

2023 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

NIGERIA
 NATIONAL POPULATION COMMISSION

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table> YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table> INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
INTERVIEWER'S NAME	_____	_____	_____	RESULT*										
RESULT*	_____	_____	_____	_____										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
TIME	_____	_____												
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 30px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td></tr></table>	
0	1													
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR											
<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> NUMBER			_____ NAME	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NUMBER					_____ NAME	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NUMBER				

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the NATIONAL POPULATION COMMISSION (NPC). We are conducting a survey about health and other topics all over NIGERIA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1
↓

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

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6				MARITAL STATUS	9	10
1	2	3	4	5	6	7	7-1	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON. ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-35 FOR EACH PERSON.	What is the relationship of (FULL NAME) to the head of the household? SEE CODES BELOW.	Is (FULL NAME) male or female?	Does (FULL NAME) usually live here?	Did (FULL NAME) stay here last night?	How old is (FULL NAME)? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is (FIRST NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="checkbox"/>	10	10	10

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = BROTHER-IN-LAW OR SISTER-IN-LAW
 - 10 = NIECE/NEPHEW BY BLOOD
 - 11 = NIECE/NEPHEW BY MARRIAGE
 - 12 = OTHER RELATIVE
 - 13 = ADOPTED/FOSTER/STEPCHILD
 - 14 = NOT RELATED
 - 15 = CO-WIFE
 - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER			IF AGE 4-24 YEARS		IF AGE 0-4 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION		
	12	13	14	15	16	17A	17B	18	19	20A	20B	20C
	Is (FIRST NAME)'s biological mother alive?	Does (FIRST NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER IF NO: RECORD '00'	Is (FIRST NAME)'s biological father alive?	Does (FIRST NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER IF NO: RECORD '00'	Has (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended? SEE CODES BELOW.	What is the highest grade (FIRST NAME) completed at that level? SEE CODES BELOW.	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2023-2024 school year?	During [this/that] school year, what level [is/was] (FIRST NAME) attending? SEE CODES BELOW.	Was (FIRST NAME)'s birth registered?	With which authority was (FIRST NAME)'s birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/ HOSPITAL 4 = OTHER	May I see (FIRST NAME)'s birth certificate? 1 = SEEN 2 = NOT SEEN
01	Y N DK 1 2 -8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 -8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL <input type="text"/>	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/>	Y N DK 1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
02	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = EARLY CHILDHOOD EDUCATION PROGRAM	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
1 = PRIMARY	98 = DON'T KNOW
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER						
LINE NO.	SEEING DIFFICULTY			HEARING DIFFICULTY		
	26	27	28	29	30	31
	<p>4 = MALE 4 = FEMALE</p> <p>Does (FIRST NAME) wear glasses or contact lenses to help him see?</p> <p>Does (FIRST NAME) wear glasses or contact lenses to help her see?</p>	<p>I would like to know if (FIRST NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty seeing. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>Does (FIRST NAME) wear a hearing aid?</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing even when using a hearing aid. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>
01	<p>Y N</p> <p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>Y N</p> <p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
02	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
03	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
04	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
05	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
06	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
07	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
08	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
09	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8
10	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 29)</p>	1 2 3 4 8	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>↓</p> <p>(GO TO 32)</p>	1 2 3 4 8

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER				IF AGE 18 OR OLDER
LINE NO.	OTHER FUNCTIONAL DIFFICULTIES				
	32	33	34	35	35A
	<p>I would like to know if (FIRST NAME) has difficulty communicating when using his/her usual language. Would you say that (FIRST NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty remembering or concentrating. Would you say that (FIRST NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty walking or climbing steps. Would you say that (FIRST NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty washing all over or dressing. Would you say that (FIRST NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>	<p>Has (FIRST NAME) received COVID-19 vaccination?</p> <p>Y N DK 1 2 8</p>
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8

INFORMATION ABOUT DEATHS AMONG FEMALE MEMBERS OF THE HOUSEHOLD

36	Now I would like to ask you about any deaths that occurred among female household members in the last 5 years. Has any usual female members of this household died in the last 5 years?	YES 1 NO 2 → 101	
37	How many female deaths have occurred during this period?	<input type="text"/> <input type="text"/>	
37A	Now I will ask you about each of these deaths starting with the most recent one.		
LINE NO.	NAME OF FEMALE MEMBERS WHO DIED	DATE OF DEATH	AGE AT DEATH
NO	38	39	40
	What was her name? RECORD NAME.	In what month and year did (NAME IN 38) die?	How old was (NAME IN 38) when she died?
01	_____	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IN YEARS <input type="text"/> <input type="text"/>
02	_____	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	_____	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	_____	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	_____	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
40A	CHECK COLUMN 39 AND 40: ENTER NUMBER OF DEATHS AMONG WOMEN 10 - 54 YEARS SINCE JANUARY 2018. IF NONE RECORD '0'	NUMBER OF DEATHS <input type="text"/>	
49	CHECK 40A: IF ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 101		
50	READ TO THE RESPONDENT: I would like to inform you that detailed information on the circumstances surrounding the death of female members will be collected in the near future so that the federal government of Nigeria can provide health services to help avoid/reduce the maternal deaths. If you do not mind, another team will be coming at a later date to interview members of your household about the death (s) you have told me about. Will that be fine?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 106</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINI 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓	OTHER <input type="checkbox"/> → 117	→ 117
114	CHECK 109: CODE <input type="checkbox"/> 12 ↓ CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ CODE <input type="checkbox"/> 31 ↓ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE <input type="checkbox"/> 12 ↓ CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ CODE <input type="checkbox"/> 31 ↓ a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLAN 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	} } → 121 } } → 120 } } → 120 } } → 123 } → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	} } → 123 }
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE/OPEN FIRE 06 NO SPACE HEATING IN HOUSEHOLD/NO NEED 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 126 → 125
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 SOLAR AIR HEATER 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04 BIOGAS 05 ALCOHOL/ETHANOL 06 GASOLINE/DIESEL 07 KEROSENE/PARAFFIN 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER _____ 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 INVERTER 15 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES	1	→ 130
		NO	2	
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs h) Camels	a) COWS/BULLS	<input type="text"/>	<input type="text"/>
		b) OTHER CATTLE	<input type="text"/>	<input type="text"/>
		c) HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>
		d) GOATS	<input type="text"/>	<input type="text"/>
		e) SHEEP	<input type="text"/>	<input type="text"/>
		f) CHICKENS/POULTRY	<input type="text"/>	<input type="text"/>
		g) PIGS	<input type="text"/>	<input type="text"/>
		h) CAMELS	<input type="text"/>	<input type="text"/>
130	Does any member of this household own any agricultural land?	YES	1	→ 132
		NO	2	
131	How many plot/acres/hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'. PLOT 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE PLOT/ACRES/HECTARES ... 950 DON'T KNOW 998			
132	Does your household have:		YES	NO
	a) Electricity?	a) ELECTRICITY	1	2
	b) A radio?	b) RADIO	1	2
	c) A television?	c) TELEVISION	1	2
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE ..	1	2
	e) A computer?	e) COMPUTER	1	2
	f) A refrigerator?	f) REFRIGERATOR	1	2
	g) A table?	g) TABLE	1	2
	h) A chair?	h) CHAIR	1	2
	i) A bed?	i) BED	1	2
	j) A sofa?	j) SOFA	1	2
	k) A cupboard?	k) CUPBOARD	1	2
	l) An air conditioner?	l) AIR CONDITIONER	1	2
	m) An electric iron?	m) ELECTRIC IRON	1	2
	n) A generator?	n) GENERATOR	1	2
	o) A fan?	o) FAN	1	2

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A Canoe? i) A Keke Napep?	YES a) WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/SCOOTER .. 1 e) ANIMAL-DRAWN CART 1 f) CAR/TRUCK 1 g) BOAT WITH MOTOR 1 h) CANOE 1 i) KEKE NAPEP 1	NO 2 2 2 2 2 2 2 2 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2		
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2		
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5		
137	Does your household have any mosquito nets?	YES 1 NO 2		→ 149
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input data-bbox="1257 1021 1321 1081" type="text"/>		

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	→ 148
147	What was the main reason this net was not used last night?	TOO HOT 01 DON'T LIKE NET SHAPE/COLOR/SIZE 02 DON'T LIKE SMELL 03 UNABLE TO HANG NET 04 SLEPT OUTDOORS 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT 06 NO MOSQUITOES/NO MALARIA 07 EXTRA NET/SAVING FOR LATER 08 OTHER _____ 96 (SPECIFY)	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT..... 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON..... 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNC..... 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 PALM/BAMBOC..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS..... 32 CERAMIC TILES 33 CEMENT..... 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 MUD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/ZINC 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT..... 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>	
155	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3</p> <p>HOUSEHOLD DOES NOT USE SALT 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>	

FOOD INSECURITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
155AA	Now I would like to ask you some questions about food. During the last 12 months, was there a time when:										
155A	You or others in your household worried about not having enough food to eat because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155B	Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155C	Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155D	Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155E	Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155F	Was there a time when your household ran out of food because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155G	Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155H	Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
156	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

HOUSEHOLD: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) Increase the time reported to the respondent if modules are added to the questionnaire.
- (4) In Q. 18, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended.
- (5) Countries that use sachet water (small plastic bags of water) as a source of drinking water should add SACHET WATER as a separate coding category after BOTTLED WATER, and follow the same question flow as households that use BOTTLED WATER (ask Q. 102, source of water for other purposes). Similarly, countries that have water kiosks should add WATER KIOSK as a separate coding category, and follow the same question flow as households that use BOTTLED WATER.
- (6) Coding categories to be developed locally; however, the broad categories must be maintained.
- (7) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
- (8) Each country should add to the list at least five items of furniture (such as a table, chair, sofa, bed, armoire, cupboard, or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, DVD player, CD player, camera, air conditioner or cooler, or sewing machine.
- (9) The question should be deleted in countries that are not affected by malaria.
- (10) Adapt question locally to use the name of the mass distribution campaign.
- (11) Adapt list of response codes to country context as needed.
- (12) There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be used.

2023 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
 WOMAN'S QUESTIONNAIRE

NIGERIA
 NATIONAL POPULATION COMMISSION

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) <input type="checkbox"/>												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
TOTAL NUMBER OF VISITS <input style="width: 40px;" type="checkbox"/>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;"> <tr><td>0</td><td>1</td></tr> </table>					0	1						
0	1											
LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>												
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>												
TRANSLATOR USED (YES = 1, NO = 2) <input type="checkbox"/>												
LANGUAGE OF QUESTIONNAIRE** ENGLISH												
**LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO												
TEAM <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table> NUMBER			TEAM SUPERVISOR _____ NAME			<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER						
CAPI SUPERVISOR _____ NAME		<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER										

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	What STATE were you born in?	<p>NORTH CENTRAL</p> FCT-ABUJA 01 BENUE 02 KOGI 03 KWARA 04 NASARAWA 05 NIGER 06 PLATEAU 07 <p>NORTH EAST</p> ADAMAWA 08 BAUCHI 09 BORNO 10 GOMBE 11 TARABA 12 YOBE 13 <p>NORTH WEST</p> JIGAWA 14 KADUNA 15 KANO 16 KATSINA 17 KEBBI 18 SOKOTO 19 ZAMFARA 20 <p>SOUTH EAST</p> ABIA 21 ANAMBRA 22 EBONYI 23 ENUGU 24 IMO 25 <p>SOUTH SOUTH</p> AKWA IBOM 26 BAYELSA 27 CROSS R. 28 DELTA 29 EDO 30 RIVERS 31 <p>SOUTH WEST</p> EKITI 32 LAGOS 33 OGUN 34 ONDO 35 OSUN 36 OYO 37 OUTSIDE OF NIGERIA 96	→ 104
103	What country were you born in?	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 110

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/>	05 YEARS <input type="checkbox"/> OR MORE	→ 107
106	In what month and year did you move here?	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	
107	Just before you moved here, which STATE did you live in?	NORTH CENTRAL FCT-ABUJA 01 BENUE 02 KOGI 03 KWARA 04 NASARAWA 05 NIGER 06 PLATEAU 07 NORTH EAST ADAMAWA 08 BAUCHI 09 BORNO 10 GOMBE 11 TARABA 12 YOBE 13 NORTH WEST JIGAWA 14 KADUNA 15 KANO 16 KATSINA 17 KEBBI 18 SOKOTO 19 ZAMFARA 20 SOUTH EAST ABIA 21 ANAMBRA 22 EBONYI 23 ENUGU 24 IMO 25 SOUTH SOUTH AKWA IBOM 26 BAYELSA 27 CROSS RIVER 28 DELTA 29 EDO 30 RIVERS 31 SOUTH WEST EKITI 32 LAGOS 33 OGUN 34 ONDO 35 OSUN 36 OYO 37 OUTSIDE OF NIGERIA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ↓ <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 120
119	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 WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	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	→ 130
129	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 WEEI 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion? IF CHRISTIAN PROBE: CATHOLIC OR OTHER CHRISTIAN.	CATHOLIC 1 OTHER CHRISTIAN 2 ISLAM 3 TRADITIONALIST 4 OTHER _____ 6 (SPECIFY)	
131	What is your ethnic group?	_____ (ETHNIC GROUP)	<input type="text"/> <input type="text"/> <input type="text"/>

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? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
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? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in total (NUMBER OF BIRTHS) births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <input type="text"/> <input type="text"/>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <input type="text"/> <input type="text"/>	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.								
PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
		<p>IF <input type="checkbox"/> Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF <input type="checkbox"/> Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?</p>	<p>IF 215=SING: <input type="checkbox"/> Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215>1: <input type="checkbox"/> FIRST OF MULT Was the first baby in this pregnancy born alive or born dead?</p> <p>IF 215>1: <input type="checkbox"/> NEXT MULT. Was the next baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p> <p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>What name was given to the baby?</p> <p>RECORDED NAME.</p> <p>NAME _____</p>	<p>Is (NAME IN 218) a boy or a girl?</p> <p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF BORN <input type="checkbox"/> On what day, month, and year was (NAME IN 219) born?</p> <p>IF BORN DEAD, MISCARRIAGE <input type="checkbox"/> On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEAR <input type="text"/></p>
01	<p>SING .. 1</p> <p>##### 2</p> <p>TRIP ... 3</p> <p>QUAD . 4</p> <p>QUIN .. 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218) ↓</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION ... 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
02	<p>SING .. 1</p> <p>##### 2</p> <p>TRIP ... 3</p> <p>QUAD . 4</p> <p>QUIN .. 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218) ↓</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION ... 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
03	<p>SING .. 1</p> <p>##### 2</p> <p>TRIP ... 3</p> <p>QUAD . 4</p> <p>QUIN .. 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218) ↓</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION ... 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy</p> <p>YES 1 → ADD TO TABLE</p> <p>NO 2</p>							
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p>							

