</td><td style="padding: 5px;"> Why did you stop using (METHOD)?  REASON STOPPED ..... <input style="width: 40px;" type="text"/> </td><td style="padding: 5px;"> REASON STOPPED ..... <input style="width: 40px;" type="text"/> </td><td style="padding: 5px;"> REASON STOPPED ..... <input style="width: 40px;" type="text"/> </td></tr> <tr> <td style="text-align: center; vertical-align: top;">312I</td><td style="padding: 5px;"> GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313. </td><td style="padding: 5px;"> GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313. </td><td style="padding: 5px;"> GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313. </td></tr> </tbody> </table>		COLUMN 1	COLUMN 2	COLUMN 3	312A	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception? YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	312C	Which method was that? METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" 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. IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD. 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MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	312H	Why did you stop using (METHOD)? REASON STOPPED ..... <input style="width: 40px;" type="text"/>	REASON STOPPED ..... <input style="width: 40px;" type="text"/>	REASON STOPPED ..... <input style="width: 40px;" 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.
	COLUMN 1	COLUMN 2	COLUMN 3																																						
312A	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR																																						
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception? YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←																																						
312C	Which method was that? METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" type="text"/>	METHOD CODE .. <input style="width: 40px;" 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. IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95																																						
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD. MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR																																						
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 40px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95																																						
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR	MONTH <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> YEAR																																						
312H	Why did you stop using (METHOD)? REASON STOPPED ..... <input style="width: 40px;" type="text"/>	REASON STOPPED ..... <input style="width: 40px;" type="text"/>	REASON STOPPED ..... <input style="width: 40px;" 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.																																						

\* For interviews conducted in 2017, the years were modified to 2012-2017.

**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 STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 STANDARD DAYS METHOD ..... 10 LACTATIONAL AMENORRHEA METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 326 → 319 → 327        → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSPITAL ..... 11 GOVT. REGIONAL HOSPITAL ..... 12 GOVT. ATOLL HOSPITAL ..... 13 GOVERNMENT HEALTH CENTER ..... 14 OTHER PUBLIC SECTOR ..... _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 SHE/JOURNEY/OTHER NGO ..... 24 OTHER PRIVATE MEDICAL SECTOR ..... _____ 26 (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 31 FRIEND/RELATIVE ..... 33  OTHER ..... 96 (SPECIFY)	
317	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 STANDARD DAYS METHOD ..... 10 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 323  → 322 → 323

### SECTION 3. CONTRACEPTION

[illegible]

**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, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSPITAL..... 11</p> <p>GOVT. REGIONAL HOSPITAL..... 12</p> <p>GOVT. ATOLL HOSPITAL..... 13</p> <p>GOVERNMENT HEALTH CENTER..... 14</p> <p>OTHER PUBLIC SECTOR..... 16</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC..... 21</p> <p>PHARMACY..... 22</p> <p>PRIVATE DOCTOR..... 23</p> <p>SHE/JOURNEY/OTHER NGO..... 24</p> <p>OTHER PRIVATE MEDICAL SECTOR..... 26</p> <p>_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP..... 31</p> <p>FRIEND/RELATIVE..... 33</p> <p>OTHER..... 96</p> <p>_____ (SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES..... 1</p> <p>NO..... 2</p>	
327	In the last 12 months, were you visited by a fieldworker?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 329
328	Did the fieldworker talk to you about family planning?	<p>YES..... 1</p> <p>NO..... 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p>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>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES..... 1</p> <p>NO..... 2</p>	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

401*	<p>CHECK 224:</p> <p align="center">             ONE OR MORE BIRTHS <input type="checkbox"/> IN 2011-2016             <span style="margin-left: 100px;">NO BIRTHS IN <input type="checkbox"/> 2011-2016</span> <span style="float: right;">→ 648</span> </p>		
402	<p>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).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</p>	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>
404	<p>FROM 212 AND 216:</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES ..... 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p align="center">(SKIP TO 427) ←</p> <p>NO ..... 2</p>
406	<p>CHECK 208:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p align="center">(SKIP TO 427) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS ..... 1 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	<p>MONTHS ..... 1 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 414) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>GYNECOLOGIST* ..... A</p> <p>DOCTOR ..... B</p> <p>NURSE/MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>COMMUNITY/FAMILY HEALTH OFFICER ..... D</p> <p>TRADITIONAL BIRTH ATTENDANT ..... E</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	

\* For interviews conducted in 2017, the years were modified to 2012-2017.

**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, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. H... C</p> <p>GOVT. REGIONAL HOS... D</p> <p>GOVERNMENT ATOLL HO... E</p> <p>GOVT. HEALTH CENTER ... F</p> <p>GOVT. HEALTH POST ..... G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p> <p>d) Counsellor on birth preparedness?</p>	<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) BIRTH .....</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) BIRTH .....	1	2	
	YES	NO																
a) BP .....	1	2																
b) URINE .....	1	2																
c) BLOOD .....	1	2																
d) BIRTH .....	1	2																
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW ..... 8</p>																
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																
416	<p>CHECK 415:</p>	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p>																

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH 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;"> <div style="text-align: center;">             ONLY <input type="checkbox"/> ONE ↓              a) How many years ago did you receive that tetanus injection?           </div> <div style="text-align: center;">             MORE <input type="checkbox"/> THAN ONE ↓              b) How many years ago did you receive the last tetanus injection prior to this pregnancy?           </div> </div>	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 422A) ← 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		
422A	During this pregnancy, did you receive any iron/folic acid tablets from a government health facility?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
427	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	
428	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 99998	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</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><b>HEALTH PERSONNEL</b></p> <p>GYNECOLOGIST . . . . . A</p> <p>DOCTOR . . . . . B</p> <p>NURSE/MIDWIFE . . . . . C</p> <p><b>OTHER PERSON</b></p> <p>COMMUNITY/FAMILY HEALTH OFFICER . . . . . D</p> <p>TRADITIONAL BIRTH ATTENDANT . . . . . E</p> <p>RELATIVE/FRIEND . . . . . F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED . . . . . Y</p>	<p><b>HEALTH PERSONNEL</b></p> <p>GYNECOLOGIST . . . . . A</p> <p>DOCTOR . . . . . B</p> <p>NURSE/MIDWIFE . . . . . C</p> <p><b>OTHER PERSON</b></p> <p>COMMUNITY/FAMILY HEALTH OFFICER . . . . . D</p> <p>TRADITIONAL BIRTH ATTENDANT . . . . . E</p> <p>RELATIVE/FRIEND . . . . . F</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, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME . . . . . 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME . . . . . 12</p> <p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. H. . . 21</p> <p>GOVT. REGIONAL HOS. . . . 22</p> <p>GOVERNMENT ATOLL HO. . . 23</p> <p>GOVT. HEALTH CENTER . . . 24</p> <p>GOVT. HEALTH POST . . . . 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC . . . 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><b>HOME</b></p> <p>HER HOME . . . . . 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME . . . . . 12</p> <p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. H. . . 21</p> <p>GOVT. REGIONAL HOS. . . . 22</p> <p>GOVERNMENT ATOLL HO. . . 23</p> <p>GOVT. HEALTH CENTER . . . 24</p> <p>GOVT. HEALTH POST . . . . 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC . . . 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;</p> <p>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>	
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>(SKIP TO 434) ←</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>(SKIP TO 434) ←</p>
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE . . . . . 1</p> <p>AFTER . . . . . 2</p>	<p>BEFORE . . . . . 1</p> <p>AFTER . . . . . 2</p>
433A	<p>Who made the decision to have a caesarean?</p>	<p>RESPONDENT . . . . . 1</p> <p>DOCTOR . . . . . 2</p> <p>OTHER . . . . . 3</p>	<p>RESPONDENT . . . . . 1</p> <p>DOCTOR . . . . . 2</p> <p>OTHER . . . . . 3</p>

