





ALBANIA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

ALBANIA  
THE NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND THE INSTITUTE FOR PUBLIC HEALTH (IPH)

Number: \_\_\_\_\_

| IDENTIFICATION                            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME _____                          | <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF HOUSEHOLD HEAD _____              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSU NUMBER .....                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HOUSEHOLD NUMBER .....                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREFECTURE .....                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TIRANA/SMALL CITY/TOWN/RURAL .....        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (TIRANA=1, SMALL CITY=2, TOWN=3, RURAL=4) | YES ..... 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HOUSEHOLD SELECTED FOR MALE SURVEY .....  | NO ..... 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| INTERVIEWER VISITS   |       |       |       |  |  |  |  |  |  |  |  |  |
|--|-------|-------|-------|--|--|--|--|--|--|--|--|--|
|  | 1     | 2     | 3     | FINAL VISIT  |  |  |  |  |  |  |  |  |
| DATE   | _____ | _____ | _____ | DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  |  |  |  |  |  |  |  |  |
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|  |       |       |       | MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>  |  |  |  |  |  |  |  |  |
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|  |       |       |       | YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>   |  |  |  |  |  |  |  |  |
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| INTERVIEWER'S NAME   | _____ | _____ | _____ | INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>  |  |  |  |  |  |  |  |  |
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| RESULT*  | _____ | _____ | _____ | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |  |  |  |  |  |  |  |  |
|  |       |       |       |  |  |  |  |  |  |  |  |  |
| NEXT VISIT: DATE   | _____ | _____ |       | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |  |  |  |  |  |  |  |  |
|  |       |       |       |  |  |  |  |  |  |  |  |  |
| TIME   | _____ | _____ |       |  |  |  |  |  |  |  |  |  |
| <p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p> |       |       |       | <p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> |  |  |  |  |  |  |  |  |
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| SUPERVISOR  | FIELD EDITOR | OFFICE EDITOR | KEYED BY  |  |  |  |  |  |  |  |  |
|---|--------------|---------------|---|--|--|--|--|--|--|--|--|
| NAME _____  | NAME _____   |               |   |  |  |  |  |  |  |  |  |
| DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> |              |               | DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> |  |  |
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|   |              |               |   |  |  |  |  |  |  |  |  |

**Introduction and Consent**

Hello. My name is \_\_\_\_\_ and I am working with the National Institute of Statistics and the Institute for Public Health. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



| LINE NO. | ELIGIBILITY                               |   |  |   | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS |   |                                      |  | MIGRATION   |  |  |
|----------|---|---|--|---|--|---|--------------------------------------|--|---|--|--|
|          | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14 | Is (NAME)'s biological mother alive?             | Does (NAME)'s biological mother usually live in this household or was she a guest last night? | Is (NAME)'s biological father alive? | Does (NAME)'s biological father usually live in this household or was he a guest last night? | Did (NAME) ever live outside of Albania for 6 months or more? | In what country did (NAME) live the first time (he/she) lived outside of Albania for 6 months or more? | In what year did (NAME) first live in (COUNTRY SPECIFIED IN 17B)?  |
|          | (9)                                       | (10)                                    | (11)                                       | (11A)                                       | (13)   | (14)  | (16)                                 | (17)   | (17A)   | (17B)  | (17C)  |
| 01       | 01  | 01                                      | 01   | 01  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/> <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/> <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998 |
| 02       | 02  | 02                                      | 02   | 02  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 03       | 03  | 03                                      | 03   | 03  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 04       | 04  | 04                                      | 04   | 04  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 05       | 05  | 05                                      | 05   | 05  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 06       | 06  | 06                                      | 06   | 06  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 07       | 07  | 07                                      | 07   | 07  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 08       | 08  | 08                                      | 08   | 08  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 09       | 09  | 09                                      | 09   | 09  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |
| 10       | 10  | 10                                      | 10   | 10  | 1 2 8<br>↓<br>GO TO 16                           | <input type="text"/> <input type="text"/>   | 1 2 8<br>↓<br>GO TO 17A              | <input type="text"/> <input type="text"/>  | 1 2 8<br>↓<br>GO TO 17D                                       | SPECIFY  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998         |