SECTION 2. REPRODUCTION

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228	228A
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:	IF AGE AT DEATH IN DAYS, MONTHS, OR 2-4 YEARS
	<p>CHECK 216, 217 AND 221:</p> <p>IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD.</p> <p>IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.</p> <p>IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.</p>	<p>Is (NAME IN 218) still alive?</p>	<p>IF 219=BOY How old was (NAME IN 218) at his last birthday?</p> <p>RECORD AGE IN COMPLET IF 219=GIRL How old was (NAME IN 218) at her last birthday?</p> <p>RECORD AGE IN COMPLET ED YEARS.</p>	<p>Is (NAME IN 218) living with you?</p>	<p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>IF 219=BOY: How old was (NAME IN 218) when he died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have his first birthday? THEN ASK: Exactly how many months old was (NAME IN 218) when he died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN IF 219=GIRL: How old was (NAME IN 218) when she died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have her first birthday? THEN ASK: Exactly how many months old was (NAME IN 218) when she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN</p>	<p>On what day, month, and year did (NAME IN 218) die?</p>
01	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE .. 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>
02	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE .. 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>
03	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE .. 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p align="center">COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p align="center"> NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/> </p>	<p align="center"> NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/> </p> <p align="center">(PROBE AND RECONCILE) ←</p>	
230A	<p>CHECK 220 AND 223: ENTER THE NUMBER OF STILLBIRTHS SINCE JANUARY 2018</p> <p align="center">IF NONE RECORD '0'</p>	<p align="center">NUMBER OF STILLBIRTHS <input type="text"/></p>	
230B	<p>CHECK 228A: ENTER THE NUMBER OF DEATHS SINCE JANUARY 2018</p> <p align="center">IF NONE RECORD '0'</p>	<p align="center">NUMBER OF DEATHS <input type="text"/></p>	
231	<p>C FOR EACH LIVE BIRTH IN 2018-2023, 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 LIVE BIRTH, 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.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2018-2023, 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 DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	<p>Are you pregnant now?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	<p>→ 236</p>
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS..... 2 <input type="text"/></p>	
234	<p>When you got pregnant, did you want to get pregnant at that time?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 236</p>
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 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><tr><td> </td><td> </td></tr></table> WEEKS AGO 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><tr><td> </td><td> </td></tr></table> MONTHS AGO 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><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <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><tr><td> </td><td> </td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996																																	→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, <input type="checkbox"/> WITHIN LAST YEAR ↓	NO, <input type="checkbox"/> ONE YEAR OR MORE	→ 240																																
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PAD A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y																																	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3																																	
240	How old were you when you had your first menstrual period?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98																																	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243																																
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																																	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8																																	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES	1
		NO	2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES	1
		NO	2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a trained health care worker which can prevent pregnancy for one or more years.	YES	1
		NO	2
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES	1
		NO	2
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a trained health care worker which can prevent pregnancy for one or more years.	YES	1
		NO	2
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES	1
		NO	2
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES	1
		NO	2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES	1
		NO	2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES	1
		NO	2
10	Have you heard of 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.	YES	1
		NO	2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring exclusive	YES	1
		NO	2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES	1
		NO	2
13	Have you heard of Withdrawal Method? PROBE: Men can be careful and pull out before climax.	YES	1
		NO	2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO	Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 311A
303	Are you or your husband/partner currently doing something or using any method to delay or avoid	YES 1 NO 2	→ 307
304	Are you or your husband/partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your husband/partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTIO I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOC L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOE Y	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS 1 NEEDLE AND SYRINGE(DMPA-IM-Depo-prov 2 DON'T KNOW 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUOFEMCONFIDENCE 01 MICROGYNON 02 LOFEMENAL 03 NEOGYNON 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	GOLD CIRCLE 01 DUREX 02 ROUGH RIDER 03 TWIN LOTUS 04 PLAIN CONDOMS 05 GO FLEX 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314						
311A	Do you intend to use family planning after delivery of this pregnancy?	YES 1 NO 2	→ 317						
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEALTH CARE CATER 14 PRIMARY HEALTH CLINIC 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR'S OFFICE 23 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH_BASED CLINIC 32 FAMILY PLANNING CLINIC 33 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98							
313	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							→ 315
314	Since what month and year have you been using (METHOD) without stopping? PROBE: For how long have you been using (METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> YES <input type="checkbox"/> ↖ </div> </div> <p align="center">GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY)</p>								

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p style="text-align: center;">YEAR IS 2018-2023 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p>	<p style="text-align: center;">YEAR IS 2017 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2018 .</p> <p style="text-align: right;">THEN ↓ (SKIP TO 329) ←</p>	
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2018. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		C
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT ONE) in (MONTH/YEAR ONE) and (EVENT TWO) in (MONTH/YEAR TWO), did you or your partner use any method of	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after (EVENT ONE) in (MONTH/YEAR ONE) did you start to use the (METHOD)? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	For how many months did you use the (METHOD) continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, 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 MALE 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	→ 331 → 324 → 332 → 332 → 332
322	You first started using (METHOD) in (DATE FROM 314). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEALTH CARE CENTER 14 PRIMARY HEALTH CLINIC 15 HEALTH POST 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PATENT & PROPRIETARY MEDICINE VENDOR:.. 24 PRIVATE DOCTOR 25 MOBILE CLINIC 26 MATERNITY CENTER 27 OTHER PRIVATE MEDICAL SECTOR _____ 28 (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH-BASED CLINIC 32 FAMILY PLANNING CLINIC 33 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIEND/RELATIVE 43 OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the	YES 1 NO 2	
325	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
326	At that time, were you told about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE 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	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain (METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 11</p> <p>FEDERAL MEDICAL CENTER 12</p> <p>GENERAL HOSPITAL 13</p> <p>PRIMARY HEALTH CARE CENTER 14</p> <p>PRIMARY HEALTH CLINIC 15</p> <p>HEALTH POST 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PATENT & PROPRIETARY MEDICINE VENDORS 24</p> <p>PRIVATE DOCTOR 25</p> <p>MOBILE CLINIC 26</p> <p>MATERNITY CENTER 27</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 28</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 31</p> <p>FAITH-BASED CLINIC 32</p> <p>FAMILY PLANNING CLINIC 33</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 332</p>
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 12 months, were you visited by a volunteer (CHIPS, CORPS, village volunteer)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 334</p>
333	<p>Did the volunteer (CHIPS, CORPS, village volunteer) talk to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
335	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601																														
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	<table border="0"> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> </table>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	
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403	Now I would like to ask some questions about your pregnancies in the last 3 years.																																
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>																															
405	PREGNANCY OUTCOME TYPE FROM 402.	<table border="0"> <tr> <td>MOST RECENT LIVE BIRTH</td> <td>1</td> </tr> <tr> <td>PRIOR LIVE BIRTH</td> <td>2</td> </tr> <tr> <td>MOST RECENT STILLBIRTH</td> <td>3</td> </tr> <tr> <td>PRIOR STILLBIRTH</td> <td>4</td> </tr> <tr> <td>MISCARRIAGE/ABORTION</td> <td>5</td> </tr> </table>	MOST RECENT LIVE BIRTH	1	PRIOR LIVE BIRTH	2	MOST RECENT STILLBIRTH	3	PRIOR STILLBIRTH	4	MISCARRIAGE/ABORTION	5	→ 407																				
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406	RECORD DATE PREGNANCY ENDED FROM 220.	<table border="0"> <tr> <td>DAY</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTH</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEAR</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 408																			
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407	RECORD NAME FROM 218. NAME _____																																
408	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/> a) When you got pregnant with (NAME IN 407), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 411																										
YES	1																																
NO	2																																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B COMMUNITY HEALTH EXTENSION WORKER C OTHER PERSON AUXILIARY MIDWIFE D TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER/ COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ FIELD WORKER F OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																																	
415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL C</p> <p>FEDERAL MEDICAL CENTER D</p> <p>GENERAL HOSPITAL E</p> <p>PRIMARY HEALTH CARE CENTER F</p> <p>PRIMARY HEALTH CLINIC G</p> <p>HEALTH POST H</p> <p>OTHER PUBLIC SECTOR _____ I (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL J</p> <p>PRIVATE CLINIC K</p> <p>PHARMACY L</p> <p>PATENT & PROPRIETARY MEDICINE VENDORS (PPMV) M</p> <p>PRIVATE DOCTOR N</p> <p>MOBILE CLINIC O</p> <p>MATERNITY CENTER P</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ Q (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL R</p> <p>FAITH-BASED CLINIC S</p> <p>OTHER NGO MEDICAL SECTOR _____ T (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																																	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>																																	
417	<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>																																	
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods or how much food you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) HEARTBEAT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) FOODS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) BREASTFEED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>g) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT.....	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
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418A	<p>Which of the following information about family planning was covered as component of antenatal care counselling during this pregnancy?</p> <p>a) All family planning methods appropriate to fertility regulation?</p> <p>PROBE: Includes contraceptive methods such as IUD, injectables, implant, pills, condoms, emergency contraception, sterilization, withdrawal method, rhythm method.</p> <p>b) Possible side effects?</p> <p>PROBE: Women need to be well informed on the possible side effects of each method for decision making.</p> <p>c) Lactational amenorrhea method (LAM)?</p> <p>PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring exclusive breastfeeding on demand, day and night.</p> <p>d) Transition from LAM to other modern methods?</p> <p>PROBE: To prevent pregnancy, women need to commence other modern contraceptive methods of choice after using LAM method.</p> <p>e) Spacing of pregnancies?</p> <p>PROBE: Women are encouraged to delay another pregnancy for 18-24 months following the last delivery.</p> <p>f) Fertility intentions?</p> <p>PROBE: This means a woman's desire to have a certain number of children and the intended spacing between births.</p> <p>g) Return to fertility?</p> <p>PROBE: Woman can become pregnant following discontinuation of any hormonal contraceptive methods/birth control method.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) ALL METHODS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) SIDE EFFECTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) TRANSITION FROM LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) SPACING PREGNANCIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) FERTILITY INTENSIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) RETURN TO FERTILITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) ALL METHODS	1	2	b) SIDE EFFECTS	1	2	c) LAM	1	2	d) TRANSITION FROM LAM	1	2	e) SPACING PREGNANCIES	1	2	f) FERTILITY INTENSIONS	1	2	g) RETURN TO FERTILITY	1	2	
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419	CHECK 405: PREGNANCY OUTCOME TYPE																										
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426																								
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423																								
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																									
422	CHECK 421:																										
	ONE TIME OR DK <input type="checkbox"/>	TWO OR MORE TIMES <input type="checkbox"/>	→ 426																								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	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	
425	CHECK 424: ONLY <input type="checkbox"/> ONE ↓ MORE <input type="checkbox"/> THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGC <input type="text"/> <input type="text"/>	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 429
427	Where did you get the iron tablets or syrup? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR TEACHING HOSPITAL A FEDERAL MEDICAL CENTER B GENERAL HOSPITAL C PRIMARY HEALTH CARE CENTER D PRIMARY HEALTH CLINIC E HEALTH POST F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL H PRIVATE CLINIC I PHARMACY J PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) K PRIVATE DOCTOR L MOBILE CLINIC M MATERNITY CENTER N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL P FAITH-BASED CLINIC Q OTHER NGO MEDICAL SECTOR _____ R (SPECIFY) OTHER SOURCE SHOP S MARKET T MASS DISTRIBUTION U CAMPAIGN OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup? 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	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 434
432	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
433	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 COMMUNITY HEALTH EXTENSION WORK 3 OTHER SOURCE 6	
434	CHECK 405: PREGNANCY TYPE <input type="text"/> 1 OR 2 ↓ PREGNANCY TYPE <input type="text"/> 3 OR 4 ↓ a) Who assisted with the delivery of (NAME IN 407)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B COMMUNITY HEALTH EXTENSION WORK .. C OTHER PERSON AUXILIARY MIDWIFE D TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKER G OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Where did you give birth to (NAME IN 407)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12 → 437</p> <p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 21</p> <p>FEDERAL MEDICAL CENTER 22</p> <p>GENERAL HOSPITAL 23</p> <p>PRIMARY HEALTH 24</p> <p>PRIMARY HEALTH CLINIC 25</p> <p>HEALTH POST 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PHARMACY 33</p> <p>PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) 34</p> <p>PRIVATE DOCTOR 35</p> <p>MOBILE CLINIC 36</p> <p>MATERNITY CENTER 37</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 38 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 41</p> <p>FAITH-BASED CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 → 437 (SPECIFY)</p>	
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Was (NAME IN 407) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth 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>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2 → 441</p> <p>MOST RECENT STILLBIRTH 3 → 445</p> <p>PRIOR STILLBIRTH 4 → 487</p>	
438	After the birth, was (NAME IN 407) put on your chest/abdomen?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8 → NB1</p>	
439	Was (NAME IN 407)'s bare skin touching your bare skin?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8 → NB1</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
440	How long after birth was (NAME IN 407) put on the bare skin of your chest/abdomen? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY 00 HOURS <input type="text"/> <input type="text"/>	
NB1	How long after the birth was (NAME IN 407) bathed for the first time? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
NB2	CHECK 435: PLACE OF DELIVERY CODE <input type="text"/> 11, 12, OR 96 CIRCLED ↓	CODE 21 - 46 <input type="checkbox"/>	→ NB6
NB3	What was used to cut the cord?	RAZOR BLADE 1 KNIFE 2 SCISSORS 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ NB6
NB4	Was it new or had it ever been used before?	NEW 1 USED 2 DON'T KNOW 8	
NB5	Was it boiled before it was used to cut the cord?	YES 1 NO 2 DON'T KNOW 8	
NB6	From the time the cord was cut till it fell off, was anything applied to the cord?	YES 1 NO 2 DON'T KNOW 8	→ 441
NB7	What was applied? Anything else?	CHLORHEXIDINE GEL A SPIRIT B GENTIAN VIOLET C OTHER ANTISEPTIC (ALCOHOL, ETC) D MUSTARD OIL E ASH F ANIMAL DUNG G OTHER _____ X (SPECIFY) DON'T KNOW Z	
CH1	CHECK NB7: SUBSTANCE APPLIED TO CORD CODE 'A' NOT CIRCLED ↓ <input type="checkbox"/>	CODE 'A' CIRCLED <input type="checkbox"/>	→ CH3
CH2	Was chlorhexidine gel applied to the cord at any time? SHOW SAMPLE OF CHLORHEXIDINE	YES 1 NO 2 DON'T KNOW 8	→ 441

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
CH3	How long after the cord was cut was chlorhexidine gel first applied? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
CH4	For how many days was chlorhexidine gel applied to the cord? IF 7 OR MORE DAYS, RECORD '7'	DAYS <input type="text"/> DON'T KNOW 8	
441	When (NAME IN 407) was born, was (NAME IN 407) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME IN 407) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 444
443	How much did (NAME IN 407) 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 9998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	<input type="checkbox"/> → 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/>	CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>	<input type="checkbox"/> → 464
447	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> PREGNANCY TYPE 3 <input type="checkbox"/> a) How long after (NAME IN 407) was delivered did you stay in the (FACILITY IN 435)? b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in the (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<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 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>COMMUNITY HEALTH EXTENSION WORKER 13</p> <p>OTHER PERSON</p> <p>AUXILIARY MIDWIFE 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER 23</p> <p>OTHER _____ 96 (SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>		→ 455
452	<p>Now I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>Before (NAME IN 407) left the facility, did anyone check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455
453	<p>How long after delivery was (NAME IN 407)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
454	Who checked on (NAME IN 407)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 COMMUNITY HEALTH EXTENSION WORKER 13 OTHER PERSON AUXILIARY MIDWIFE 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER 23 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 COMMUNITY HEALTH EXTENSION WORKER 13 OTHER PERSON AUXILIARY MIDWIFE 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER 23 OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 21</p> <p>FEDERAL MEDICAL CENTER 22</p> <p>GENERAL HOSPITAL 23</p> <p>PRIMARY HEALTH 24</p> <p>PRIMARY HEALTH CLINIC 25</p> <p>HEALTH POST 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PHARMACY 33</p> <p>PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) 34</p> <p>PRIVATE DOCTOR 35</p> <p>MOBILE CLINIC 36</p> <p>MATERNITY CENTER 37</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 38 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 41</p> <p>FAITH-BASED CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p>	<p>MOST RECENT <input type="checkbox"/></p> <p>STILLBIRTH</p>	<p>→ 474</p>
460	<p>After (NAME IN 407) left the (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 473</p>
461	<p>How long after the birth of (NAME IN 407) 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 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
462	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>COMMUNITY HEALTH EXTENSION WORKER 13</p> <p>OTHER PERSON</p> <p>AUXILIARY MIDWIFE 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER 23</p> <p>OTHER _____ 96 (SPECIFY)</p>	
463	<p>Where did this check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 21</p> <p>FEDERAL MEDICAL CENTER 22</p> <p>GENERAL HOSPITAL 23</p> <p>PRIMARY HEALTH 24</p> <p>PRIMARY HEALTH CLINIC 25</p> <p>HEALTH POST 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PHARMACY 33</p> <p>PATENT AND PROPRIETARY MEDICINE VENDORS(PPMV) 34</p> <p>PRIVATE DOCTOR 35</p> <p>MOBILE CLINIC 36</p> <p>MATERNITY CENTER 37</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 38 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 41</p> <p>FAITH-BASED CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>473</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="text"/> 1 ↓</p> <p>PREGNANCY TYPE <input type="text"/> 3 ↓</p> <p>a) 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 IN 407)?</p> <p>b) 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 delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2 → 468</p>	
465	<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 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>COMMUNITY HEALTH EXTENSION WORKER 13</p> <p>OTHER PERSON</p> <p>AUXILIARY MIDWIFE 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER 23</p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
467	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 21</p> <p>FEDERAL MEDICAL CENTER 22</p> <p>GENERAL HOSPITAL 23</p> <p>PRIMARY HEALTH 24</p> <p>PRIMARY HEALTH CLINIC 25</p> <p>HEALTH POST 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PHARMACY 33</p> <p>PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) 34</p> <p>PRIVATE DOCTOR 35</p> <p>MOBILE CLINIC 36</p> <p>MATERNITY CENTER 37</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 38 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 41</p> <p>FAITH-BASED CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center">MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓</p>	<p align="center">MOST RECENT <input type="checkbox"/> STILLBIRTH →</p>	→ 474
469	<p>I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>After (NAME IN 407) was born, did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473