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																		
434A	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED (SKIP TO 449) ←	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED (SKIP TO 459) ←																		
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><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.	<b>HEALTH PERSONNEL</b> GYNECOLOGIST ..... 11 DOCTOR ..... 12 NURSE/MIDWIFE ..... 13  <b>OTHER PERSON</b> COMMUNITY/FAMILY HEALTH OFFICER ..... 21 TRADITIONAL BIRTH ATTENDANT ..... 22  OTHER ..... 96 (SPECIFY)																			
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 441) ← DON'T KNOW ..... 8																			
439	How long after delivery was (NAME)'s health first checked?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 998																			

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... 11            NURSE/MIDWIFE ..... 12</p> <p><b>OTHER PERSON</b>            COMMUNITY/FAMILY HEALTH OFFICER ..... 21</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</p> <p align="right">(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="906 689 1037 741"><tr><td></td><td></td></tr></table></p> <p>DAYS ..... 2 <table border="1" data-bbox="906 741 1037 792"><tr><td></td><td></td></tr></table></p> <p>WEEKS ..... 3 <table border="1" data-bbox="906 792 1037 844"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 998</p>							
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>            GYNECOLOGIST ..... 11            DOCTOR ..... 12            NURSE/MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b>            COMMUNITY/FAMILY HEALTH OFFICER ..... 21            TRADITIONAL BIRTH ATTENDANT ..... 22</p> <p>OTHER _____ 96            (SPECIFY)</p>							
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, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>HOME</b>            HER HOME ..... 11            OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b>            INDHIRA GANDHI MEM. H... 21            GOVT. REGIONAL HOS... 22            GOVERNMENT ATOLL HO... 23            GOVT. HEALTH CENTER .. 24            GOVT. HEALTH POST .. 25            OTHER PUBLIC SECTOR</p> <p>_____ 26            (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b>            PRIVATE HOSPITAL/            CLINIC ..... 31            OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36            (SPECIFY)</p> <p>OTHER _____ 96            (SPECIFY)</p>							

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES ..... 1 NO ..... 2 (SKIP TO 457) ← DON'T KNOW ..... 8							
446	How many hours, days or weeks after the birth of (NAME) did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="906 434 1038 488"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="906 495 1038 548"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="906 555 1038 609"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998							
447	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12  <b>OTHER PERSON</b> COMMUNITY/FAMILY HEALTH OFFICER ..... 22 OTHER ..... 96 (SPECIFY) _____							
448	Where did this check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12  <b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSP. .... 21 GOVT. REGIONAL HOSP. .... 22 GOVERNMENT ATOLL HOSP. .... 23 GOVT. HEALTH CENTER .... 24 GOVT. HEALTH POST .... 25 OTHER PUBLIC SECTOR ..... 26 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)  OTHER ..... 96 (SPECIFY) _____ (SKIP TO 457) ←							
449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 453) ←							

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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> <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><b>HEALTH PERSONNEL</b></p> <p>GYNECOLOGIST ..... 11</p> <p>DOCTOR ..... 12</p> <p>NURSE/MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>COMMUNITY/FAMILY HEALTH OFFICER ..... 21</p> <p>TRADITIONAL BIRTH ATTENDANT ..... 22</p> <p>OTHER ..... 96 (SPECIFY)</p>	
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, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSP. .... 21</p> <p>GOVT. REGIONAL HOSP. .... 22</p> <p>GOVERNMENT ATOLL HOSP. .... 23</p> <p>GOVT. HEALTH CENTER .... 24</p> <p>GOVT. HEALTH POST .... 25</p> <p>OTHER PUBLIC SECTOR ..... 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>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</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DON'T KNOW ..... 8</p>	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																												
454	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH ..... 1 DAYS AFTER BIRTH ..... 2 WEEKS AFTER BIRTH ..... 3  DON'T KNOW ..... 998																													
455	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12  <b>OTHER PERSON</b> COMMUNITY/FAMILY HEALTH OFFICER ..... 22  OTHER ..... 96 (SPECIFY)																													
456	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12  <b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSP. .... 21 GOVT. REGIONAL HOSP. .... 22 GOVERNMENT ATOLL HOSP. .... 23 GOVT. HEALTH CENTER .... 24 GOVT. HEALTH POST .... 25 OTHER PUBLIC SECTOR ..... 26 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MEDICAL SECTOR ..... 36 (SPECIFY)  OTHER ..... 96 SPECIFY																													
457	During the first two days after (NAME)'s birth, did any health care provider do the following:  a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding?  e) Observe (NAME) breastfeeding?  f) Counsel you on child feeding practices?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) CORD .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TEMP. ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) SIGNS ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) COUNSEL BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) FEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </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	f) FEEDING	1	2	8	
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**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
458	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 460) ← NO ..... 2 (SKIP TO 461) ←	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 463) ←
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←	
462	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ..... <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) ← (GO TO 471) ←	
466	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS ..... 1 <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"/> (GO TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2	
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

**SECTION 5A. CHILD IMMUNIZATION (LAST 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 vaccination card where (NAME)'s vaccinations are written down?	YES, HAS A CARD . . . . . 1 NO, DOES NOT HAVE A CARD . . . . . 2	→ 507A
505A	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 NO . . . . . 2	
506A	CHECK 504A: CODE '1' CIRCLED <input type="checkbox"/> CODE '2' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card where (NAME)'s vaccinations are written down?	YES, CARD SEEN . . . . . 1 NO CARD NOT SEEN . . . . . 2	→ 511A

\* For interviews conducted in 2017, the years were modified to 2014-2017.

### SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																								
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER . . . . .	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																																									
508A	<p>COPY DATES FROM THE CHILD HEALTH RECORD OR CHILD GROWTH DEVELOPMENT CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				INACTIVATED POLIO VACCINE (IPV) 1				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				MEASLES				MMR				VITAMIN A (MOST RECENT)					
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509A	<p>CHECK 508A: 'BCG' TO 'MMR' ALL RECORDED?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>		525A																																																								
510A	<p>In addition to what is recorded on this document, did (NAME) receive any other vaccinations, including vaccinations received during immunization days?</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</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A)</p> <p>(THEN SKIP TO 525A)</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	525A																																																								

**SECTION 5A. CHILD IMMUNIZATION (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 during immunization days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514A	Has (NAME) ever received oral polio vaccine, 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 pentavalent vaccination, that is, an injection given in the thigh usually at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523A	Has (NAME) ever received a measles and/or MMR vaccination, that is, an injection in the thigh to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525A
524A	How many times did (NAME) receive the measles and/or MMR vaccination?	NUMBER OF TIMES ..... <input type="text"/>	
525A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B*	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? <div style="display: flex; justify-content: space-around;"> <span>MORE BIRTHS IN 2013-2016 <input type="checkbox"/></span> <span>NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/></span> </div>		→ 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: <div style="display: flex; justify-content: space-around;"> <span>LIVING <input type="checkbox"/></span> <span>DEAD <input type="checkbox"/></span> </div>		→ 525B
504B	Do you have a vaccination card where (NAME)'s vaccinations are written down?	YES, HAS A CARD ..... 1 NO, DOES NOT HAVE A CARD ..... 2	→ 507B
505B	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506B	CHECK 504B: <div style="display: flex; justify-content: space-around;"> <span>CODE '1' CIRCLED <input type="checkbox"/></span> <span>CODE '2' CIRCLED <input type="checkbox"/></span> </div>		→ 511B
507B	May I see the card where (NAME)'s vaccinations are written down?	YES, CARD SEEN ..... 1 NO CARD NOT SEEN ..... 2	→ 511B

\* For interviews conducted in 2017, the years were modified to 2014-2017.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																		
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <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>																																																																																																			
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th><th style="width: 10%;">DAY</th><th style="width: 10%;">MONTH</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</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>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MMR</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	YEAR	YEAR	YEAR	BCG							HEPATITIS B AT BIRTH							ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							INACTIVATED POLIO VACCINE (IPV) 1							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							MEASLES							MMR							VITAMIN A (MOST RECENT)								
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509B	<p>CHECK 508A: 'BCG' TO 'MMR' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/> <span style="margin-left: 150px;">YES <input type="checkbox"/></span> → 525B</p>																																																																																																				
510B	<p>In addition to what is recorded on this document, did (NAME) receive any other vaccinations, including vaccinations received during immunization days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B) →</p> <p>(THEN SKIP TO 525BB) →</p> <p>NO ..... 2 DON'T KNOW ..... 8 → 525B</p>																																																																																																			

**SECTION 5B. CHILD IMMUNIZATION (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 during immunization days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 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 pentavalent vaccination, that is, an injection given in the thigh usually at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 523B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523B	Has (NAME) ever received a measles and/or MMR vaccination, that is, an injection in the thigh to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 525B
524B	How many times did (NAME) receive the measles and/or MMR vaccination?	NUMBER OF TIMES ..... <input type="text"/>	
525B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016?  <div style="display: flex; justify-content: space-around;"> <div>                         MORE BIRTHS IN 2013-2016 <input type="checkbox"/>                          (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←                     </div> <div>                         NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/> → 601                     </div> </div>		

**SECTION 6. CHILD HEALTH AND NUTRITION**

601*	CHECK 224:	ONE OR MORE BIRTHS <input type="checkbox"/> IN 2011-2016		NO BIRTHS <input type="checkbox"/> IN 2011-2016		→ 648
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		NEXT-TO-LAST BIRTH		
		BIRTH HISTORY NUMBER .....	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	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 _____		NAME _____		
		LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (SKIP TO 646) ←	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (SKIP TO 646) ←	
605	In the last six months, was (NAME) given a vitamin A dose like this?  SHOW COMMON TYPES OF CAPSULES.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8	

\* For interviews conducted in 2017, the years were modified to 2012-2017.

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 464: EVER BREASTFED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK ..... 5</p> <p>DON'T KNOW ..... 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 615) ←</p>

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																																								
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSF A</p> <p>GOVT. REGIONAL HOS..... B</p> <p>GOVERNMENT ATOLL HO... C</p> <p>GOVT. HEALTH CENTER ... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>COMMUNITY FAMILY HEALTH WORKER ..... F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... J</p> <p>TRADITIONAL PRACTITIONER ..... K</p> <p><b>OTHER</b> _____ X</p> <p align="center">(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSF A</p> <p>GOVT. REGIONAL HOS..... B</p> <p>GOVERNMENT ATOLL HO... C</p> <p>GOVT. HEALTH CENTER ... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>COMMUNITY FAMILY HEALTH WORKER ..... F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... J</p> <p>TRADITIONAL PRACTITIONER ..... K</p> <p><b>OTHER</b> _____ X</p> <p align="center">(SPECIFY)</p>																																								
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 615) ←</p>																																								
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>																																								
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called Lonu packet?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) FLUID FROM LONU PACKET ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) ORS LIQUID ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) HOMEMADE FLUID.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) ZINC .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM LONU PACKET ..	1	2	8	b) ORS LIQUID ..	1	2	8	c) HOMEMADE FLUID.....	1	2	8	d) ZINC .....	1	2	8	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) FLUID FROM LONU PACKET ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) ORS LIQUID ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) HOMEMADE FLUID.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) ZINC .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM LONU PACKET ..	1	2	8	b) ORS LIQUID ..	1	2	8	c) HOMEMADE FLUID.....	1	2	8	d) ZINC .....	1	2	8
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616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/>      ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?      b) Was anything given to treat the diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>																																								