| LINE NO. | ACCIDENTS AND INJURIES   |                                  |                 | IF AGE 0-5 YEARS  | IF AGE 6 YEARS OR OLDER          | IF AGE 6-24 YEARS   |  |  |   | IF AGE 0-4 YEARS   |  |
|----------|--|----------------------------------|-----------------|---|----------------------------------|---|--|--|---|--|--|
|          |  |                                  |                 | CRECHE/PRESCHOOL  | EVER ATTENDED SCHOOL             | CURRENT/RECENT SCHOOL ATTENDANCE  |  |  |   | BIRTH REGISTRATION   |  |
|          | In the past 12 months did (NAME) have any injury from an accident that was treated by a doctor or nurse? | IF INJURED IN THE PAST 12 MONTHS |                 | Does (NAME) attend any organized learning or early childhood education programme, such as a public or private facility, including a creche, or kindergarten?<br><br>IF YES: What type of facility does (NAME) attend? | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended?<br><br>SEE CODES BELOW.<br><br>What is the highest class (NAME) completed at that level?<br><br>SEE CODES BELOW. | Did (NAME) attend school at any time during the (2008 - 2009) school year? | During this school year, what level and class [is/was] (NAME) attending?<br><br>SEE CODES BELOW. | Did (NAME) attend school at any time during the previous school year, that is, (2007 - 2008)? | During that school year, what level and class did (NAME) attend?<br><br>SEE CODES BELOW. | Does (NAME) have a birth certificate?<br><br>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? |
|          | (17D)  | (17E)                            | (17F)           | (22A)   | (23)                             | (24)  | (25)   | (26)   | (27)  | (28)   | (32)   |
| 01       | Y N DK<br>1 2 8<br>GO TO 22A   | <input type="text"/>             | Y N DK<br>1 2 8 | NO CR P/K PRIM<br>0 1 2 3   | Y N<br>1 2<br>GO TO 32           | LEVEL CLASS<br><input type="text"/> <input type="text"/>  | Y N<br>1 2<br>GO TO 27   | LEVEL CLASS<br><input type="text"/> <input type="text"/>   | Y N<br>1 2<br>GO TO 32  | LEVEL CLASS<br><input type="text"/> <input type="text"/>                                 | <input type="text"/>   |
| 02       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 03       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 04       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 05       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 06       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 07       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 08       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 09       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |
| 10       | 1 2 8<br>GO TO 22A   | <input type="text"/>             | 1 2 8           | 0 1 2 3   | 1 2<br>GO TO 32                  | <input type="text"/> <input type="text"/>   | 1 2<br>GO TO 27  | <input type="text"/> <input type="text"/>  | 1 2<br>GO TO 32   | <input type="text"/> <input type="text"/>  | <input type="text"/>   |

CODES FOR Q. 17E

- 01 = TRAFFIC ACCIDENT
- 02 = FIREARMS/WEAPON ACCIDENT
- 03 = FARM ACCIDENT
- 04 = WORK ACCIDENT (NON-FARM)
- 05 = ASSAULT/VIOLENCE
- 06 = POISONING
- 07 = SPORT/RECREATIONAL
- 08 = SELF INFLICTED
- 96 = OTHER UNINTENTIONAL

CODES FOR Q. 22A

- 0 = NO, DOES NOT ATTEND
- 1 = CRECHE
- 2 = PRESCHOOL/KINDERGARTEN
- 3 = PRIMARY

LEVEL

- 0 = PRESCHOOL
- 1 = PRIMARY 1-4 YEARS
- 2 = PRIMARY 5-9 YEARS
- 3 = GENERIC SECONDARY
- 4 = PROFESSIONAL
- 5 = TECHNICAL
- 6 = UNIVERSITY
- 7 = POST UNIVERSITY/GRADUATE
- 8 = DON'T KNOW

CODES FOR Qs. 24, 26, AND 28: EDUCATION

CLASS

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DON'T KNOW

CODES FOR Q.32

- 1 = HAS CERTIFICATE
- 2 = REGISTERED
- 3 = NEITHER
- 8 = DON'T KNOW

| LINE NO. | USUAL RESIDENTS AND VISITORS  | RELATIONSHIP TO HEAD OF HOUSEHOLD  | SEX                       | RESIDENCE                      |                                  | DATE OF BIRTH  | AGE   | IF AGE 15 OR OLDER  |
|----------|---|--|---------------------------|--------------------------------|----------------------------------|--|---|---|
|          |   |  |                           | Does (NAME) usually live here? | Did (NAME) stay here last night? |  |   | MARITAL STATUS  |
|          | 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.<br><br>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX AND RESIDENCE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.<br><br>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7A-32 FOR EACH PERSON. | What is the relationship of (NAME) to the head of the household?<br><br>SEE CODES BELOW. | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | What is (NAME)'s birth date?<br><br>On what day, month and year was (NAME) born? | How old is (NAME)?<br><br>IF < 1 YEAR, RECORD 00' | What is (NAME'S) current marital status?<br><br>0 = NEVER-MARRIED AND NEVER LIVED TOGETHER<br>1 = MARRIED<br>2 = LIVING TOGETHER<br>3 = DIVORCED/SEPARATED<br>4 = WIDOWED |
| (1)      | (2)   | (3)  | (4)                       | (5)                            | (6)                              | (7A)   | (7)   | (8)   |
| 11       |   | <input type="text"/>   | M F<br>1 2                | Y N<br>1 2                     | Y N<br>1 2                       | DAY MONTH YEAR<br><input type="text"/>   | IN YEARS<br><input type="text"/>                  | <input type="text"/>  |
| 12       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 13       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 14       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 15       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 16       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 17       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 18       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 19       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |
| 20       |   | <input type="text"/>   | 1 2                       | 1 2                            | 1 2                              | <input type="text"/>   | <input type="text"/>                              | <input type="text"/>  |