SECTION 4. PREGNANCY AND POSTNATAL CARE

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470	<p>How long after the birth of (NAME IN 407) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">HOURS</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 20%;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="width: 10%;"></td> </tr> <tr> <td>DAYS</td> <td style="text-align: right;">2</td> <td><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td></td> </tr> <tr> <td>WEEKS</td> <td style="text-align: right;">3</td> <td><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td></td> <td></td> <td style="text-align: right;">998</td> </tr> </table>	HOURS	1	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				DAYS	2	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				WEEKS	3	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				DON'T KNOW			998	
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471	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>COMMUNITY HEALTH EXTENSION WORKER .. 13</p> <p>OTHER PERSON</p> <p>AUXILIARY MIDWIFE 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY HEALTH INFLUENCERS PROMOTERS AND SERVICES(CHIPS)/ COMMUNITY HEALTH WORKERS/ FIELD WORKER..... 23</p> <p>OTHER _____ 96 (SPECIFY)</p>																							
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473	<p>During the first 2 days after (NAME IN 407)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord? b) Measure (NAME IN 407)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME IN 407) breastfeeding to see if you are doing it correctly?</p>	<table> <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) TEMPERATURE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) MEDICAL ATTENTION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE.....	1	2	8	c) MEDICAL ATTENTION.....	1	2	8	d) TALK ABOUT BREASTFEEDING.....	1	2	8	e) OBSERVE BREASTFEEDING.....	1	2	8	
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473A	<p>During the first 2 days after (NAME IN 407)'s birth, did any of the following happen to you?:</p> <p>a) Feeling nervous and anxious? b) Feeling depressed or hopeless? c) Losing interest or pleasure in doing anything? d) Thinking of committing suicide?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NERVOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DEPRESSED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) LOSING INTEREST</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) SUICIDE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NERVOUS	1	2	8	b) DEPRESSED	1	2	8	c) LOSING INTEREST	1	2	8	d) SUICIDE	1	2	8					
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474	<p>During the first 2 days after (NAME IN 407)'s birth, did any healthcare provider do the following to you:</p> <p>a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FAMILY PLANNING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BLOOD PRESSURE	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNING	1	2	8									
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474A	<p>Which of the following information about family planning was covered as component of postnatal care counselling during this pregnancy?</p> <p>a) All family planning methods appropriate to fertility regulation? PROBE: Includes contraceptive methods such as IUD, injectables, implant, pills, condoms, emergency contraception, sterilization, withdrawal method, rhythm method.</p> <p>b) Possible side effects? PROBE: Women need to be well informed on the possible side effects of each method for decision making.</p> <p>c) Lactational amenorrhea method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring exclusive breastfeeding on demand, day and night.</p> <p>d) Transition from LAM to other modern methods? PROBE: To prevent pregnancy, women need to commence other modern contraceptive methods of choice after using LAM method.</p> <p>e) Spacing of pregnancies? PROBE: Women are encouraged to delay another pregnancy for 18-24 months following the last delivery.</p> <p>f) Fertility intentions? PROBE: This means a woman's desire to have a certain number of children and the intended spacing between births.</p> <p>g) Return to fertility? PROBE: Woman can become pregnant following discontinuation of any hormonal contraceptive methods/birth control method.</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) ALL METHODS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) SIDE EFFECTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) TRANSITION FROM LAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SPACING PREGNANCIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) FERTILITY INTENTIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) RETURN TO FERTILITY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) ALL METHODS	1	2	b) SIDE EFFECTS	1	2	c) LAM	1	2	d) TRANSITION FROM LAM	1	2	e) SPACING PREGNANCIES	1	2	f) FERTILITY INTENTIONS	1	2	g) RETURN TO FERTILITY	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 479
476	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) Has your menstrual period returned since the birth of (NAME IN 407)?	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)? YES 1 NO 2	
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/>	PREGNANT OR UNSURE <input type="checkbox"/>	→ 479
478	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) Have you had sexual intercourse since the birth of (NAME IN 407)?	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)? YES 1 NO 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 MOST RECENT STILLBIRTH 3 MISCARRIAGE/ABORTION 5	→ 487
480	Did you ever breastfeed (NAME IN 407)?	YES 1 NO 2	→ 482
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 486 → 487
482	How long after birth did you first put (NAME IN 407) 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"/>	
483	In the first 2 days after delivery, was (NAME IN 407) given anything other than breastmilk to eat or drink – anything at all like water, infant formula, pap, coconut water, glucose water, or herbal drinks?	YES 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	→ 487
485	Are you still breastfeeding (NAME IN 407)?	YES 1 NO 2	
486	Did (NAME IN 407) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT	NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 501

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME IN 503)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT 2 → 507 YES, HAS CARD AND OTHER DOCUMENT... 3 NO, NO CARD AND NO OTHER DOCUMENT'.. 4	
505	Did you ever have a vaccination card for (NAME IN 503)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the card or other document where (NAME IN 503)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEE 2 YES, CARD AND OTHER DOCUMENT SEEN... 3 NO CARD AND NO OTHER DOCUMENT SE .. 4 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT. DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95		

SECTION 5. CHILD IMMUNIZATION

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	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER . . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																														
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">BCG</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td style="text-align: right;">HEPATITIS B AT BIRTH</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td style="text-align: right;">ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td style="text-align: right;">ORAL POLIO VACCINE (OPV) 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td style="text-align: right;">PNEUMOCOCCAL (PCV) 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PNEUMOCOCCAL (PCV) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
DPT-HEP.B-HIB (PENTAVALENT) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
ROTAVIRUS 1	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
INACTIVATED POLIO VACCINE (IPV) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
ORAL POLIO VACCINE (OPV) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
PNEUMOCOCCAL (PCV) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
DPT-HEP.B-HIB (PENTAVALENT) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
ROTAVIRUS 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
ORAL POLIO VACCINE (OPV) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
PNEUMOCOCCAL (PCV) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
DPT-HEP.B-HIB (PENTAVALENT) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
ROTAVIRUS 3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
INACTIVATED POLIO VACCINE (IPV) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
MEASLES 1	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
YELLOW FEVER	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
MENINGITIS VACCINE	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
MEASLES 2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																												
510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKE 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)</p>																																																																																													
511	<p>CHECK 509: 'BCG' TO 'MEASLES 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p align="center">NO <input type="checkbox"/></p> <p align="center">YES <input type="checkbox"/></p>		→ 529																																																																																												

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME IN 503) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) ←</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> SKIP TO 529 ←</p> <p>NO <input type="checkbox"/> → 530</p>		
513	Did (NAME IN 503) ever receive any vaccinations to prevent (NAME IN 503) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 530
514	Has (NAME IN 503) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes	<p>YES 1 NO 2 DON'T KNOW 8</p>	
515	At or soon after birth, did (NAME IN 503) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 517
516	Did (NAME IN 503) receive it within 24 hours of birth?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	Has (NAME IN 503) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
518	Did (NAME IN 503) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	How many times did (NAME IN 503) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520	The first time (NAME IN 503) received the polio drops, did (NAME IN 503) also get an IPV injection in the arm to protect against polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
520A	How many times did (NAME IN 503) also get an IPV injection in the arm to protect against polio??	NUMBER OF TIMES <input type="text"/>	
521	Has (NAME IN 503) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	How many times did (NAME IN 503) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523	Has (NAME IN 503) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525
524	How many times did (NAME IN 503) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
525	Has (NAME IN 503) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME IN 503) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME IN 503) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 529
528	How many times did (NAME IN 503) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
528A	Has (NAME IN 503) ever received a yellow fever vaccination, that is, an injection in the arm to prevent yellow fever?	YES 1 NO 2 DON'T KNOW 8	
528B	Has (NAME IN 503) ever received meningitis vaccine, that is, an injection in the thigh at the age of 9 months or older to prevent against meningitis?	YES 1 NO 2 DON'T KNOW 8	
529	Where did (NAME IN 503) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEAL..... 14 PRIMARY HEALTH CLINIC 15 HEALTH POST 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY)	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) 24 PRIVATE DOCTOR 25 MOBILE CLINIC 26 MATERNITY CENTER 27 OTHER PRIVATE MEDICAL SECTOR _____ 28 (SPECIFY)	
		NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH-BASED CLINIC 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)	
		OTHER SOURCE VACCINATION CAMPAIGN 41 OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →	601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	<p>CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p align="center"> <input type="checkbox"/> ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY </p>	<p align="right">→ 643</p>																	
602	<p>Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.</p>																		
603	<p>RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/></p>																		
604	<p>In the last 12 months, was (NAME IN 603) given any of the following:</p> <p>a) Iron tablets or syrup?</p> <p>b) Multiple micronutrient powder?</p> <p>SHOW MULTIPLE MICRONUTRIENT POWDERS.</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) TABLETS/SYRUP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) MULTIPLE MICRONUTRIENT POWDERS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8																
605	<p>In the last 6 months, was (NAME IN 603) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606	<p>In the last 6 months, was (NAME IN 603) given any medicine for intestinal worms?</p>	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	<p>In the last 3 months, has any healthcare provider or community health worker measured:</p> <p>a) (NAME IN 603)'s weight?</p> <p>b) (NAME IN 603)'s length or height?</p> <p>c) Around (NAME IN 603)'s upper arm?</p> <p>SHOW IMAGE OF MUAC TAPE.</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) WEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608	<p>Has (NAME IN 603) had diarrhea in the last 2 weeks?</p>	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<p align="right">→ 618</p>										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																	
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL A</p> <p>FEDERAL MEDICAL CENTER B</p> <p>GENERAL HOSPITAL C</p> <p>PRIMARY HEALTH CARE CENTER D</p> <p>PRIMARY HEALTH CLINIC E</p> <p>HEALTH POST F</p> <p>OTHER PUBLIC SECTOR SECTOR _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) K</p> <p>PRIVATE DOCTOR L</p> <p>MOBILE CLINIC M</p> <p>MATERNITY CENTER N</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL P</p> <p>FAITH-BASED CLINIC Q</p> <p>OTHER NGO MEDICAL SECTOR _____ R (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>MARKET U</p> <p>ITINERANT DRUG SELLER V</p> <p>OTHER _____ X (SPECIFY)</p>																	
612A	CHECK 612: <input type="checkbox"/>	<p>CODES 'J' AND/OR 'K' CIRCLED <input type="checkbox"/></p> <p>CODES 'J' AND/OR 'K' NOT CIRCLED <input type="checkbox"/></p>	→ 613																
612B	<p>At the Pharmacy/Patent Proprietary Medicine Stores:</p> <p>a) Was (NAME IN 603) examined?</p> <p>b) Did you get advice on type of medication to buy?</p> <p>c) Did you know exactly what medication to buy and only went there to buy it?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) EXAMINED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) ADVICE TO BUY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) KNEW WHAT MEDICINE TO BUY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) EXAMINED	1	2	8	b) ADVICE TO BUY	1	2	8	c) KNEW WHAT MEDICINE TO BUY	1	2	8	
	YES	NO	DK																
a) EXAMINED	1	2	8																
b) ADVICE TO BUY	1	2	8																
c) KNEW WHAT MEDICINE TO BUY	1	2	8																
613	CHECK 612: <input type="checkbox"/>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	→ 615																

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																					
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="text"/>																					
615	Was (NAME IN 603) given any of the following at any time since (NAME IN 603) started having the diarrhea: a) A fluid made from a special packet called CHI ORS, Emzorlyte, Orasure, Olpharm ORS etc.? b) Pre-packaged ORS liquid? c) Zinc tablets or syrup? d) A government recommended homemade fluid?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) ORS LIQUID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) ZINC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ...	1	2	8	b) ORS LIQUID	1	2	8	c) ZINC	1	2	8	d) HOMEMADE FLUID	1	2	8	
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616	CHECK 615: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ANY 'YES' <input type="checkbox"/> ↓ </td> <td style="width: 50%; text-align: center;"> ALL 'NO' <input type="checkbox"/> OR 'DK' ↓ </td> </tr> <tr> <td style="vertical-align: top;"> a) Was anything else given to treat the diarrhea? </td> <td style="vertical-align: top;"> b) Was anything given to treat the diarrhea? </td> </tr> </table>	ANY 'YES' <input type="checkbox"/> ↓	ALL 'NO' <input type="checkbox"/> OR 'DK' ↓	a) Was anything else given to treat the diarrhea?	b) Was anything given to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 618																
ANY 'YES' <input type="checkbox"/> ↓	ALL 'NO' <input type="checkbox"/> OR 'DK' ↓																						
a) Was anything else given to treat the diarrhea?	b) Was anything given to treat the diarrhea?																						
617	CHECK 615: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ANY 'YES' <input type="checkbox"/> ↓ </td> <td style="width: 50%; text-align: center;"> ALL 'NO' <input type="checkbox"/> OR 'DK' ↓ </td> </tr> <tr> <td style="vertical-align: top;"> a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. </td> <td style="vertical-align: top;"> b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. </td> </tr> </table>	ANY 'YES' <input type="checkbox"/> ↓	ALL 'NO' <input type="checkbox"/> OR 'DK' ↓	a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)																	
ANY 'YES' <input type="checkbox"/> ↓	ALL 'NO' <input type="checkbox"/> OR 'DK' ↓																						
a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.																						
617A	Where did you obtain this medicine?	ALREADY HAD AT HOME 1 BOUGHT FOR THIS ILLNESS AT PHARMACY/PPMV 2 RECEIVED FOR THIS ILLNESS FROM A HEALTH FACILITY 3 RECEIVED FOR THIS ILLNESS FROM A COMMUNITY HEALTH WORKER 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																					
618	Has (NAME IN 603) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 621																				
619	At any time during the illness, did (NAME IN 603) have blood taken from (NAME IN 603)'s finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8																					
620	Were you told by a healthcare provider that (NAME IN 603) had malaria?	YES 1 NO 2 DON'T KNOW 8																					