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
617	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> </div> <div style="width: 45%;"> <p>ALL 'NO' <input type="checkbox"/> OR 'DK' <input type="checkbox"/></p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> </div> </div> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTIBIOTIC, ANTIMOTILITY OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ..... E</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC ..... G</p> <p>UNKNOWN INJECTION ..... H</p> <p>(IV) INTRAVENOUS ..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... J</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTIBIOTIC, ANTIMOTILITY OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ..... E</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC ..... G</p> <p>UNKNOWN INJECTION ..... H</p> <p>(IV) INTRAVENOUS ..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... J</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY ..... 1</p> <p>NOSE ONLY ..... 2</p> <p>BOTH ..... 3</p> <p>OTHER ..... 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 8</p> <p align="center">(SKIP TO 624) ←</p>	<p>CHEST ONLY ..... 1</p> <p>NOSE ONLY ..... 2</p> <p>BOTH ..... 3</p> <p>OTHER ..... 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 8</p> <p align="center">(SKIP TO 624) ←</p>
623	CHECK 618: HAD FEVER?	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>
624	Did you seek advice or treatment for the illness from any source?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 629) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 629) ←</p>

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
625	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSF A</p> <p>GOVT. REGIONAL HOS..... B</p> <p>GOVERNMENT ATOLL HO... C</p> <p>GOVT. HEALTH CENTER ... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>COMMUNITY FAMILY HEALTH WORKER ..... F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... J</p> <p>TRADITIONAL PRACTITIONER ..... K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSF A</p> <p>GOVT. REGIONAL HOS..... B</p> <p>GOVERNMENT ATOLL HO... C</p> <p>GOVT. HEALTH CENTER ... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>COMMUNITY FAMILY HEALTH WORKER ..... F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... J</p> <p>TRADITIONAL PRACTITIONER ..... K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
626	CHECK 625:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 628) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 628) ←</p>
627	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 625.</p>	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>
628	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 646) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 646) ←</p> <p>DON'T KNOW ..... 8</p>
630	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p><b>ANTIBIOTIC DRUGS</b></p> <p>PILL/SYRUP ..... A</p> <p>INJECTION/IV ..... B</p> <p><b>OTHER DRUGS</b></p> <p>PANADOL/PARACETEMOL/UPHAMOL ..... C</p> <p>OTHER ACETAMINOPHEN ..... D</p> <p>IBUPROFEN ..... E</p> <p><b>OTHER</b> _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p><b>ANTIBIOTIC DRUGS</b></p> <p>PILL/SYRUP ..... A</p> <p>INJECTION/IV ..... B</p> <p><b>OTHER DRUGS</b></p> <p>PANADOL/PARACETEMOL/UPHAMOL ..... C</p> <p>OTHER ACETAMINOPHEN ..... D</p> <p>IBUPROFEN ..... E</p> <p><b>OTHER</b> _____ X</p> <p align="center">(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	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> <input type="checkbox"/> </div> </div>		→ 649
648	<p>Have you ever heard of a special product called Lonu/ORS packet you can get for the treatment of diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
649*	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2014-2016 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> </div> </div> <hr style="width: 50%; margin: 10px auto;"/> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p>		→ 701

\* For interviews conducted in 2017, the years were modified to 2015-2017.

**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) Juice or juice drinks?	b) ..... 1	2	8	
	c) Soup/Clear broth?	c) ..... 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) ..... 1	2	8	
		NUMBER OF TIMES DRANK <input type="text"/>			
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) ..... 1	2	8	
		NUMBER OF TIMES DRANK <input type="text"/>			
	f) Any other liquids?	f) ..... 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) ..... 1	2	8	
		NUMBER OF TIMES ATE <input type="text"/>			
	h) Any commercially fortified food such as Nestum, Cerelac, Promina?	h) ..... 1	2	8	
	i) Bread, rice, noodles, porridge, 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 yams, tapioca, cassava, or any other foods made from roots?	k) ..... 1	2	8	
	l) Any dark green, leafy vegetables?	l) ..... 1	2	8	
	m) Ripe mangoes, papayas, or other vitamin A-rich	m) ..... 1	2	8	
	n) Any other fruits or vegetables?	n) ..... 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) ..... 1	2	8	
	p) Any meat, such as beef, lamb, goat or chicken?	p) ..... 1	2	8	
	q) Eggs?	q) ..... 1	2	8	
	r) Fresh or dried 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	
	u) Any other solid, semi-solid, or soft food?	u) ..... 1	2	8	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'u'):</p> <p align="center">NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>	→ 653			

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES ..... 1</p> <p align="center">(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p align="center">(THEN CONTINUE TO 653)</p> <p>NO ..... 2</p>	<p>→ 654</p>
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	
654	<p>The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ..... 01</p> <p>PUT/RINSED</p> <p>    INTO TOILET OR LATRINE ..... 02</p> <p>PUT/RINSED</p> <p>    INTO DRAIN OR DITCH ..... 03</p> <p>THROWN INTO GARBAGE ..... 04</p> <p>BURIED ..... 05</p> <p>LEFT IN THE OPEN ..... 06</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	

**SECTION 7. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 708C
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	
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"/> → 708C
706A	Did your husband ask for your consent before he married another woman?	YES ..... 1 NO ..... 2	
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"/>	
708A	Do you live in this household with any other wife?	YES ..... 1 NO ..... 2	→ 708C
708B	How many other wives do you live with?	WIVES ..... <input type="text"/> <input type="text"/>	
708C	Is/was your marriage registered in a court in the Maldives?	YES ..... 1 NO ..... 2	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
710	CHECK 709:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH ..... <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	→ 712
711	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	

**SECTION 7. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
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 → 730A</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	
714	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	
716	The last time you had sexual intercourse was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

**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"/> → 728	
725	CHECK 701:  NOT <input type="checkbox"/> IN A UNION ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 728	
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	
726A	In the past 12 months have you had sex or been sexually involved with anyone because you felt obliged to do so?	YES ..... 1 NO ..... 2	
728	CHECK 716:  YES, <input type="checkbox"/> CONDOM USED ↓	NO, <input type="checkbox"/> CONDOM NOT USED → 730A NOT <input type="checkbox"/> ASKED → 730A	
730	From where did you obtain the condom the last time?  PROBE TO IDENTIFY TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSPIT/..... 11 GOVT. REGIONAL HOSPITAL ..... 12 GOVT. ATOLL HOSPITAL ..... 13 GOVT. HEALTH CENTER ..... 14 GOVT. HEALTH POST ..... 15  OTHER PUBLIC SECTOR ..... 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/..... 21 PRIVATE DOCTOR ..... 21 PHARMACY ..... 22 SHE/JOURNEY/OTHER NGO ..... 23 OTHER PRIVATE MEDICAL SECTOR ..... 26 (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 31 FRIEND/RELATIVE ..... 33  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 731

**SECTION 7. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730A	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div> <div></div> <div>→ 730C</div> </div>
730B	Where is that?  Any other place?  PROBE TO IDENTIFY TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  <div>_____</div> <div align="center">(NAME OF PLACE)</div>	<b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSPIT/..... A GOVT. REGIONAL HOSPITAL ..... B GOVT. ATOLL HOSPITAL ..... C GOVT. HEALTH CENTER ..... D GOVT. HEALTH POST ..... E GOVT. VCT SITE ..... F OTHER PUBLIC SECTOR  <div>_____</div> <div align="center">(SPECIFY)</div> <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H PHARMACY ..... I SHE/JOURNEY/OTHER NGO ..... J OTHER PRIVATE MEDICAL SECTOR  <div>_____</div> <div align="center">(SPECIFY)</div> <b>OTHER SOURCE</b> SHOP ..... L FRIEND/RELATIVE ..... M  OTHER <div>_____</div> X <div align="center">(SPECIFY)</div>	
730C	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
731	PRESENCE OF OTHERS DURING THIS SECTION.	<div>YES NO</div> 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"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED	→ 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 ↓ a) How long would you like to wait from now before the birth of (a/another) child?  PREGNANT <input type="checkbox"/> ↓ 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 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 811 → 813 → 811	
806	CHECK 226:  NOT PREGNANT <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	→ 811	
		NOT <input type="checkbox"/> ASKED	→ 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><b>FERTILITY-RELATED REASONS</b></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</p> <p>LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></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</p> <p>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 _____ X</p> <p>(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	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<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</p> <p>NUMBER ..... <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

**SECTION 8. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper, magazine or brochure? d) Have you read about family planning on the internet? e) Received a voice or text message about family planning on a mobile phone? f) Have you talked about family planning with your friends or relatives?	<div style="text-align: right;">YES NO</div> a) RADIO ..... 1 2 b) TELEVISION ..... 1 2 c) NEWSPAPER OR MAGAZINE ..... 1 2 d) INTERNET ..... 1 2 e) MOBILE PHONE ..... 1 2 f) FRIENDS OR RELATIVES ..... 1 2	
816	I will now read you some statements about contraception. Please tell me if you agree or disagree a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) Using contraception is mainly a man's decision. d) If using condoms is uncomfortable for a man, he can refuse to use it. e) It is becoming more common in the Maldives for couples to initiate sexual intercourse before marriage. f) Men still want their wives to be virgins at the time they marry.	<div style="text-align: right;">DIS- AGREE AGREE DK</div> a) CONTRACEPTION WOMAN'S CONCERN 1 2 8 b) WOMEN MAY BECOME PROMISCUOUS 1 2 8 c) CONTRACEPTION MAN'S DECISION 1 2 8 d) IF CONDOM UNCOMFORTABLE 1 2 8 e) SEXUAL INTERCOURSE BEFORE MARRIAGE 1 2 8 f) VIRGINS AT MARRIAGE 1 2 8	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING</div> <div>NOT CURRENTLY <input type="checkbox"/> USING</div> <div>NOT ASKED <input type="checkbox"/></div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 <div style="text-align: right;">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 <div style="text-align: right;">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

**SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES ..... 1 NO ..... 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 906
905	What was the highest (grade/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <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
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO ..... 2	→ 913
912	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

**SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
917	CHECK 701:  CURRENTLY <input type="checkbox"/> MARRIED/LIVING WITH A MAN ↓  NOT IN UNION <input type="checkbox"/> → 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 → 922 DON'T KNOW ..... 8	
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4  OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

**SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT .....	1		
		HUSBAND/PARTNER .....	2		
		RESPONDENT AND HUSBAND/PARTNER JOINTLY .....	3		
		SOMEONE ELSE .....	4		
		OTHER .....	6		
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .....	1		
		JOINTLY ONLY .....	2		
		BOTH ALONE AND JOINTLY .....	3		
		DOES NOT OWN .....	4		
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ PRES./ LISTEN. LISTEN. NOT PRES.		
		CHILDREN < 10 .....	1 2 3		
		HUSBAND .....	1 2 3		
		OTHER MALES .....	1 2 3		
		OTHER FEMALES .....	1 2 3		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES NO DK		
	a) If she goes out without telling him?	a) GOES OUT .....	1 2 8		
	b) If she beats the children?	b) BEATS CHILDREN ..	1 2 8		
	c) If she neglects housework?	c) NEGLECTS HOUSEWORK	1 2 8		
	d) If she refuses to have sex with him?	d) REFUSES SEX .....	1 2 8		
	e) If she asks him if he has other girlfriends ?	e) GIRLFRIENDS .....	1 2 8		
	f) If he suspects that she is unfaithful?	f) UNFAITHFUL .....	1 2 8		

**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																
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1003	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1005	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1006A	Can religion protect people from getting HIV or AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1007	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1008	Can HIV be transmitted from a mother to her baby: 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	
	YES	NO	DK																
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; align-items: center;"> <div>           AT LEAST <input type="checkbox"/>            ONE 'YES' ↓         </div> <div>           OTHER <input type="checkbox"/> → 1011         </div> </div>																		
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	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>																		
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																	

**SECTION 10. HIV/AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	<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, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSPIT/..... 11</p> <p>GOVT. REGIONAL HOSPITAL ..... 12</p> <p>GOVT. ATOLL HOSPITAL ..... 13</p> <p>GOVT. HEALTH CENTER ..... 14</p> <p>GOVT. HEALTH POST ..... 15</p> <p>MOBILE TESTING CAMPS ..... 17</p> <p>BLOOD DONATING CAMPLS ..... 18</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 21</p> <p>SHE/JOURNEY/OTHER NGO ..... 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 1035A</p>
1031	<p>Do you know of a place where people can go to get an HIV test?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1035A</p>
1032	<p>Where is that?</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, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>INDHIRA GANDHI MEM. HOSPIT/..... A</p> <p>GOVT. REGIONAL HOSPITAL ..... B</p> <p>GOVT. ATOLL HOSPITAL ..... C</p> <p>GOVT. HEALTH CENTER ..... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>MOBILE TESTING CAMPS ..... F</p> <p>BLOOD DONATING CAMPLS ..... G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... I</p> <p>SHE/JOURNEY/OTHER NGO ..... J</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ X</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ Y</p> <p align="center">(SPECIFY)</p>	
1035A	<p>Would you buy food from a shopkeeper or food handler if you knew that this person had HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1036	<p>Do you think children living with HIV should be allowed to attend school with children who do not have HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	

**SECTION 10. HIV/AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1041A	Do you fear that you could get HIV if you drank from the same glass as a person living with HIV?	YES ..... 1 NO ..... 2 SAYS SHE HAS HIV ..... 3 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1042	CHECK 1001:  HEARD ABOUT <input type="checkbox"/> HIV OR AIDS NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
1043	CHECK 713:  HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE		→ 1051
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	