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
621	Has (NAME IN 603) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	
622	Has (NAME IN 603) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 625
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR TEACHING HOSPITAL A FEDERAL MEDICAL CENTER B GENERAL HOSPITAL C PRIMARY HEALTH CARE CENTER D PRIMARY HEALTH CLINIC E HEALTH POST F OTHER PUBLIC SECTOR SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL H PRIVATE CLINIC I PHARMACY J PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) K PRIVATE DOCTOR L MOBILE CLINIC M MATERNITY CENTER N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL P FAITH-BASED CLINIC Q OTHER NGO MEDICAL SECTOR _____ R (SPECIFY) OTHER SOURCE SHOP S TRADITIONAL PRACTITIONER T MARKET U ITINERANT DRUG SELLER V OTHER _____ X (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																	
626A	CHECK 626: CODES 'J' AND/OR 'K' CIRCLED <input type="checkbox"/>	CODES 'J' AND/OR 'K' NOT CIRCLED <input type="checkbox"/> → 627																	
626B	At the Pharmacy/Patent Proprietary Medicine Stores: a) Was (NAME IN 603) examined? b) Did you get advice on type of medication to buy? c) Did you know exactly what medication to buy and only went there to buy it?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) EXAMINED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) ADVICE TO BUY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) KNEW WHAT MEDICINE TO BUY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) EXAMINED	1	2	8	b) ADVICE TO BUY	1	2	8	c) KNEW WHAT MEDICINE TO BUY	1	2	8	
	YES	NO	DK																
a) EXAMINED	1	2	8																
b) ADVICE TO BUY	1	2	8																
c) KNEW WHAT MEDICINE TO BUY	1	2	8																
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> → 629																	
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="text"/>																	
629	How many days after the illness began did you first seek advice or treatment for (NAME IN 603)? IF SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>																	
630	At any time during the illness, did (NAME IN 603) take any medicine for the illness?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 634										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p>NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																																									
636	<p>Now I would like to ask you about liquids that (NAME IN 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME IN 635) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME IN 635) drink:</p> <p>a) Plain water?</p> <hr/> <p>b) Infant formula or baby milk such as Nan, SMA Gold, or My Boy? IF YES: b1) How many times did (NAME IN 635) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <hr/> <p>c) Milk from animals, including fresh, tinned, or powdered? IF YES: c1) How many times did (NAME IN 635) drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?</p> <hr/> <p>e) Soymilk, or tiger nut drink? IF YES: e1) Was it a sweet or flavored type of drink?</p> <hr/> <p>f) Choco drink such as Milo or Bournvita?</p> <hr/> <p>g) Fruit juice, fruit flavoured drinks, zobo, or kunu?</p> <hr/> <p>h) Soft drinks such as Coca-Cola, Fanta, Sprite,</p> <hr/> <p>i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?</p> <hr/> <p>j) Clear broth or clear soup?</p> <hr/> <p>k) Any other liquids? IF YES: k1) What was the drink? MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE DRINK.</p> <p>k2) Was the drink sweetened?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b1)</td> <td colspan="2" style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c1)</td> <td colspan="2" style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2)</td> <td style="text-align: center;">SWEET/ FLAVORED .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e1)</td> <td style="text-align: center;">SWEET/ FLAVORED .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i1)</td> <td style="text-align: center;">SWEETENE .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k1)</td> <td colspan="3" style="text-align: center;">OTHER DRINK(S) _____ (SPECIFY)</td> </tr> <tr> <td>k2)</td> <td style="text-align: center;">SWEETENE .. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	b1)	NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>		8	c)	1	2	8	c1)	NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>		8	c2)	SWEET/ FLAVORED .. 1	2	8	e)	1	2	8	e1)	SWEET/ FLAVORED .. 1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	i1)	SWEETENE .. 1	2	8	j)	1	2	8	k)	1	2	8	k1)	OTHER DRINK(S) _____ (SPECIFY)			k2)	SWEETENE .. 1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
637	<p>Now I would like to ask you about foods that (NAME IN 635) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME IN 635) have:</p> <p>a) Yogurt, nono, or fura de nono?</p> <p>IF YES:</p> <p>a1) How many times did (NAME IN 635) have yogurt, nono, or fura de nono.</p> <p>IF 7 OR MORE TIMES, RECORD '7':?</p> <p>a2) Did (NAME IN 635) have any yogurt, nono, or fura de nono as a drink?</p> <p>IF YES:</p> <p>a3) Was it a sweet or flavored type of drink?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NUMBER OF TIMES ATE <input type="text"/></td> <td></td> <td></td> <td>8</td> </tr> <tr> <td>HAD YOGURT AS A DRINK ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SWEETENE ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	NUMBER OF TIMES ATE <input type="text"/>			8	HAD YOGURT AS A DRINK ...	1	2	8	SWEETENE ...	1	2	8	
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NUMBER OF TIMES ATE <input type="text"/>			8																				
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SWEETENE ...	1	2	8																				
	b) Rice, semo, tuwo, couscous, bread, spaghetti, masa, pap or porridge?	b) 1 2 8																					
	c) Carrots, red tatase, pumpkin, squash that is orange inside, or sweet potatoes that are yellow	c) 1 2 8																					
	d) Sweet potato, fufu, gari, abacha, yam, lafun, black amala, or plantain?	d) 1 2 8																					
	e) Any dark green leafy vegetables, such as ewedu / ayoyo, pumpkin leaves, water leaves, bitter leaves, green, or other dark green leafy vegetables?	e) 1 2 8																					
	f) Any other vegetables, such as tomatoes, garden eggs, okro, cucumber, cabbage or other vegetables?	f) 1 2 8																					
	g) Mango, pawpaw, golden melon, locust bean fruit, or African cherry?	g) 1 2 8																					
	h) Any other fruits, such as banana, orange, watermelon, pineapple, dates, or other fruits?	h) 1 2 8																					
	i) Fish, canned fish, crab, prawn, or shrimp?	i) 1 2 8																					
	j) Liver, kidney, heart, gizzard, or lung?	j) 1 2 8																					
	k) Sausages, hot dogs, corned beef, or kilishi?	k) 1 2 8																					

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Any other meat, such as cow meat, ram meat, goat meat, pig meat, bushmeat, chicken, or turkey?	l)	1	2	8
	m) Eggs?	m)	1	2	8
	n) Beans, soya bean powder, awara from soy, moin moin, bambara groundnuts, pigeon peas, African yam beans, or other local beans?	n)	1	2	8
	o) Groundnuts, melon seeds, ogbono, breadfruit seeds, walnuts, or cashews?	o)	1	2	8
	p) Wara from milk or dairy cheese?	p)	1	2	8
	q) Termites, crickets, African palm weevil larva, beetles, locusts, caterpillars, or grasshoppers?	q)	1	2	8
	r) Cakes, cookies, sweet biscuits, wafers, chin chin, or puff puff?	r)	1	2	8
	s) Sweets, chocolates, ice cream, or sesame brittle?	s)	1	2	8
	t) Packaged potato chips such as Pringles, instant noodles such as Indomie or Chikki, fried plantain, fried sweet potato, fried yam, akara, samosa, spring rolls, or okpa?	t)	1	2	8
	u) Red palm oil or red palm fruit?	u)	1	2	8
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE FOOD.	v) OTHER FOOD(S) _____ (SPECIFY)	1	2	8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		640																																
639	Did (NAME IN 635) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME IN 635) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	641																																
640	How many times did (NAME IN 635) eat solid, semi-solid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																																	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME IN 635)?	YES 1 NO 2 DON'T KNOW 8																																	
642	The last time (NAME IN 635) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAG 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)																																	
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. #N/A	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Yesterday during the day or at night, did you eat: Rice, semo, tuwo, couscous, bread, spaghetti,</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Yesterday during the day or at night, did you eat: Carrots, red tatase, pumpkin, squash that is</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Yesterday during the day or at night, did you eat: Sweet potato, fufu, gari, abacha, yam, lafun,</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Yesterday during the day or at night, did you eat: Any dark green leafy vegetables, such as ewedu / ayoyo, pumpkin leaves, water leaves, bitter leaves, green, or other dark green leafy vegetables?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Yesterday during the day or at night, did you eat: Any other vegetables, such as tomatoes, garden eggs, okro, cucumber, cabbage, or other</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Yesterday during the day or at night, did you eat or drink: Mango, pawpaw, golden melon, locust</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Yesterday during the day or at night, did you eat: Any other fruits, such as banana, orange,</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Yesterday during the day or at night, did you eat: Rice, semo, tuwo, couscous, bread, spaghetti,	1	2	8	b) Yesterday during the day or at night, did you eat: Carrots, red tatase, pumpkin, squash that is	1	2	8	c) Yesterday during the day or at night, did you eat: Sweet potato, fufu, gari, abacha, yam, lafun,	1	2	8	d) Yesterday during the day or at night, did you eat: Any dark green leafy vegetables, such as ewedu / ayoyo, pumpkin leaves, water leaves, bitter leaves, green, or other dark green leafy vegetables?	1	2	8	e) Yesterday during the day or at night, did you eat: Any other vegetables, such as tomatoes, garden eggs, okro, cucumber, cabbage, or other	1	2	8	f) Yesterday during the day or at night, did you eat or drink: Mango, pawpaw, golden melon, locust	1	2	8	g) Yesterday during the day or at night, did you eat: Any other fruits, such as banana, orange,	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	h) Yesterday during the day or at night, did you eat:	h) 1 2 8	
	i) Yesterday during the day or at night, did you eat:	i) 1 2 8	
	j) Yesterday during the day or at night, did you eat:	j) 1 2 8	
	k) Yesterday during the day or at night, did you eat: Any other meat, such as cow meat, ram meat, goat meat, pig meat, bushmeat, chicken, or t. k. ?	k) 1 2 8	
	l) Yesterday during the day or at night, did you eat:	l) 1 2 8	
	m) Yesterday during the day or at night, did you eat: Beans, awara from soy, moin moin, bambara groundnuts, pigeon peas, African yam beans, or th. l. l. b. ?	m) 1 2 8	
	n) Yesterday during the day or at night, did you eat: Groundnuts, melon seeds, ogbono, breadfruit d. l. h. ?	n) 1 2 8	
	o) Yesterday during the day or at night, did you eat or drink: Milk, including, powdered milk, wara f.ilk. d. i. h. f. d.	o) 1 2 8	
	p) Yesterday during the day or at night, did you eat: Termites, crickets, African palm weevil larva, beetles, locusts, caterpillars, or grasshoppers?	p) 1 2 8	
	q) Cakes, cookies, sweet biscuits, wafers, chin chin, or puff puff?	q) 1 2 8	
	r) Yesterday during the day or at night, did you eat: Sweets, chocolates, ice cream, or sesame b. j. l. ?	r) 1 2 8	
	s) Yesterday during the day or at night, did you eat: Packaged potato chips such as Pringles, instant noodles such as Indomie or Chikki, fried plantain, fried sweet potato, fried yam, akara, samosa or spring rolls or okpa ?	s) 1 2 8	
	t) Yesterday during the day or at night, did you	t) 1 2 8	
	u) Yesterday during the day or at night, did you drink: Soft drinks such as Coca-Cola, Fanta, Sprite, chapman, malt drinks, or energy drinks h. R. d. B. II?	u) 1 2 8	
	v) Yesterday during the day or at night, did you drink: Tea with sugar, coffee with sugar, 3-in-1, h. d. i. k. Mil. B. j. ?	v) 1 2 8	
	w) Yesterday during the day or at night, did you eat	w) 1 2 8	
	x) Yesterday during the day or at night, did you drink: Any other liquids? IF YES: x1) What was the drink?	x) 1 2 8 OTHER DRINK(S) _____ (SPECIFY)	
	x2) Was the drink sweetened?	SWEETENE . . . 1 2 8	
	y) Yesterday during the day or at night, did you eat: IF YES: y1) What was the food?	y) 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
	MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE FOOD.		

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	→ 706A
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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES 1 NO 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION C OTHER DOCUMENT FROM A CIVIL AUTHORITY D OTHER _____ X (SPECIFY)	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	Please tell me the name of your (husband/partner). RECORD THE HUSBAND'S 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"/>	
711	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	→ 714
712	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	
713	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 717</p>
716	<p>How old were you when you first started living with him?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>		<p>→ 721</p>
718	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN A UNION</p>		<p>→ 721</p>
719	<p>Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 721</p>
720	<p>How old were you when you first started living with your current (husband/partner)?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
721	<p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</p>		
722	<p>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>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 738</p>
723	<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>	<p>→ 737</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 727	
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE 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	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	GOLD CIRCLE 01 DUREX 02 ROUGH RIDER 03 TWIN LOTUS 04 PLAIN CONDOMS 05 GO FLEX 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 11</p> <p>FEDERAL MEDICAL CENTER 12</p> <p>GENERAL HOSPITAL 13</p> <p>PRIMARY HEALTH CARE CENTER 14</p> <p>PRIMARY HEALTH CLINIC 15</p> <p>HEALTH POST 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PATENT AND PROPRIETARY</p> <p> MEDICINE VENDORS(PPMV) 24</p> <p>PRIVATE DOCTOR 25</p> <p>MOBILE CLINIC 26</p> <p>MATERNITY CENTER 27</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 28</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 31</p> <p>FAITH-BASED CLINIC 32</p> <p>FAMILY PLANNING CLINIC 33</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH</p> <p> RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
810	<p>CHECK 208 AND 804:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE ANOTHER CHILD ↓</p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="width: 50%; padding-left: 10px;"> <p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS NO MORE ↓</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>RECORD ALL REASONS MENTIONED.</p> </td> </tr> <tr> <td style="border-top: 1px dashed black; border-right: 1px dashed black; padding-top: 10px; padding-right: 10px;"> <p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE A CHILD ↓</p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="border-top: 1px dashed black; padding-top: 10px; padding-left: 10px;"> <p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS NO CHILDREN ↓</p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> </table>	<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE ANOTHER CHILD ↓</p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS NO MORE ↓</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>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE A CHILD ↓</p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS NO CHILDREN ↓</p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE ANOTHER CHILD ↓</p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS NO MORE ↓</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>RECORD ALL REASONS MENTIONED.</p>						
<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE A CHILD ↓</p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS NO CHILDREN ↓</p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>						
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p style="text-align: center;">NOT <input type="checkbox"/> ASKED ↓</p>	<p style="text-align: center;">YES, <input type="checkbox"/> CURRENTLY USING →</p>	813				
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>					
813	<p>CHECK 224:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS 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>PROBE FOR A NUMERIC RESPONSE.</p> </td> <td style="width: 50%; padding-left: 10px;"> <p>NO LIVING CHILDREN <input type="checkbox"/> ↓</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> </td> </tr> </table>	<p>HAS 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>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NO LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>			
<p>HAS 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>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NO LIVING CHILDREN <input type="checkbox"/> ↓</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>						
814	<p>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>	<p style="text-align: center;">BOYS GIRLS EITHER</p> <p>NUMBER . . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>					