**SECTION 10. HIV/AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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"/>	→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 1051
1050	Where did you go?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> INDHIRA GANDHI MEM. HOSPITAL ..... A GOVT. REGIONAL HOSPITAL ..... B GOVT. ATOLL HOSPITAL ..... C GOVT. HEALTH CENTER ..... D GOVT. HEALTH POST ..... E GOVT. VCT SITE ..... F OTHER PUBLIC SECTOR _____ (SPECIFY) G  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H PHARMACY ..... I OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) J  SELF TREATMENT ..... K OTHER ..... X (SPECIFY)	
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1053	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1102A
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

**SECTION 11. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1102A	Have you heard of an illness called dengue fever?	YES ..... 1 NO ..... 2	→ 1103A
1102B	How does a person get dengue fever?  PROBE: Any other ways?  RECORD ALL MENTIONED.	MOSQUITO BITES ..... A AIRBORNE ..... B WATER BORNE ..... C TOUCHING AN INFECTED PERSON ..... D  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	→ 1102E
1102C	Where do mosquitoes breed in the house?  PROBE: Any other ways?  RECORD ALL MENTIONED.	WELL ..... A FLOWER POT TRAYS ..... B WATER PLANT POTS/BOTTLES ..... C WATER COLLECTING TANKS ..... D ROOF GUTTERS ..... E GARBAGE ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1102D	What steps can a person take to avoid getting bitten by mosquitoes?  PROBE: Any other ways?  RECORD ALL MENTIONED.	USE MOSQUITO NETS ..... A USE MOSQUITO REPELLANT ..... B USE ELECTRIC RACKS ..... C USE MOSQUITO COILS ..... D SPRAY INSECTICID ..... E KEEP DOORS AND WINDOWS CLOSED ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1102E	What symptoms does a person with dengue fever have?  PROBE: Any other ways?  RECORD ALL MENTIONED.	VERY HIGH FEVER ..... A BLEEDING FROM THE NOSE ..... B BLEEDING FROM THE GUMS ..... C HEADACHE ..... D SKIN RASH ..... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1102F	How can you treat a person with dengue fever?  PROBE: Any other ways?  RECORD ALL MENTIONED.	TAKE TO MEDICAL FACILITY ..... A TREAT AT HOME ..... B GIVE HOMEOPATHIC MEDICINE ..... C OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1103A	Have you heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1104
1103B	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TUBERCULOSIS ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

**SECTION 11. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1103C	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
1103D	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1105A → 1106																								
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	→ 1106																								
1105A	On average, how many cigarettes do you currently smoke each week?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>																									
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1108																								
1107	What other type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	HOOKA/SHISHAH ..... A BIDI ..... B CIGARS ..... C PIPE ..... D CHEWING TOBACC ..... E SNUFF ..... F E CIGARETTES ..... G OTHER ..... X (SPECIFY)																									
1108	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem?	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) Getting permission to go to the doctor?</td><td>a) PERMISSION TO GO ..... 1</td><td>2</td></tr> <tr> <td>b) Getting money needed for advice or treatment?</td><td>b) GETTING MONEY ..... 1</td><td>2</td></tr> <tr> <td>c) The distance to the health facility?</td><td>c) DISTANCE ..... 1</td><td>2</td></tr> <tr> <td>d) Not wanting to go alone?</td><td>d) GO ALONE ..... 1</td><td>2</td></tr> <tr> <td>e) Not having a female health provider?</td><td>e) NO FEMALE DOCTOR ..... 1</td><td>2</td></tr> <tr> <td>f) Not having someone to look after the children?</td><td>f) NO CHILD CARE ..... 1</td><td>2</td></tr> <tr> <td>g) Difficulty in getting appointments?</td><td>g) GETTING APPOINTMENTS... 1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) Getting permission to go to the doctor?	a) PERMISSION TO GO ..... 1	2	b) Getting money needed for advice or treatment?	b) GETTING MONEY ..... 1	2	c) The distance to the health facility?	c) DISTANCE ..... 1	2	d) Not wanting to go alone?	d) GO ALONE ..... 1	2	e) Not having a female health provider?	e) NO FEMALE DOCTOR ..... 1	2	f) Not having someone to look after the children?	f) NO CHILD CARE ..... 1	2	g) Difficulty in getting appointments?	g) GETTING APPOINTMENTS... 1	2	
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1109	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1201																								
1110	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER ..... A AASANDHA SCHEME ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... C OTHER ..... X (SPECIFY)																									

**SECTION 12. NON COMMUNICABLE DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201	Have you ever heard of an illness called high blood pressure or hypertension?	YES ..... 1 NO ..... 2	→ 1206																												
1202	Have you ever been told by a doctor or other health professional that you have high blood pressure or hypertension?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1206																												
1203	Were you told on two or more different visits that you have high blood pressure or hypertension?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1206																												
1204	How old were you when you were first told by a doctor or health professional that you have hypertension?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>																													
1205	To control your hypertension, are you now:  a) taking prescribed medicine? b) controlling your weight or losing weight? c) cutting down on salt in your diet? d) exercising? e) stopped smoking?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) TAKING MEDICINE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) CONTROLLING WEIGH..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) CUTTING SALT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) EXERCISING .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) STOPPED SMOKING(.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) TAKING MEDICINE .....	1	2	8	b) CONTROLLING WEIGH..	1	2	8	c) CUTTING SALT .....	1	2	8	d) EXERCISING .....	1	2	8	e) STOPPED SMOKING(.....	1	2	8					
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d) EXERCISING .....	1	2	8																												
e) STOPPED SMOKING(.....	1	2	8																												
1206	Have you ever heard of an illness called diabetes or high blood sugar?	YES ..... 1 NO ..... 2	→ 1210																												
1207	Have you ever been told by a doctor or other health professional that you have diabetes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1210																												
1208	How old were you when you were first told by a doctor or health professional that you have diabetes?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>																													
1209	To control your diabetes, are you now:  a) taking prescribed pills/tablets? b) taking insulin? c) controlling your weight or losing weight? d) cutting down/avoiding sugar in your diet? e) exercising? f) stopped smoking?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) TAKING MEDICINE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TAKING INSULIN .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) CONTROLLING WEIGHT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) CUTTING SUGAR.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) EXERCISING .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) STOPPED SMOKING(.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) TAKING MEDICINE .....	1	2	8	b) TAKING INSULIN .....	1	2	8	c) CONTROLLING WEIGHT .....	1	2	8	d) CUTTING SUGAR.....	1	2	8	e) EXERCISING .....	1	2	8	f) STOPPED SMOKING(.....	1	2	8	
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**SECTION 12. NON COMMUNICABLE DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1210	Have you ever been diagnosed by a doctor or other health professional for any of the following?  a) heart attack or myocardial infarction? b) stroke? c) renal failure? d) cancer? e) COPD/asthma?	YES      NO      DK			
		a) HEART ATTACK . . . . .	1      2      8		
		b) STROKE . . . . .	1      2      8		
		c) RENAL FAILURE . . . . .	1      2      8		
		d) CANCER . . . . .	1      2      8		
		e) COPD/ASTHMA . . . . .	1      2      8		
1211	Have you ever heard of Thalassemia?	YES . . . . .	1		
		NO . . . . .	2	→ 1301	
1212	Have you ever been tested for Thalassemia?	YES . . . . .	1		
		NO . . . . .	2	→ 1301	
1213	What was the result of your test?	BETA THALASSEMIA . . . . .	A		
		ALPHA THALASSEMIA . . . . .	B		
		HB-E . . . . .	C		
		HB-D . . . . .	D		
		HB-C . . . . .	E		
		HB-S . . . . .	F		
		NEGATIVE/NON CARRIER . . . . .	G		
		INCONCLUSIVE . . . . .	H		
		DON'T KNOW . . . . .	Z		
1214	Did you receive genetic counselling on Thalassemia?	YES . . . . .	1		
		NO . . . . .	2		
1215	Have you ever been told that an unborn child can be tested for a genetic problem due to Thalassemia?	YES . . . . .	1		
		NO . . . . .	2		