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>d) MOBILE PHONE.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/INSTAGRAM</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVEN....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE.....	1	2	d) MOBILE PHONE.....	1	2	e) FACEBOOK/TWITTER/INSTAGRAM	1	2	f) POSTER/LEAFLET/BROCHURE....	1	2	g) OUTDOOR SIGN/BILLBOARD.....	1	2	h) COMMUNITY MEETINGS/EVEN....	1	2	
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g) OUTDOOR SIGN/BILLBOARD.....	1	2																												
h) COMMUNITY MEETINGS/EVEN....	1	2																												
815A	CHECK 815: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;"> AT LEAST ONE 'YES' (HAS HEARD OR READ MESSAGE) <input type="checkbox"/> </td> <td style="text-align:center;"> NOT A SINGLE <input type="checkbox"/> 'YES' (HAS NOT HEARD OR READ MESSAGE) </td> </tr> </table>	AT LEAST ONE 'YES' (HAS HEARD OR READ MESSAGE) <input type="checkbox"/>	NOT A SINGLE <input type="checkbox"/> 'YES' (HAS NOT HEARD OR READ MESSAGE)		817																									
AT LEAST ONE 'YES' (HAS HEARD OR READ MESSAGE) <input type="checkbox"/>	NOT A SINGLE <input type="checkbox"/> 'YES' (HAS NOT HEARD OR READ MESSAGE)																													
816	Please tell me which family planning messages you have heard or seen in the past few months? PROBE: Any others?	AS FOR ME AND MY PARTNER WE 'DEY KAMPE' WITH FEMALE CONDOM A UNSPACED CHILDREN MAKES THE GOING TOUGH FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TOD/ B WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY C IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY D WHY IS YOUR WIFE LOOKING SO GOOD.... E OTHER _____ X (SPECIFY)																												
817	CHECK 701: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;"> YES, <input type="checkbox"/> CURRENTLY MARRIED </td> <td style="text-align:center;"> YES, <input type="checkbox"/> LIVING WITH A MAN </td> <td style="text-align:center;"> NO, <input type="checkbox"/> NOT IN A UNION </td> </tr> </table>	YES, <input type="checkbox"/> CURRENTLY MARRIED	YES, <input type="checkbox"/> LIVING WITH A MAN	NO, <input type="checkbox"/> NOT IN A UNION		901																								
YES, <input type="checkbox"/> CURRENTLY MARRIED	YES, <input type="checkbox"/> LIVING WITH A MAN	NO, <input type="checkbox"/> NOT IN A UNION																												
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOIN 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	820 820																											
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT 1 EQUALLY IMPORTANT 2 LESS IMPORTANT 3																												
820	Has your (husband/partner) or any other family member ever tried to force or pressure you to become pregnant when you did not want to become	YES 1 NO 2																												
821	CHECK 307: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;"> NOT ASKED <input type="checkbox"/> </td> <td style="text-align:center;"> NEITHER ARE <input type="checkbox"/> STERILIZED </td> <td style="text-align:center;"> HE OR SHE ARE <input type="checkbox"/> STERILIZED </td> </tr> </table>	NOT ASKED <input type="checkbox"/>	NEITHER ARE <input type="checkbox"/> STERILIZED	HE OR SHE ARE <input type="checkbox"/> STERILIZED		901																								
NOT ASKED <input type="checkbox"/>	NEITHER ARE <input type="checkbox"/> STERILIZED	HE OR SHE ARE <input type="checkbox"/> STERILIZED																												
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/ <input type="checkbox"/> LIVING WITH A MAN ↓	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 class he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <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 7 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 7 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 7 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	→ 916A
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
916A	How many accumulated hours per day do you spend on unpaid domestic work e.g cooking, cleaning, washing etc. ?	LESS THAN 6 HOURS 1 BETWEEN 6 - 12 HOURS 2 MORE THAN 12 HOURS 3 DON'T KNOW 8	
916B	In your opinion, do you believe domestic work should mainly be the role of women?	YES 1 NO 2	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓	NOT IN UNION <input type="checkbox"/> →	925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> →	921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
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 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928																																			
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928																																			
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																																				
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A																																			
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A																																			
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																																				
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930C																																			
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																																				
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																																				
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td></td> <td align="center" colspan="3">PRES./</td> </tr> <tr> <td></td> <td></td> <td align="center">PRES./</td> <td align="center">NOT</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td></td> <td align="center">LISTEN.</td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> <tr> <td>CHILDREN < 10</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">3</td> </tr> </table>			PRES./					PRES./	NOT	NOT			LISTEN.	LISTEN.	PRES.	CHILDREN < 10 1		2	3	HUSBAND 1		2	3	OTHER MALES 1		2	3	OTHER FEMALES 1		2	3	
		PRES./																																				
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HUSBAND 1		2	3																																		
OTHER MALES 1		2	3																																		
OTHER FEMALES 1		2	3																																		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <tr> <td></td> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) GOES OUT</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREI</td> <td>.. 1</td> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>..... 1</td> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> </table>			YES	NO	DK	a) GOES OUT 1		2	8	b) NEGLECTS CHILDREI	.. 1		2	8	c) ARGUES 1		2	8	d) REFUSES SEX 1		2	8	e) BURNS FOOD 1		2	8						
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/>	25 YEARS OR OLDER <input type="checkbox"/>	→ 1008
1003	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	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	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	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines 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	
1010	Have you heard of PrEP, an HIV medicine taken orally daily to prevent a person from getting HIV?	YES 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: LAST LIVE BIRTH 0-23 MONTHS BEFORE THE <input type="checkbox"/>	NO LIVE BIRTHS <input type="checkbox"/> LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE <input type="checkbox"/>	→ 1024 → 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→ 1018
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (CHILD NAME)?	YES 1 NO 2	→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 11</p> <p>FEDERAL MEDICAL CENTER 12</p> <p>GENERAL HOSPITAL 13</p> <p>PRIMARY HEALTH CARE CENTEF 14</p> <p>PRIMARY HEALTH CLINIC 15</p> <p>HEALTH POST 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PATENT AND PROPRIETARY</p> <p> MEDICINE VENDORS (PPMV) 24</p> <p>PRIVATE DOCTOR 25</p> <p>MOBILE CLINIC 26</p> <p>MATERNITY CENTER 27</p> <p>STAND-ALONE HTC CENTER 28</p> <p>MOBILE HTC SERVICES 29</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 33</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 31</p> <p>FAITH-BASED CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1017	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	
1018	<p>CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p align="center">ANY CODE <input type="checkbox"/></p> <p align="center">'21-46' CIRCLED ↓</p>	<p>OTHER <input type="checkbox"/> →</p>	1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1020	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>] → 1022
1021	CHECK 1015:	<p>YES <input type="checkbox"/></p> <p align="center">↓</p> <p>NO OR <input type="checkbox"/></p> <p align="center">NOT ASKED →</p>	→ 1024

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	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	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	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	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEALTH CARE CENTER 14 PRIMARY HEALTH CLINIC 15 HEALTH POST 16 STAND-ALONE HTC CENTER 17 MOBILE HTC SERVICES 18 OTHER PUBLIC SECTOR 19 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PATENT AND PROPRIETARY MEDICINE VENDORS (PPMV) 24 PRIVATE DOCTOR 25 MOBILE CLINIC 26 STAND-ALONE HTC CENTER 27 MOBILE HTC SERVICES 28 OTHER PRIVATE MEDICAL SECTOR 29 _____ (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH-BASED CLINIC 32 FAMILY PLANNING CLINIC 33 OTHER NGO MEDICAL SECTOR 36 _____ (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER 96 _____ (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	Did you get the results of the test?	YES 1 NO 2	→ 1031
1028	What was the result of the test?	POSITIVE 1 NEGATIVE 2 INDETERMINATE 3 DECLINED TO ANSWER 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	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 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035A	CHECK 701: CODE '1' OR '2' <input type="checkbox"/> CIRCLED ↓	CODE '3' <input type="checkbox"/>	→ 1036
1035B	Do you know the HIV status of your (husband/partner)?	YES 1 NO 2	
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/>	→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV	AGREE 1 DISAGREE 2	
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months. a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY 1 2 b) DISCLOSED STATUS 1 2 c) VERBALLY INSULTED 1 2 d) HEALTHCARE WORKERS TALKED BADLY 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	
1040	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1044
1043	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	
1044	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	
1045	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	
1045A	Sometimes women have a genital itching. During the last 12 months, have you had genital itching?	YES 1 NO 2 DON'T KNOW 8	
1045B	CHECK 1043, 1044, 1045 AND 1045A HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1046
1045C	The last time you had (PROBLEM FROM 1043/1044/1045/1045A), did you seek advice or treatment?	YES 1 NO 2	→ 1046

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1045D	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL A</p> <p>FEDERAL MEDICAL CENTER B</p> <p>GENERAL HOSPITAL C</p> <p>PRIMARY HEALTH CARE CENTER D</p> <p>PRIMARY HEALTH CLINIC E</p> <p>HEALTH POST F</p> <p>STAND-ALONE HTC CENTE..... G</p> <p>MOBILE HTC SERVICES H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL J</p> <p>PRIVATE CLINIC K</p> <p>PHARMACY L</p> <p>PATIENT & PROPRIETARY</p> <p>MEDICINE VENDORS M</p> <p>PRIVATE DOCTOR N</p> <p>MOBILE CLINIC O</p> <p>MATERNITY CENTER P</p> <p>STAND-ALONE HTC CENTER Q</p> <p>MOBILE HTC SERVICES R</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ S</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL T</p> <p>FAITH-BASED CLINIC U</p> <p>FAMILY PLANNING CLINIC V</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1045E	Were you offered HIV test when you sought treatment for (PROBLEM FROM 1043/1044/1045/1045A)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1046	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	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047A	Can sexually transmitted infections prevent a woman from getting pregnant in future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047B	Can sexually transmitted infections prevent a man from fathering children in future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1048	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN ↓</p> <p>NOT IN UNION <input type="checkbox"/> → 1101</p>		
1049	Can you say no to your husband/partner if you do not want to have sexual intercourse?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY)				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1105A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
1105B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 1105F			
1105C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2				
1105D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2				
1105E	Are you taking medication to control your blood pressure?	YES 1 NO 2				
1105F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
1105G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 1106			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
1105I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1105J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1108	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	→ 1109A
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLO C WATER PIPE/SHISHA D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER _____ X (SPECIFY)	
TUBERCULOSIS			
1109A	I am going to ask you about a disease called Tuberculosis, also referred to as TB. Have you ever heard of an illness called Tuberculosis?	YES 1 NO 2	→ 1110
1109B	How does Tuberculosis spread from one person to another? RECORD ALL MENTIONED.	THROUGH COUGHING AND SNEEZING .. A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1109C	What are the signs and symptoms that would suggest someone may have Tuberculosis? RECORD ALL MENTIONED.	PERSISTENT COUGH (2 WEEKS OR MORE) A COUGHING WITH SPUTUM B WEIGHT LOSS C COUGHING BLOOD D FEVER E NIGHT SWEAT..... F SHORTNESS OF BREATH G LOSS OF APPETITE H CHEST PAIN I FATIGUE/TIREDNESS J OTHER _____ X (SPECIFY) DON'T KNOW Z																													
1109D	Do you believe Tuberculosis can be cured?	YES 1 NO 2 DON'T KNOW 8																													
1109E	If a member of your family got Tuberculosis, would you keep it a secret?	YES 1 NO 2 DON'T KNOW 8																													
1109F	Now I will make a series of statements regarding your beliefs or perceptions about Tuberculosis. For each statement I make, please indicate whether you Agree, Disagree or Don't Know	<table border="0" style="width:100%; text-align:center;"> <tr> <td></td> <td>AGREE</td> <td>DISAGREE</td> <td>DON'T KNOW</td> </tr> <tr> <td>a) People with Tuberculosis should be admitted until the disease is over</td> <td>a) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) People with Tuberculosis should be supported to ensure that they take their drugs</td> <td>b) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) I will not marry from the family of someone with Tuberculosis</td> <td>c) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) I will not use the same toilet with someone that has Tuberculosis</td> <td>d) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) People that have Tuberculosis brought the disease upon themselves</td> <td>e) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Having Tuberculosis is a punishment from God</td> <td>f) 1</td> <td>2</td> <td>8</td> </tr> </table>		AGREE	DISAGREE	DON'T KNOW	a) People with Tuberculosis should be admitted until the disease is over	a) 1	2	8	b) People with Tuberculosis should be supported to ensure that they take their drugs	b) 1	2	8	c) I will not marry from the family of someone with Tuberculosis	c) 1	2	8	d) I will not use the same toilet with someone that has Tuberculosis	d) 1	2	8	e) People that have Tuberculosis brought the disease upon themselves	e) 1	2	8	f) Having Tuberculosis is a punishment from God	f) 1	2	8	
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f) Having Tuberculosis is a punishment from God	f) 1	2	8																												
ALCOHOL USE																															
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, palm wine (manyangwo/nkwu elu), burukutu, or kaikai (sapele water)?	YES 1 NO 2	→ 1112A																												
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL 00 NUMBER OF DAYS..... <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1112A																												

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1112	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one glass of palm wine (manyá ngwo/nkwu elu), burukutu, or kaikai (sapele water). In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD DRINKS.</p>	<p>LESS THAN ONE STANDARD DRINK 00</p> <p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>																
HEPATITIS																		
1112A	Now I would like to ask you some questions about Hepatitis. Hepatitis is the inflammatory condition of the liver. Have you ever heard of viral Hepatitis B?	<p>YES 1</p> <p>NO 2</p>	→ 1112EA															
1112B	In the last 12 months, were you tested for Hepatitis B?	<p>YES 1</p> <p>NO 2</p>	→ 1112E															
1112C	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p>	→ 1112E															
1112D	Have you been treated for Hepatitis B in the last 12 months?	<p>YES 1</p> <p>NO 2</p>																
1112E	Have you been vaccinated for Hepatitis B?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1112EA	Have you ever heard of viral Hepatitis C?	<p>YES 1</p> <p>NO 2</p>	→ 1112F															
1112EB	In the last 12 months, were you tested for Hepatitis C?	<p>YES 1</p> <p>NO 2</p>	→ 1112F															
1112EC	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p>	→ 1112F															
1112ED	Have you been treated for Hepatitis C in the last 12 months?	<p>YES 1</p> <p>NO 2</p>																
1112F	<p>CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p align="center">HAD <input type="checkbox"/> ANTENATAL CARE ↓</p>	<p align="center">NO <input type="checkbox"/> ANTENATAL CARE</p>	→ 1112K															
1112G	<p>Were you tested for the following as part of your antenatal care during your last pregnancy?</p> <p>a) For Hepatitis B?</p> <p>b) For Hepatitis C?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW</td> </tr> <tr> <td>a) HEPATITIS- B</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>b) HEPATITIS- C</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> </table>		YES	NO	DON'T KNOW	a) HEPATITIS- B 1 2 8	b) HEPATITIS- C 1 2 8				
	YES	NO	DON'T KNOW															
a) HEPATITIS- B 1 2 8															
b) HEPATITIS- C 1 2 8															
1112H	<p>What was the result of the test?</p> <p>a) For Hepatitis B?</p> <p>b) For Hepatitis C?</p>	<table border="0"> <tr> <td></td> <td align="center">POSITIVE</td> <td align="center">NEGATIVE</td> <td align="center">NO RESULTS/ DK</td> <td align="center">NOT TESTED</td> </tr> <tr> <td>a) HEPATITIS- B</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> <td align="center">..... 5</td> </tr> <tr> <td>b) HEPATITIS- C</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> <td align="center">..... 5</td> </tr> </table>		POSITIVE	NEGATIVE	NO RESULTS/ DK	NOT TESTED	a) HEPATITIS- B 1 2 8 5	b) HEPATITIS- C 1 2 8 5	
	POSITIVE	NEGATIVE	NO RESULTS/ DK	NOT TESTED														
a) HEPATITIS- B 1 2 8 5														
b) HEPATITIS- C 1 2 8 5														
1112I	<p>CHECK 1112H:</p> <p align="center">CODE '1' FOR HEPATITIS B CIRCLED ↓</p>	<p>OTHER <input type="checkbox"/></p>	→ 1112K															

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1112J	Was the child given the first dose of Hepatitis B vaccine or the Hepatitis medicine injections?	YES 1 NO 2	
COVID-19			
1112K	Now I would like to ask you some questions about COVID-19. Have you heard of COVID-19?	YES 1 NO 2 DON'T KNOW 8	→ 1112T
1112L	Where/from whom have you received information around COVID-19? RECORD ALL MENTIONED.	COMMUNITY HEALTH WORKERS A OTHER FRONTLINE WORKERS FROM I/NGO B RADIO PROGRAM C SMS/TEXT MESSAGING D HEALTH FACILITY E PHONE COUNSELING F TELEVISION G MOBILE RING TONE H FAMILY/RELATIVES/FRIENDS/NEIGHBORS ... I SOCIAL MEDIA J OTHER _____ X (SPECIFY) DON'T KNOW Z	
1112M	What are the common symptoms of COVID-19 infection? RECORD ALL MENTIONED.	FEVER A COUGH B SHORTNESS OF BREATH AND BREATHING DIFFICULTIES C MUSCLE PAIN D HEADACHE E LOSS OF TASTE OR SMELL F DIAHHRREA G COMMON COLD AND RUNNING NOSE H OTHER _____ X (SPECIFY) DON'T KNOW Z	
1112N	What are some of the risks for the spread of COVID-19? RECORD ALL MENTIONED.	ESSENTIAL WORKER A IMMUNOCOMPROMISED B NOT WEARING A MASK C POOR ROOM VENTILATION D SENIOR CITIZEN E NOT BEING VACCINATED F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1112O	What measures did you take to reduce your risk of getting infected by COVID-19? RECORD ALL MENTIONED.	WEARING A MASK A WASHING HANDS PROPERLY B USING SANITIZER C MAINTAINING DISTANCE D AVOID TOUCHING EYES/NOSE/MOUTH E PRACTICE RESPIRATORY HYGIENE F GET VACCINATED G FOCUS ON CLEANLINESS H DRINK HOT WATER (WITH OR WITHOUT HERE I OTHER _____ X (SPECIFY) DID NOTHING Z	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1112P	Have you received COVID-19 vaccination?	YES 1 NO 2	→ 1112S
1112Q	Which type of vaccine did you receive?	PFIZER 1 ASTRAZENECA/OXFORD 2 MODERNA 3 JOHNSON & JOHNSON (J&J) 4 DON'T KNOW 8	
1112R	How many doses, have you received ?	1 1 2 2 MORE THAN 2 3 DON'T KNOW 8	→ 1112T
1112S	Are you willing to be vaccinated against COVID-19?	YES 1 NO 2	
SNAKE BITE			
1112T	Have you been bitten by a snake, within the last 12 months?	YES 1 NO 2	→ 1113
1112U	Did you seek health attention after the snake bite?	YES 1 NO 2	→ 1113
1112V	Where did you seek treatment?	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEAL 14 PRIMARY HEALTH CLINIC 15 HEALTH POST 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PATENT AND PROPRIETARY MEDICINE VENDORS(PMV) 24 PRIVATE DOCTOR 25 MOBILE CLINIC 26 MATERNITY CENTER 27 OTHER PRIVATE MEDICAL SECTOR _____ 28 (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH-BASED CLINIC 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIEND/RELATIVE 43 OTHER _____ 96 (SPECIFY)	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1112W	Were you given snake antivenom?	YES 1 NO 2																
HEALTH INSURANCE AND PROBLEM ACCESSING HEALTH SERVICES																		
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROBLEM</th> <th style="text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
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c) DISTANCE	1	2																
d) GO ALONE	1	2																
1114	Are you covered by any health insurance?	YES 1 NO 2	→ 1201															
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)																

SECTION 12. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	Only weak children can die from malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1209	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1210	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1211	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1212	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1213	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8	
1214	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8	

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
GC1	<p>Now I would like to ask some questions about a practice known as female circumcision, that is:</p> <p>a) a practice in which a girl may have part of her genitals cut, for example, excision of the clitoris and the labia minora, scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts)</p> <p>b) use of corrosive substances or herbs into vagina to tighten or narrow it or to cause bleeding.</p> <p>Have you ever heard about any of these practices?</p>	<p>YES 1</p> <p>NO 2</p>	→ GC3																				
GC2	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?	<p>YES 1</p> <p>NO 2</p>	→ F1																				
GC3	Have you ever had any of these procedures performed on you or have you ever used corrosive substances or herbs?	<p>YES 1</p> <p>NO 2</p>	→ GC9																				
GC4	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ GC6																				
GC5	Was the genital area just nicked without removing any flesh?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																					
GC6	Was your genital area sewn closed?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																					
GC6A	Which type of procedure was performed on you?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) REMOVAL OF CLITORIS along with partial or total excision of the labia minora?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) INFIBULATION: removal of clitoris, labia minora and adjacent medial part of labia majora and</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) Scraping of tissue surrounding the vaginal orifice (eg. Angurya cuts etc.)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) Cutting of the vagina (eg. Gishiri cuts etc)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) REMOVAL OF CLITORIS along with partial or total excision of the labia minora?	1	2	8	b) INFIBULATION: removal of clitoris, labia minora and adjacent medial part of labia majora and	1	2	8	c) Scraping of tissue surrounding the vaginal orifice (eg. Angurya cuts etc.)?	1	2	8	d) Cutting of the vagina (eg. Gishiri cuts etc)?	1	2	8	
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d) Cutting of the vagina (eg. Gishiri cuts etc)?	1	2	8																				
GC6B	Have you ever used corrosive substances or herbs into your vagina with the aim of tightening or narrowing it or to cause bleeding?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																					
GC7	<p>How old were you when you were circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLETED YEARS: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>AS A BABY/DURING INFANCY 95</p> <p>DON'T KNOW 98</p>																					

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC8	Who performed the circumcision?	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER 11</p> <p>TRADITIONAL BIRTH ATTENDANT 12</p> <p>OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>NURSE/MIDWIFE 22</p> <p>AUXILIARY MIDWIFE 23</p> <p>OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
GC9	<p>CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY:</p> <p>HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2008 OR LATER <input type="checkbox"/></p>	<p>HAS NO LIVING DAUGHTERS BORN IN 2008 OR LATER <input type="checkbox"/></p>	<p>GC17</p>

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10	Now I would like to ask you some questions about your daughter.		
GC11	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2008 OR LATER, STARTING WITH THE YOUNGEST. NAME _____ PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>		
GC12	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2	→ GC16
GC13	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
GC14	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
GC15	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 AUXILIARY MIDWIFE 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
GC16	CHECK CG10: ANY MORE DAUGHTERS BORN IN 2008 OR LATER? YES <input type="checkbox"/> (GO TO GC11 FOR THE NEXT YOUNGEST DAUGHTER) ←	NO <input type="checkbox"/> → GC17	

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC17	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
GC18	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery or a severe injury. Do you currently experience a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ F4
F2	Have you ever experienced this problem?	YES 1 NO 2	→ F4
F3	Have you ever heard of this problem?	YES 1 NO 2	→ MM01
F4	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ F6
F5	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVER 2	→ F7
F6	What do you think caused this problem?	PELVIC SURGERY 1 SEXUAL ASSAULT 2 OTHER INJURY 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ F8
F7	How many days after (CAUSE OF PROBLEM FROM F4 OR F6) did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVEN <input type="text"/> <input type="text"/>	
F8	Have you sought treatment for this condition?	YES 1 NO 2	→ F10
F9	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GC B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARI E COULD NOT GET PERMISSION F EMBARRASSMENT G PROBLEM DISAPPEARE! H OTHER _____ X (SPECIFY)	→ MM01
F10	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 3 OTHER _____ 6 (SPECIFY)	
F11	Did you have an operation to fix the problem?	YES 1 NO 2	
F12	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MM01	<p>Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother.</p> <table border="1" data-bbox="343 405 1316 1048"> <thead> <tr> <th>NAME</th> <th>ORDER NUMBER</th> <th>NAME</th> <th>ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td><input type="text"/> <input type="text"/></td> <td>k _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>b _____</td> <td><input type="text"/> <input type="text"/></td> <td>l _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>c _____</td> <td><input type="text"/> <input type="text"/></td> <td>m _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>d _____</td> <td><input type="text"/> <input type="text"/></td> <td>n _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>e _____</td> <td><input type="text"/> <input type="text"/></td> <td>o _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>f _____</td> <td><input type="text"/> <input type="text"/></td> <td>p _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>g _____</td> <td><input type="text"/> <input type="text"/></td> <td>q _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>h _____</td> <td><input type="text"/> <input type="text"/></td> <td>r _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>i _____</td> <td><input type="text"/> <input type="text"/></td> <td>s _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>j _____</td> <td><input type="text"/> <input type="text"/></td> <td>t _____</td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input type="text"/> <input type="text"/>	k _____	<input type="text"/> <input type="text"/>	b _____	<input type="text"/> <input type="text"/>	l _____	<input type="text"/> <input type="text"/>	c _____	<input type="text"/> <input type="text"/>	m _____	<input type="text"/> <input type="text"/>	d _____	<input type="text"/> <input type="text"/>	n _____	<input type="text"/> <input type="text"/>	e _____	<input type="text"/> <input type="text"/>	o _____	<input type="text"/> <input type="text"/>	f _____	<input type="text"/> <input type="text"/>	p _____	<input type="text"/> <input type="text"/>	g _____	<input type="text"/> <input type="text"/>	q _____	<input type="text"/> <input type="text"/>	h _____	<input type="text"/> <input type="text"/>	r _____	<input type="text"/> <input type="text"/>	i _____	<input type="text"/> <input type="text"/>	s _____	<input type="text"/> <input type="text"/>	j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>		
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j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>																																												
MM02	<p>CHECK MM01:</p> <p>ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/></p> <p>NO BROTHERS OR SISTERS LISTED <input type="checkbox"/></p>	<p>→ MM04</p>																																													
MM03	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK:</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM04	<p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM05	<p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM06	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM07	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p>	<p>TOTAL BROTHERS AND SISTERS . . <input type="text"/> <input type="text"/></p>																																													

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	<p>CHECK MM07:</p> <p>Just to make sure that I have this right: Your mother had in total (NUMBER OF BIRTHS TO MOTHER) births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 200px;">→ PROBE AND CORRECT MM01 AND/OR MM07.</p>		
MM09	<p>CHECK MM07:</p> <p>ONE OR MORE <input type="checkbox"/> NO <input type="checkbox"/></p> <p>BROTHERS/SISTERS BROTHER OR SISTER</p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 200px;">→ DV00</p>		DV00
MM10	<p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS</p>		
MM11	<p>How many births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS . . . <input type="text"/> <input type="text"/></p>	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	NAME OF BROTHER OR SISTER.	(01)	(02)	(03)
MM14	Is (NAME IN MM13) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
MM15	Is (NAME IN MM13) still alive?	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (04) ←
MM16	How old is (NAME IN MM13)?	AGE <input type="text"/> GO TO (02)	AGE <input type="text"/> GO TO (03)	AGE <input type="text"/> GO TO (04)
MM17	How many years ago did (NAME IN MM13) die?	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>
MM18	<p>IF MALE <input type="checkbox"/> IF FEMALE <input type="checkbox"/></p> <p>a) How old was (NAME IN MM13) when he died?</p> <p>b) How old was (NAME IN MM13) when she died?</p> <p>IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>
MM19	Was (NAME IN MM13) pregnant when she died?	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2
MM20	Did (NAME IN MM13) die during childbirth?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2
MM21	Did (NAME IN MM13) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←
MM22	How many days after the end of the pregnancy or childbirth did (NAME IN MM13) die?	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>
MM23	Was (NAME IN MM13)'s death due to an act of violence?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2
MM24	Was (NAME IN MM13)'s death due to an accident?	YES 1 NO 2 GO TO (02)	YES 1 NO 2 GO TO (03)	YES 1 NO 2 GO TO (04)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> NOT SELECTED	VA1																																										
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	DV37																																										
DV02	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 Nigeria. 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.																																												
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>	DV06 DV06																																										
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	DV06																																										
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	DV19																																										
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																											
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DOMESTIC VIOLENCE MODULE

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DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <table border="1" data-bbox="740 412 906 757"> <thead> <tr> <th colspan="2"></th> <th>EVER</th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES</td> <td>1</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES</td> <td>1</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES</td> <td>1</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES	1	→	1	2	3		NO	2	↓				b) threaten to hurt or harm you or someone you care about?	YES	1	→	1	2	3		NO	2	↓				c) insult you or make you feel bad about yourself?	YES	1	→	1	2	3		NO	2	↓				<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																																																																			
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DV09	<p>CHECK DV08A (a-j):</p> <p align="center">AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p>	<p align="center">NOT A SINGLE <input type="checkbox"/> 'YES' →</p>	<p align="right">→ DV11</p>																																																																																																																																																			

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																																	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13																																
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																																	
DV13	Did your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ DV15																																
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																																	
DV15	Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																																	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?																																	
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DOMESTIC VIOLENCE MODULE

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DV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE YES <input type="checkbox"/>	→ DV19
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV19	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/>	NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/>	→ DV21A
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV21A
DV21	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 SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK ... O POLICE/SOLDIER P OTHER _____ X (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
DV21A	<p>Now I want to ask you about your experiences using technology including the internet, mobile phones, text messages, instant messages, dating/relationship apps, social media or any other technology platforms (e.g. Facebook, WhatsApp, Twitter/X, Tinder, Badoo, Bomble, TikTok, Snapchat, Instagram, Reddit, Alarena.com), whether you used it yourself or through someone else. This could be by anyone, including a romantic partner, a friend or even someone you don't know.</p> <p>A. Has the following ever happened to you?</p> <p>a) Someone tries/tried to publicly humiliate you on the internet, phone, mobile phones, text messages, instant messages, or social media in a way that was related to you being a woman?</p> <p>b) Someone sends/sent you threatening messages via the internet, phone, mobile phones, text messages, instant messages, or social media?</p> <p>c) Someone shared sexual photos or videos of you via the internet, mobile phones, text messages, instant messages, or social media without your consent</p> <p>d) Someone sends/sent you sexual photos, videos, or messages via the internet, mobile phones, text messages, instant messages, or social media without your consent</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="740 602 1329 1296"> <thead> <tr> <th data-bbox="740 602 904 667">EVER</th> <th data-bbox="904 602 1054 667">OFTEN</th> <th data-bbox="1054 602 1166 667">SOME-TIMES</th> <th data-bbox="1166 602 1329 667">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="740 667 904 719">YES 1</td> <td data-bbox="904 667 1054 719">→ 1</td> <td data-bbox="1054 667 1166 719">2</td> <td data-bbox="1166 667 1329 719">3</td> </tr> <tr> <td data-bbox="740 719 904 819">NO 2</td> <td data-bbox="904 719 1054 819">↓</td> <td data-bbox="1054 719 1166 819"></td> <td data-bbox="1166 719 1329 819"></td> </tr> <tr> <td data-bbox="740 819 904 871">YES 1</td> <td data-bbox="904 819 1054 871">→ 1</td> <td data-bbox="1054 819 1166 871">2</td> <td data-bbox="1166 819 1329 871">3</td> </tr> <tr> <td data-bbox="740 871 904 972">NO 2</td> <td data-bbox="904 871 1054 972">↓</td> <td data-bbox="1054 871 1166 972"></td> <td data-bbox="1166 871 1329 972"></td> </tr> <tr> <td data-bbox="740 972 904 1023">YES 1</td> <td data-bbox="904 972 1054 1023">→ 1</td> <td data-bbox="1054 972 1166 1023">2</td> <td data-bbox="1166 972 1329 1023">3</td> </tr> <tr> <td data-bbox="740 1023 904 1124">NO 2</td> <td data-bbox="904 1023 1054 1124">↓</td> <td data-bbox="1054 1023 1166 1124"></td> <td data-bbox="1166 1023 1329 1124"></td> </tr> <tr> <td data-bbox="740 1124 904 1176">YES 1</td> <td data-bbox="904 1124 1054 1176">→ 1</td> <td data-bbox="1054 1124 1166 1176">2</td> <td data-bbox="1166 1124 1329 1176">3</td> </tr> <tr> <td data-bbox="740 1176 904 1276">NO 2</td> <td data-bbox="904 1176 1054 1276">↓</td> <td data-bbox="1054 1176 1166 1276"></td> <td data-bbox="1166 1176 1329 1276"></td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1	→ 1	2	3	NO 2	↓			YES 1	→ 1	2	3	NO 2	↓			YES 1	→ 1	2	3	NO 2	↓			YES 1	→ 1	2	3	NO 2	↓			
EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																				
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NO 2	↓																																						
YES 1	→ 1	2	3																																				
NO 2	↓																																						
DV21B	<p>CHECK DV21A_B (a-d):</p> <p>AT LEAST ONE 'OFTEN' OR 'SOMETIMES' <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/> → DV22</p>																																					