**SECTION 13. EARLY CHILDHOOD DEVELOPMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1301	CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER?  YES <input type="checkbox"/> NO <input type="checkbox"/>		1401																
1302	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER  NAME OF THE YOUNGEST CHILD FROM Q. 212 _____ LINE NUMBER OF THE YOUNGEST CHILD FROM Q.219 <input type="text"/> <input type="text"/>																		
1303	READ TO THE RESPONDENT: Now I would like to ask you some questions about (NAME OF THE CHILD FROM Q.1302), your youngest child living with you who is 0-4 years old.																		
1304	How many children's books or picture books do you have for (NAME)?	NONE ..... 00  NUMBER OF BOOKS FOR CHILDREN ..... <input type="text"/> <input type="text"/>  TEN BOOKS OR MORE ..... 10																	
1305	I am interested in learning about the things that (NAME) plays with when (he/she) is at home.  Does (he/she) play with: a) homemade toys such as dolls, cars, or other toys made at home? b) toys from a shop or manufactured toys? c) household objects such as bowls or pots or objects found outside such as sticks, rocks, animal shells or leaves?  IF THE RESPONDENT SAYS 'YES' TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) HOMEMADE TOYS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TOYS FROM A SHOP .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) HOMEMADE TOYS .....	1	2	8	b) TOYS FROM A SHOP .....	1	2	8	c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....	1	2	8	
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c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....	1	2	8																
1306	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.  On how many days in the past week was (NAME): a) left alone for more than an hour?  b) left in the care of another child, that is, someone less than 10 years old, for more than an hour?  IF 'NONE', WRITE '0'. IF 'DON'T KNOW' WRITE '8'	a) NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ..... <input type="text"/>  b) NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR ... <input type="text"/>																	

**SECTION 13. EARLY CHILDHOOD DEVELOPMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1307	<p>VERIFY 217: AGE OF THE CHILD</p> <p>CHILD 0, 1, <input type="checkbox"/> OR 2 YEARS</p> <p>CHILD 3 OR 4 YEARS <input type="checkbox"/></p>	→ 1309																																				
1308	<p>VERIFY 217 AND 218: ANY CHILD AGE 3-4 LIVING</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	→ NEXT SECT.																																				
1308A	<p>CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGE 3 OR 4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER</p> <p>NAME OF YOUNGEST CHILD _____</p> <p>AGE 3 OR 4 FROM Q.212 _____</p> <p>LINE NUMBER OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.219 <input type="text"/> <input type="text"/></p>																																					
1309	<p>Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				
1310	<p>In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)?</p> <p>IF YES, ASK: Who engaged in this activity with (NAME)?</p> <p>a) Read books to or looked at picture books with (NAME)?</p> <p>b) Told stories to (NAME)?</p> <p>c) Sang songs to (NAME) or with (NAME), including lullabies?</p> <p>d) Took (NAME) outside of the home, compound, yard or enclosure?</p> <p>e) Played with (NAME)?</p> <p>f) Named, counted, or drew things to or with (NAME)?</p>	<table border="0"> <thead> <tr> <th></th><th>MOTHER</th><th>FATHER</th><th>OTHER</th><th>NO ONE</th></tr> </thead> <tbody> <tr> <td>a) READ BOOKS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>b) TOLD STORIES</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>c) SANG SONGS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>d) TOOK OUTSIDE</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>e) PLAYED WITH</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>f) NAMED OR COUNTED</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	a) READ BOOKS	A	B	X	Y	b) TOLD STORIES	A	B	X	Y	c) SANG SONGS	A	B	X	Y	d) TOOK OUTSIDE	A	B	X	Y	e) PLAYED WITH	A	B	X	Y	f) NAMED OR COUNTED	A	B	X	Y	
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1311	<p>I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects (NAME)'s development.</p> <p>Can (NAME) identify or name at least ten letters of the alphabet?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				
1312	<p>Can (NAME) read at least four simple, popular words?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				
1313	<p>Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				
1314	<p>Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				
1315	<p>Is (NAME) sometimes too sick to play?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																				

**SECTION 13. EARLY CHILDHOOD DEVELOPMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	Does (NAME) follow simple directions on how to do something correctly?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1317	When given something to do, is (NAME) able to do it independently?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1318	Does (NAME) get along well with other children or adults?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1319	Does (NAME) kick, bite, or hit other children or adults?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1320	Does (NAME) get distracted easily?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

## SECTION 14. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401	Now I would like to ask some questions about a practice known as female circumcision. Have you ever female circumcision?	YES ..... 1 NO ..... 2	→ 1403
1402	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1501
1403	Have you yourself ever been circumcised?	YES ..... 1 NO ..... 2	→ 1409
1407	How old were you when you were circumcised?  IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  AS A BABY/DURING INFANCY ..... 95 DON'T KNOW ..... 98	
1408	Who performed the circumcision?	<b>TRADITIONAL</b> TRAD. CIRCUMCISER ..... 11 TRAD. BIRTH ATTENDANT ..... 12  OTHER TRAD. .... 16 (SPECIFY) <b>HEALTH PROFESSIONAL</b> DOCTOR ..... 21 NURSE/MIDWIFE ..... 22 OTHER HEALTH PROFESSIONAL ..... 26 (SPECIFY) DON'T KNOW ..... 98	
1409*	CHECK 213, 215 AND 216:  HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2001 OR LATER <input type="checkbox"/>  HAS NO LIVING DAUGHTERS BORN IN 2001 OR LATER <input type="checkbox"/>		→ 1416

\* For interviews conducted in 2017, the year was modified to 2002.