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21C	<p>In the past 12 months, who has done any of this to you?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER . . . A</p> <p>FORMER HUSBAND/PARTNER . . . B</p> <p>CURRENT BOYFRIEND C</p> <p>FORMER BOYFRIEND D</p> <p>TEACHER E</p> <p>SCHOOLMATE/CLASSMATE F</p> <p>EMPLOYER/SOMEONE AT WORK . . G</p> <p>POLICE/SOLDIER H</p> <p>MALE FRIEND I</p> <p>FEMALE FRIEND J</p> <p>STRANGER/DID NOT IDENTIFY THEMSELVES K</p> <p>MOTHER/STEP-MOTHER L</p> <p>FATHER/STEP-FATHER M</p> <p>SISTER/BROTHER N</p> <p>DAUGHTER/SON O</p> <p>MOTHER-IN-LAW P</p> <p>FATHER-IN-LAW Q</p> <p>OTHER IN-LAW R</p> <p>OTHER RELATIVE S</p> <p>OTHER _____ X (SPECIFY)</p>			
DV22	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>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?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> <p>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?</p>				
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHEF A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>SCHOOLMATE/CLASSMATE L</p> <p>EMPLOYER/SOMEONE AT WORK . . M</p> <p>POLICE/SOLDIER N</p> <p>OTHER _____ X (SPECIFY)</p>			
DV24	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>			

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	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	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER A BROTHER/STEP-BROTHER B OTHER RELATIVE C CURRENT BOYFRIEND D FORMER BOYFRIEND E IN-LAW F OWN FRIEND/ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE/CLASSMATE J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L PRIEST/RELIGIOUS LEADER M STRANGER N OTHER _____ X (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ DV35</p>	<p>→ DV35</p>
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV34</p>
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY ... B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND ... D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNE.... H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION.. K</p> <p>OTHER _____ X (SPECIFY)</p>	<p>→ DV35</p>

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV34	Have you ever told any one about this?	YES 1 NO 2																	
DV35	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																			
DV36	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																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE																		
<hr/> <hr/> <hr/>																			
VA1	CHECK 230A AND 230B: ONE OR MORE DEATHS OR STILLBIRTHS <input type="checkbox"/> NO DEATHS OR STILLBIRTHS <input type="checkbox"/>		→ 1116																
VA2	READ TO THE RESPONDENT: I would like to inform you that detailed information on the circumstances surrounding the deaths of children under the age of 5 years will be collected in the near future so that the federal government of Nigeria can provide health services to help reduce these deaths. If you do not mind, another team will be coming at a later date to interview members of the household about the death (s) you have told me about. Is this okay?	YES 1 NO 2																	
1116	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> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	

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 (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE 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 CHANGES IN MENSTRUAL BLEEDING

- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS

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

- _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2		
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
2	06	JUN	07			2
3	05	MAY	08			3
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
<hr/>						
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
2	06	JUN	19			2
2	05	MAY	20			2
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
<hr/>						
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
2	06	JUN	31			2
1	05	MAY	32			1
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
<hr/>						
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
2	06	JUN	43			2
0	05	MAY	44			0
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
<hr/>						
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
1	06	JUN	55			1
9	05	MAY	56			9
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
<hr/>						
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
1	06	JUN	67			1
8	05	MAY	68			8
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

(1) Year of fieldwork is assumed to be 2023. For fieldwork beginning in 2024, all references to calendar years should be increased by one; for example, 2018 should be changed to 2019, 2019 should be changed to 2020, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

2023 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE

NIGERIA
 NATIONAL POPULATION COMMISSION

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>										
NAME AND LINE NUMBER OF MAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table> YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
TIME	_____	_____												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED														
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;">0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;"></td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;"></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;"></td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;"></td></tr></table>					
0														
1														
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)											
<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER			_____ NAME	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td></tr></table> NUMBER					_____ NAME	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td></tr></table> NUMBER				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Population Commission(NPC).We are conducting a survey about health and other topics all over Nigeria. 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 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
102	What state were you born in?	<p>NORTH CENTRAL</p> FCT-ABUJA 01 BENUE 02 KOGI 03 KWARA 04 NASARAWA 05 NIGER 06 PLATEAU 07 <p>NORTH EAST</p> ADAMAWA 08 BAUCHI 09 BORNO 10 GOMBE 11 TARABA 12 YOBE 13 <p>NORTH WEST</p> JIGAWA 14 KADUNA 15 KANO 16 KATSINA 17 KEBBI 18 SOKOTO 19 ZAMFARA 20 <p>SOUTH EAST</p> ABIA 21 ANAMBRA 22 EBONYI 23 ENUGU 24 IMO 25 <p>SOUTH SOUTH</p> AKWA IBOM 26 BAYELSA 27 CROSS R. 28 DELTA 29 EDO 30 RIVERS 31 <p>SOUTH WEST</p> EKITI 32 LAGOS 33 OGUN 34 ONDO 35 OSUN 36 OYO 37 OUTSIDE OF NIGERIA 96	→ 104								
103	What country were you born in?	COUNTRY _____ <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>									
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ALWAYS 95 VISITOR 96			→ 110						

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/>	05 YEARS <input type="checkbox"/> OR MORE	→ 107
106	In what month and year did you move here?	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	
107	Just before you moved here, which state did you live in?	<p>NORTH CENTRAL</p> FCT-ABUJA 01 BENUE 02 KOGI 03 KWARA 04 NASARAWA 05 NIGEF 06 PLATEAU 07 <p>NORTH EAST</p> ADAMAWA 08 BAUCHI 09 BORNO 10 GOMBE 11 TARABA 12 YOBE 13 <p>NORTH WEST</p> JIGAWA 14 KADUNA 15 KANO 16 KATSINA 17 KEBBI 18 SOKOTO 19 ZAMFARA 20 <p>SOUTH EAST</p> ABIA 21 ANAMBRA 22 EBONYI 23 ENUGU 24 IMO 25 <p>SOUTH SOUTH</p> AKWA IBOM 26 BAYELSA 27 CROSS R. 28 DELTA 29 EDO 30 RIVERS 31 <p>SOUTH WEST</p> EKITI 32 LAGOS 33 OGUN 34 ONDO 35 OSUN 36 OYO 37 OUTSIDE OF NIGERIA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	
110	In what month and year were you born?	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	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
115	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 119
117	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 120
119	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	
120	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	
121	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	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	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	→ 130
129	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	
130	What is your religion? IF CHRISTIAN PROBE: CATHOLIC OR OTHER CHRISTIAN.	CATHOLIC 1 OTHER CHRISTIAN 2 ISLAM 3 TRADITIONALIST 4 OTHER _____ 6 (SPECIFY)	
131	What is your ethnic group?	_____ (ETHNIC GROUP)	<input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2
205	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>
206	Have you ever fathered a son or a daughter 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 DON'T KNOW 8
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>	
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
212	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>
213	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) How old is your youngest child? b) How old is your child?	AGE IN YEARS <input type="text"/> <input type="text"/>
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/>	
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) What is the name of your youngest child? b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)
216	When (NAME IN 215)'s mother was pregnant with (NAME IN 215), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2
218	Was (NAME IN 215) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2
219	Did you go with (NAME IN 215)'s mother to the hospital or health facility where she gave birth to	YES 1 NO 2

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES	1
		NO	2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES	1
		NO	2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a trained health care worker which can prevent pregnancy for one or more years.	YES	1
		NO	2
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES	1
		NO	2
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a trained health care worker which can prevent pregnancy for one or more years.	YES	1
		NO	2
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES	1
		NO	2
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES	1
		NO	2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES	1
		NO	2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES	1
		NO	2
10	Have you heard of 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.	YES	1
		NO	2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring exclusive breastfeeding day and night.	YES	1
		NO	2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES	1
		NO	2
13	Have you heard of Withdrawal Method? PROBE: Men can be careful and pull out before climax.	YES	1
		NO	2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO	Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	YES NO a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE .. 1 2 d) MOBILE PHONE 1 2 e) FACEBOOK/TWITTER/ INSTAGRAM 1 2 f) POSTER/LEAFLET/ BROCHURE 1 2 g) OUTDOOR SIGN/BILLBOARD .. 1 2 h) COMMUNITY MEETINGS/ EVENTS 1 2	
302A	CHECK 302: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' (HAS HEARD OR READ MESSAGE) ↓ 'YES' (HAS NOT HEARD OR READ MESSAGE) →		→ 303
302B	Please tell me which family planning messages you have heard or seen in the past few months? PROBE: Any others?	AS FOR ME AND MY PARTNER WE 'DEY KAMPE' WITH FEMALE CONDOM A UNSPACED CHILDREN MAKES THE GOING TOUGH FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TODA' B WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY C IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY D WHY IS YOUR WIFE LOOKING SO GO..... E OTHER _____ X (SPECIFY)	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED .. 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. 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.	DIS- AGREE AGREE DK a) CONTRACEPTION WOMAN'S CONCERN 1 2 8 b) WOMEN MAY BECOME PROMISCUOUS 1 2 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/>																
407	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE/ PARTNER <input type="checkbox"/> ↓ a) Please tell me the name of your (wife/partner). </div> <div style="border-left: 1px dashed black; padding-left: 10px;"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> ↓ b) Please tell me the name of your (first/next) wife or woman you are living with as if married. </div> </div> RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 20%;">LINE NUMBER</th> <th style="width: 50%;">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	408 How old was (NAME IN 407) on her last birthday?
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
408	How old was (NAME IN 407) on her last birthday? RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.																	
409	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	→ 411															
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <p style="text-align: center;"> <input type="checkbox"/> BOTH ARE CODE '2' <input type="checkbox"/> OTHER </p> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p>b) Now I would like to ask about your first wife or partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 413</p> <p>DON'T KNOW YEAR 9998</p>	
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
414	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 → 501</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
415	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?	<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"/> → 429</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>	
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<p>YES 1 → 418</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
417	Do you know of a place where you can obtain a method of family planning?	<p>YES 1 → 419</p> <p>NO 2</p>	
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G → 420</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 422
420	What was the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	GOLD CIRCLE 01 DUREX 02 ROUGH RIDER 03 TWIN LOTUS 04 PLAIN CONDOMS 05 GO FLEX 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
421	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR TEACHING HOSPITAL 11 FEDERAL MEDICAL CENTER 12 GENERAL HOSPITAL 13 PRIMARY HEALTH CARE CENTER 14 PRIMARY HEALTH CLINIC 15 HEALTH POST 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PATENT AND PROPRIETARY MEDICINE VENDORS(l..... 24 PRIVATE DOCTOR 25 MOBILE CLINIC 26 MATERNITY CENTER 27 OTHER PRIVATE MEDICAL SECTOR _____ 28 (SPECIFY) NGO MEDICAL SECTOR FAITH-BASED HOSPITAL 31 FAITH-BASED CLINIC 32 FAMILY PLANNING CLINIC 33 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIEND/RELATIVE 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		514								
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	507								
505	Now I have some questions about the future. After the child you and your (wife/partner) 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	514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									514
509	Are any of your wives or partners currently pregnant?	YES 1 NO 2 DON'T KNOW 8	512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the child you and your wife or partner 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	→ 514
511	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 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT (WIFE/WIVES/PARTNER(S)) STERILIZED 3 RESPONDENT STERILIZED 4 UNDECIDED/DON'T KNOW 5 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> 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? NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 601 → 601
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last 7 days?	YES 1 NO 2	→ 604
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	<input type="checkbox"/>
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615																								
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																								
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A																								
616	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A																								
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 617C																								
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																									
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																									
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
	YES	NO	DK																								
a) GOES OUT	1	2	8																								
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c) ARGUES	1	2	8																								
d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	1	2	8																								
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708
703	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	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	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	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
709	Are there any special medicines 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	
710	Have you heard of PrEP, an HIV medicine taken orally daily to prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	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	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 11</p> <p>FEDERAL MEDICAL CENTER 12</p> <p>GENERAL HOSPITAL 13</p> <p>PRIMARY HEALTH CARE CENTER 14</p> <p>PRIMARY HEALTH CLINIC 15</p> <p>HEALTH POST 16</p> <p>STAND-ALONE HTC CENTER 17</p> <p>MOBILE HTC SERVICES 18</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 19</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PATENT AND PROPRIETARY</p> <p> MEDICINE VENDORS (PPMV) 24</p> <p>PRIVATE DOCTOR 25</p> <p>MOBILE CLINIC 26</p> <p>STAND-ALONE HTC CENTER 27</p> <p>MOBILE HTC SERVICES 28</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 29</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 31</p> <p>FAITH-BASED CLINIC 32</p> <p>FAMILY PLANNING CLINIC 33</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	→ 720

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	In what month and year did you receive your first HIV-positive test result?	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 SAME DATE AS MOST RECENT HIV TEST .. 95	
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> → 729	
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) PEOPLE TALK BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
	YES	NO																			
a) PEOPLE TALK BADLY	1	2																			
b) DISCLOSED STATUS	1	2																			
c) VERBALLY INSULTED	1	2																			
d) HEALTHCARE WORKERS TALKED BADLY	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			
729	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2															
YES	1																				
NO	2																				
730	CHECK 414: <table border="0"> <tr> <td align="center">HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> <td align="center">NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> </tr> <tr> <td align="center">↓</td> <td align="center">→ 735</td> </tr> </table>		HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	↓	→ 735															
HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>																				
↓	→ 735																				
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <table border="0"> <tr> <td align="center">YES <input type="checkbox"/></td> <td align="center">NO <input type="checkbox"/></td> </tr> <tr> <td align="center">↓</td> <td align="center">→ 733</td> </tr> </table>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	↓	→ 733															
YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
↓	→ 733																				
732	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?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8													
YES	1																				
NO	2																				
DON'T KNOW	8																				
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8													
YES	1																				
NO	2																				
DON'T KNOW	8																				
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8													
YES	1																				
NO	2																				
DON'T KNOW	8																				
734A	CHECK 732, 733 AND 734 <table border="0"> <tr> <td align="center">HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></td> <td align="center">HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></td> </tr> <tr> <td align="center">↓</td> <td align="center">→ 735</td> </tr> </table>		HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	↓	→ 735															
HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>																				
↓	→ 735																				
734B	The last time you had (PROBLEM FROM 732/733/734), did you seek advice or treatment?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ 735														
YES	1																				
NO	2																				

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734C	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL A</p> <p>FEDERAL MEDICAL CENTER B</p> <p>GENERAL HOSPITAL C</p> <p>PRIMARY HEALTH CARE CENTER D</p> <p>PRIMARY HEALTH CLINIC E</p> <p>HEALTH POST F</p> <p>STAND-ALONE HTC CENTER..... G</p> <p>MOBILE HTC SERVICES H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ I</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL J</p> <p>PRIVATE CLINIC K</p> <p>PHARMACY L</p> <p>PATIENT & PROPRIETARY</p> <p> MEDICINE VENDORS M</p> <p>PRIVATE DOCTOR N</p> <p>MOBILE CLINIC O</p> <p>MATERNITY CENTER P</p> <p>STAND-ALONE HTC CENTER Q</p> <p>MOBILE HTC SERVICES R</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ S</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL T</p> <p>FAITH-BASED CLINIC U</p> <p>FAMILY PLANNING CLINIC V</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ W</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
735	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
736	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

FEMALE GENITAL CUTTING/MUTILATION FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GCM1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ GCM3
GCM2	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	→ 801
GCM3	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
GCM4	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 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
805A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 805F
805C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	
805D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
805E	Are you taking medication to control your blood pressure?	YES 1 NO 2	
805F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 806
805H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
805I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
805J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Kreteks? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe sessions (shisha)? g) Any others? _____ (SPECIFY)	<p style="text-align: center;">NUMBER DAILY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS, CHERROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 811
810	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Kreteks? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe sessions (shisha)? g) Any others? _____ (SPECIFY)	<p style="text-align: center;">NUMBER WEEKLY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS, CHERROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813 → 813A

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="center">→ 813A</p>
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
TUBERCULOSIS			
813A	<p>I am going to ask you about a disease known as Tuberculosis or TB. Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2</p>	<p align="center">→ 814</p>
813B	<p>How does Tuberculosis spread from one person to another?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH COUGHING AND SNEEZING .. A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
813C	What are the signs and symptoms that would suggest someone may have TB? RECORD ALL MENTIONED.	PERSISTENT COUGH (2 WEEKS OR MORE) A COUGHING WITH SPUTUM B WEIGHT LOSS C COUGHING BLC D FEVER E NIGHT SWEATS F SHORTNESS OF BREATH G LOSS OF APPETITE H CHEST PAIN I FATIGUE/TIREDNESS J OTHER _____ X (SPECIFY) DON'T KNOW Z																													
813D	Do you believe Tuberculosis (TB) can be cured?	YES 1 NO 2 DON'T KNOW 8																													
813E	If a member of your family got Tuberculosis, would you keep it a secret?	YES 1 NO 2 DON'T KNOW 8																													
813F	Now I will make a series of statements regarding your beliefs or perceptions about TB. For each statement I make, please indicate whether you Agree, Disagree or Don't Know a) People with TB should be admitted until the disease is over ----- b) People with TB should be supported to ensure that they take their drugs ----- c) I will not marry from the family of someone with TB ----- d) I will not use the same toilet with someone that has TB ----- e) People that have TB brought the disease upon themselves ----- f) Having TB is a punishment from God	<table border="0"> <tr> <td></td> <td align="center">AGREE</td> <td align="center">DISAGREE</td> <td align="center">DON'T KNOW</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		AGREE	DISAGREE	DON'T KNOW	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	
	AGREE	DISAGREE	DON'T KNOW																												
a)	1	2	8																												
b)	1	2	8																												
c)	1	2	8																												
d)	1	2	8																												
e)	1	2	8																												
f)	1	2	8																												
ALCOHOL USE																															
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, palm wine (many ngwo/nkwu elu), burukutu, or kaikai (sapele water)?	YES 1 NO 2	→ 816A																												
815	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 816A																												

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one glass of palm wine (manyangwo/nkwu elu), burukutu, or kaikai (sapele water). In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD DRINKS.</p>	<p>LESS THAN ONE STANDARD DRINK 00</p> <p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>	
HEPATITIS			
816A	Now I would like to ask you some questions about Hepatitis. Hepatitis is the inflammatory condition of the liver. Have you ever heard of viral Hepatitis B?	<p>YES 1</p> <p>NO 2</p>	→ 816EA
816B	In the last 12 months, were you tested for Hepatitis B?	<p>YES 1</p> <p>NO 2</p>	→ 816E
816C	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p>	→ 816E
816D	Have you been treated for Hepatitis B in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	
816E	Have you been vaccinated for Hepatitis B?	<p>YES 1</p> <p>NO 2</p>	
816EA	Have you ever heard of viral Hepatitis C?	<p>YES 1</p> <p>NO 2</p>	→ 816F
816EB	In the last 12 months, were you tested for Hepatitis C?	<p>YES 1</p> <p>NO 2</p>	→ 816F
816EC	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p>	→ 816F
816ED	Have you been treated for Hepatitis C in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	
COVID-19			
816F	Now I would like to ask you some questions about COVID-19. Have you heard of COVID-19?	<p>YES 1</p> <p>NO 2</p>	→ 816O
816G	<p>Where/from whom have you received information around COVID-19?</p> <p>RECORD ALL MENTIONED.</p>	<p>COMMUNITY HEALTH WORKERS A</p> <p>OTHER FRONTLINE WORKERS FROM I/NGO B</p> <p>RADIO PROGRAM C</p> <p>SMS/TEXT MESSAGING D</p> <p>HEALTH FACILITY E</p> <p>PHONE COUNSELING F</p> <p>TELEVISION G</p> <p>MOBILE RING TONE H</p> <p>FAMILY/RELATIVES/FRIENDS/NEIGHBORS I</p> <p>SOCIAL MEDIA J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816Q	Where did you seek treatment?	<p>PUBLIC SECTOR</p> <p>TEACHING HOSPITAL 11</p> <p>FEDERAL MEDICAL CENTER 12</p> <p>GENERAL HOSPITAL 13</p> <p>PRIMARY HEALTH CARE CENTER 14</p> <p>PRIMARY HEALTH CLINIC 15</p> <p>HEALTH POST 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PATENT AND PROPRIETARY</p> <p> MEDICINE VENDORS (PPMV) 24</p> <p>PRIVATE DOCTOR 25</p> <p>MOBILE CLINIC 26</p> <p>MATERNITY CENTER 27</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 28</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>FAITH-BASED HOSPITAL 31</p> <p>FAITH-BASED CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
816R	Were you given snake antivenom?	<p>YES 1</p> <p>NO 2</p>	
HEALTH INSURANCE			
817	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 901
818	What type of health insurance are you covered by? RECORD ALL MENTIONED.	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

SECTION 9. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
911	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
912	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
913	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8									
914	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8									
915	RECORD THE TIME.	HOURS <table border="1" data-bbox="1193 987 1326 1032"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1193 1039 1326 1084"> <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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2023 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

NIGERIA
 NATIONAL POPULATION COMMISSION

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLDS SELECTED FOR MAN'S SURVEY (YES=1; NO=2)												
FIELDWORKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
[FIELDWORKER'S] NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**								
			<table border="1" style="width: 40px; height: 20px;"></table>	TRANSLATOR (YES = 1, NO = 2)								
LANGUAGE OF QUESTIONNAIRE**	ENGLISH											
	**LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR									
<table border="1" style="width: 40px; height: 20px;"></table>	NAME	<table border="1" style="width: 40px; height: 20px;"></table>	NAME	<table border="1" style="width: 40px; height: 20px;"></table>								
NUMBER		NUMBER		NUMBER								

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 1	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
107	WAS THE CHILD MINIMALLY DRESSED AND NOT WEARING ANY HEAVY ORNAMENTS ?	YES 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

115	TODAY'S DATE:	DAY <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
CHILD 1		SKIP								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>								
CONSENT FOR ANEMIA										
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
ANEMIA TESTING										
121	SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> FIELDWORKER NUMBER								
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> . <table border="1" style="display:inline-table; border-collapse: collapse; width:20px; height:20px;"><tr><td> </td></tr></table> NOT PRESENT 994 REFUSED 995 OTHER 996								
SEVERE ANEMIA REFERRAL										
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2								
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.									
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.									

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 2	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
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105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

115	TODAY'S DATE:	DAY <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table> MONTH <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table> YEAR <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"></table>
CHILD 2		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table>
CONSENT FOR ANEMIA		
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120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
ANEMIA TESTING		
121	SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="display:inline-table; border-collapse: collapse; width:80px; height:20px;"></table> FIELDWORKER NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table> . <table border="1" style="display:inline-table; border-collapse: collapse; width:20px; height:20px;"></table> NOT PRESENT994 REFUSED995 OTHER996
SEVERE ANEMIA REFERRAL		
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 3	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width:30px; height:20px;" type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> FIELDWORKER NUMBER

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

115	TODAY'S DATE:	DAY <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
CHILD 3		SKIP								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>								
CONSENT FOR ANEMIA										
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
ANEMIA TESTING										
121	SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> FIELDWORKER NUMBER								
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table> . <table border="1" style="display:inline-table; border-collapse: collapse; width:20px; height:20px;"><tr><td> </td></tr></table> NOT PRESENT 994 REFUSED 995 OTHER 996								
→ 125										
SEVERE ANEMIA REFERRAL										
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2								
		→ 125								
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.									
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.									

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING AND NOT WEARING ANY HEAVY ORNAMENTS?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 217

	WOMAN 1	SKIP	
ADULT RESPONDENT CONSENT FOR ANEMIA TEST			
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>	
	215	CIRCLE THE CODE.	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER 3
	216	SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <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> FIELDWORKER NUMBER
	217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div>
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	218	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>	
	219	CIRCLE THE CODE.	GRANTED..... 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <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> FIELDWORKER NUMBER
	221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>

	WOMAN 1	SKIP
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MINOR RESPONDENT ASSENT FOR ANEMIA TEST						
M I N O R R E S P O N D E N T A S S E N T	222	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>				
	223	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p>				
	224	<p>SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(SIGN)</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>FIELDWORKER NUMBER</p> </div>				
225	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.</p> <p>G/DL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>NOT PRESENT 994 REFUSED 995 OTHER 996</p>					
226	<p>CHECK 225: HEMOGLOBIN RESULT</p> <p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2</p>					
227	<p>The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>					
228	<p>IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 201.</p>					

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING AND NOT WEARING ANY HEAVY ORNAMENTS?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	} → 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	} → 217

	WOMAN 2	SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST		
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>
	215	<p>CIRCLE THE CODE.</p> <p>GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER 3</p> <p style="text-align:right;">→ 225</p>
	216	<p>SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align:center;">_____</p> <p style="text-align:center;">(SIGN)</p> <p style="text-align:center;">[] [] [] []</p> <p style="text-align:center;">[FIELDWORKER] NUMBER</p> <p style="text-align:right;">→ 225</p>
	217	<p>RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.</p> <p>NAME _____</p> <p>LINE NUMBER OF PARENT/ RESPONSIBLE ADULT</p> <p style="text-align:center;">[] []</p>
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST		
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	218	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>
	# 219	<p>CIRCLE THE CODE.</p> <p>GRANTED..... 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3</p> <p style="text-align:right;">→ 225</p>
	220	<p>SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align:center;">_____</p> <p style="text-align:center;">(SIGN)</p> <p style="text-align:center;">[] [] [] []</p> <p style="text-align:center;">FIELDWORKER NUMBER</p>
	221	<p>CHECK 219:</p> <p>CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/></p> <p style="text-align:right;">→ 225</p>

	WOMAN 2	SKIP
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MINOR RESPONDENT ASSENT FOR ANEMIA TEST		
M I N O R R E S P O N D E N T A S S E N T	222	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>
	223	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3</p>
	224	<p>SIGN NAME AND ENTER FIELDWORKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER </p>
	225	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.</p> <p style="text-align: right;">G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p style="text-align: right;">NOT PRESENT994 REFUSED995 OTHER996</p>
226	<p>CHECK 225: HEMOGLOBIN RESULT</p> <p style="text-align: right;">BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2</p>	
227	<p>The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>	
228	<p>IF ANOTHER WOMAN, GO TO 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 201.</p>	

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (4) Adapt wording of instruction to accommodate local practices such as brass neck coils or other heavy ornamental jewelry that cannot be removed.
- (5) Adapt wording of instruction to accommodate local practices.
- (6) Cutoff for severe anemia should be adapted to country standard.

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD TO REMEASURE	SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width:20px; height:20px;" type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116
106	WEIGHT IN KILOGRAMS.	KG. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> FIELDWORKER NUMBER
115	TODAY'S DATE:	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

116 IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Customize the maximum number of visits expected depending on the overall fieldwork plan; the smaller the subsample in which anthropometry is being conducted, the larger the number of visits that will be feasible in the time allotted for each cluster.
- (3) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (4) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (5) Adapt wording of instruction to accommodate local practices such as brass neck coils or other heavy ornamental jewelry that cannot be removed.
- (6) Adapt wording of instruction to accommodate local practices.

2023 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
FIELDWORKER QUESTIONNAIRE

NIGERIA
NATIONAL POPULATION COMMISSION

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
100	What is your name?	NAME _____					
101	RECORD FIELDWORKER NUMBER	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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

INSTRUCTIONS

Information on all NDHS field workers is collected as part of the NDHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.

102	In what STATE do you live?	<p>NORTH CENTRAL</p> <p>FCT-ABUJA 01</p> <p>BENUE 02</p> <p>KOGI 03</p> <p>KWARA 04</p> <p>NASARAWA 05</p> <p>NIGER 06</p> <p>PLATEAU 07</p> <p>NORTH EAST</p> <p>ADAMAWA 08</p> <p>BAUCHI 09</p> <p>BORNO 10</p> <p>GOMBE 11</p> <p>TARABA 12</p> <p>YOBE 13</p> <p>NORTH WEST</p> <p>JIGAWA 14</p> <p>KADUNA 15</p> <p>KANO 16</p> <p>KATSINA 17</p> <p>KEBBI 18</p> <p>SOKOTO 19</p> <p>ZAMFARA 20</p> <p>SOUTH EAST</p> <p>ABIA 21</p> <p>ANAMBRA 22</p> <p>EBONYI 23</p> <p>ENUGU 24</p> <p>IMO 25</p> <p>SOUTH SOUTH</p> <p>AKWA IBOM 26</p> <p>BAYELSA 27</p> <p>CROSS R. 28</p> <p>DELTA 29</p> <p>EDO 30</p> <p>RIVERS 31</p> <p>SOUTH WEST</p> <p>EKITI 32</p> <p>LAGOS 33</p> <p>OGUN 34</p> <p>ONDO 35</p> <p>OSUN 36</p> <p>OYO 37</p> <p>OUTSIDE OF NIGERIA 96</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR 01 ASSISTANT MEDICAL OFFICER 02 CLINICAL OFFICER 03 ASSISTANT CLINICAL OFFICER 04 REGISTERED NURSE/MIDWIFE 05 ENROLLED NURSE/MIDWIFE 06 NURSE ASSISTANT/ATTENDANT 07 LABORATORY SCIENTIST 08 LABORATORY TECHNOLOGIST 09 LABORATORY TECHNICIAN 10 LABORATORY ASSISTANT 11 NO TECHNICAL QUALIFICATION 95 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
111	What is your religion? IF CHRISTIAN PROBE: CATHOLIC OR OTHER CHRISTIAN.	CATHOLIC 1 OTHER CHRISTIAN 2 ISLAM 3 TRADITIONALIST 4 OTHER _____ 6 (SPECIFY)													
112	What is your ethnicity?	_____ <table border="1" data-bbox="1166 421 1358 479" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (ETHNIC GROUP)													
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	ENGLISH A HAUSA B YORUBA C IGBO D URHOBO E IBIBIO F EDO G FULFULDE H KANURI I OTHER _____ X (SPECIFY)													
114	What is your mother tongue/native language (language spoken at home growing up)?	ENGLISH 01 HAUSA 02 YORUBA 03 IGBO 04 URHOBO 05 IBIBIO 06 EDO 07 FULFULDE 08 KANURI 09 OTHER _____ 96 (SPECIFY)													
115	Have you ever worked on: a) a NDHS prior to this survey? b) an NMIS prior to this survey? c) any other survey prior to this survey?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) NDHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) NMIS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) OTHER SURVEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) NDHS	1	2	b) NMIS	1	2	c) OTHER SURVEY	1	2	
	YES	NO													
a) NDHS	1	2													
b) NMIS	1	2													
c) OTHER SURVEY	1	2													
116	Were you already working for NPC or FMOH at the time you were employed to work on this NDHS?	YES, NPC 1 YES, FMOH 2 NO 3	→ 118												
117	Are you a permanent or temporary employee of NPC or FMOH?	PERMANENT 1 TEMPORARY 2													
118	If you have comments, please write them here.														