**SECTION 14. FEMALE CIRCUMCISION**

1409A*	<p>CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your (daughter/daughters).</p>			
1410*	<p>BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2001 OR LATER.</p>	<p>YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>NEXT-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>SECOND-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
1411	<p>Is (NAME OF DAUGHTER) circumcised?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 1411 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1416)</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 1411 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1416)</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 1411 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1416)</p>
1412	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
1415		<p>GO BACK TO 1411 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1416.</p>	<p>GO BACK TO 1411 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1416.</p>	<p>GO TO 1411 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1416.</p>

\* For interviews conducted in 2017, the year was modified to 2002.

**SECTION 14. FEMALE CIRCUMCISION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1416	Do you believe that female circumcision is required by your religion?	YES ..... 1 NO ..... 2 NO RELIGION ..... 3 DON'T KNOW ..... 8	
1417	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

**SECTION 15. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1501	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center">           PRIVACY OBTAINED ..... 1            ↓            PRIVACY NOT POSSIBLE ..... 2 → 1532         </p>																										
1501A	<p>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 Maldives. 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.</p>																										
1502	<p>CHECK 701 AND 702:</p> <p align="center">           CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓            FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓            NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> → 1516         </p>																										
1503	<p>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)?</p> <p>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?</p>	<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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1504	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>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) does not give you sufficient money to cover all the household expenses? e) does not trust you with money?</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 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	
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**SECTION 15. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
1505	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																																			
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1506	CHECK 1505A (a-j):  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →	1509																																																																		
1507	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?  IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/>  BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95																																																																			
1508	Did the following ever happen as a result of what your (last) (husband/partner) did to you:	<table border="1"> <tbody> <tr> <td>a) You had cuts, bruises, or aches?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>b) You had eye injuries, sprains, dislocations, or burns?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td>YES ..... 1 NO ..... 2</td> </tr> </tbody> </table>	a) You had cuts, bruises, or aches?	YES ..... 1 NO ..... 2	b) You had eye injuries, sprains, dislocations, or burns?	YES ..... 1 NO ..... 2	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO ..... 2																																																													
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**SECTION 15. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1509	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ 1511																				
1510	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																					
1511	Does (did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1511A																				
1512	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																					
1511A	Does (did) your (last) (husband/partner) take drugs?	YES ..... 1 NO ..... 2	→ 1513																				
1512B	How often does (did) he take drugs: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																					
1513	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3																					
1514	CHECK 709:  <div style="display: flex; justify-content: space-around;"> <div>MARRIED MORE <input type="checkbox"/> THAN ONCE ↓</div> <div>MARRIED ONLY <input type="checkbox"/> ONCE</div> </div>		→ 1516																				
1515	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).  <div style="display: flex;"> <div style="flex: 1;">             a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?               YES 1 NO 2 ↓               b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?               YES 1 NO 2 ↓           </div> <div style="flex: 1;">             B. How long ago did this last happen?   <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</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>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> </tbody> </table> </div> </div>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓					
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																				
YES 1	→ 1	2	3																				
NO 2 ↓																							
YES 1	→ 1	2	3																				
NO 2 ↓																							
1516	CHECK 701 AND 702:  <div style="display: flex;"> <div style="flex: 1;">             EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓               a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?           </div> <div style="flex: 1;">             NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓               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?           </div> </div>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1519																				

**SECTION 15. DOMESTIC VIOLENCE MODULE**

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 CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ..... L POLICE/SOLDIER ..... M OTHER ..... X (SPECIFY)	
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	
1519	CHECK 201, 226, AND 230:  EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓  NEVER BEEN PREGNANT <input type="checkbox"/> → 1522		
1520	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2 → 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 OTHER ..... X (SPECIFY)	
1521A	Sometimes a woman becomes pregnant when she does not want to be.  In the past have you ever become pregnant when you did not want to be? IF YES, PROBE IF IT HAPPENED ONCE OR MORE THAN ONCE.	YES, ONCE ..... 1 YES, MORE THAN ONCE ..... 2 NO ..... 3 → 1522	
1521B	What happened with the (last) pregnancy?  CHECK RESPONSE TO Q.1521A TO PHRASE THE QUESTION APPROPRIATELY.	LIVEBIRTH ..... 1 STILLBIRTH ..... 2 MISCARRIED ..... 3 ABORTION ..... 4  OTHER ..... 6 (SPECIFY)	

**SECTION 15. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1522	CHECK 701 AND 702:  <div style="display: flex; justify-content: space-around;"> <div>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></div> <div>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div>		1522B
1522A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1523 1524A
1522B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1526
1523	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER ..... 96 (SPECIFY)	
1524	CHECK 701 AND 702:  <div style="display: flex; justify-content: space-around;"> <div>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></div> <div>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div> a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO ..... 2	1525
1524A	CHECK 1505A (h-j) and 1515A(b)  <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>NOT A SINGLE 'YES' <input type="checkbox"/></div> </div>		1526
1525	CHECK 701 AND 702:  <div style="display: flex; justify-content: space-around;"> <div>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></div> <div>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

**SECTION 15. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1526	CHECK1505A (a-j), 1515A (a,b), 1516, 1520, 1522A, AND 1522B:  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES'	→ 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 NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J OTHER ..... X (SPECIFY)																	
1528A	From where have you sought help?  Anywhere else?  RECORD ALL MENTIONED.	SOCIAL SERVICE ORGANIZATION ..... A MINISTRY OF LAW AND GENDER ..... B FAMILY AND CHILD SERVICE CENTER ..... C HOSPITAL/HEALTH FACILITY ..... D FAMILY PROTECTION AUTHORITY ..... E SOCIETY FOR HEALTH EDUCATION ..... F WOMEN'S DEVELOPMENT COMMITTEE ..... G LOCAL COUNCIL ..... H  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 ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																			
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"> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																
1532	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.  _____  _____																		
1533	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS  
P PREGNANCIES  
T TERMINATIONS
- 0 NO METHOD  
1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 IUD  
4 INJECTABLES  
5 IMPLANTS  
6 PILL  
7 CONDOM  
8 FEMALE CONDOM  
9 EMERGENCY CONTRACEPTION  
J STANDARD DAYS METHOD  
K LACTATIONAL AMENORRHEA METHOD  
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

**NOTE: For interviews conducted in 2017, the calendar years were modified to cover 2012-2017.**

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