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES  ADD TO TABLE NO

2B) 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

2C) 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

01 = HEAD  
02 = WIFE OR HUSBAND  
14 = COHABITING PARTNER  
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 = NIECE/NEPHEW BY BLOOD  
10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER/STEPCHILD  
13 = NOT RELATED  
98 = DON'T KNOW

| LINE NO. | ELIGIBILITY                               |   |  |   | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS |   |                                      |  | MIGRATION   |  |   |
|----------|---|---|--|---|--|---|--------------------------------------|--|---|--|---|
|          | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14 | Is (NAME)'s biological mother alive?             | Does (NAME)'s biological mother usually live in this household or was she a guest last night?<br><br>IF YES:<br>What is her name?<br>RECORD MOTHER'S LINE NUMBER.<br><br>IF NO,<br>RECORD '00'. | Is (NAME)'s biological father alive? | Does (NAME)'s biological father usually live in this household or was he a guest last night?<br><br>IF YES:<br>What is his name?<br>RECORD FATHER'S LINE NUMBER.<br><br>IF NO,<br>RECORD '00'. | Did (NAME) ever live outside of Albania for 6 months or more? | In what country did (NAME) live the first time (he/she) lived outside of Albania for 6 months or more? | In what year did (NAME) first live in (COUNTRY SPECIFIED IN 17B)? |
|          | (9)                                       | (10)                                    | (11)                                       | (11A)                                       | (13)   | (14)  | (16)                                 | (17)   | (17A)   | (17B)  | (17C)   |
| 11       | 11  | 11                                      | 11   | 11  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 12       | 12  | 12                                      | 12   | 12  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 13       | 13  | 13                                      | 13   | 13  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 14       | 14  | 14                                      | 14   | 14  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 15       | 15  | 15                                      | 15   | 15  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 16       | 16  | 16                                      | 16   | 16  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 17       | 17  | 17                                      | 17   | 17  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 18       | 18  | 18                                      | 18   | 18  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 19       | 19  | 19                                      | 19   | 19  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |
| 20       | 20  | 20                                      | 20   | 20  | Y N DK<br>1 2 8<br>↓<br>GO TO 16                 | <input type="text"/>  | Y N DK<br>1 2 8<br>↓<br>GO TO 17A    | <input type="text"/>   | Y N DK<br>1 2 8<br>↓<br>GO TO 17D                             | COUNTRY<br>SPECIFY   | YEAR<br><input type="text"/><br>DON'T KNOW 9998                   |

| LINE NO. | ACCIDENTS AND INJURIES   |                                  |        | IF AGE 0-5 YEARS  | IF AGE 6 YEARS OR OLDER          | IF AGE 6-24 YEARS   |  |  |   | IF AGE 0-4 YEARS   |  |
|----------|--|----------------------------------|--------|---|----------------------------------|---|--|--|---|--|--|
|          |  |                                  |        | CRECHE/PRESCHOOL  | EVER ATTENDED SCHOOL             | CURRENT/RECENT SCHOOL ATTENDANCE  |  |  |   | BIRTH REGISTRATION   |  |
|          | In the past 12 months did (NAME) have any injury from an accident that was treated by a doctor or nurse? | IF INJURED IN THE PAST 12 MONTHS |        | Does (NAME) attend any organized learning or early childhood education programme, such as a public or private facility, including a creche, or kindergarten?<br><br>IF YES: What type of facility does (NAME) attend? | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended?<br><br>SEE CODES BELOW.<br><br>What is the highest class (NAME) completed at that level?<br><br>SEE CODES BELOW. | Did (NAME) attend school at any time during the (2008 - 2009) school year? | During this school year, what level and class [is/was] (NAME) attending?<br><br>SEE CODES BELOW. | Did (NAME) attend school at any time during the previous school year, that is, (2007 - 2008)? | During that school year, what level and class did (NAME) attend?<br><br>SEE CODES BELOW. | Does (NAME) have a birth certificate?<br><br>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? |
|          | (17D)  | (17E)                            | (17F)  | (22A)   | (23)                             | (24)  | (25)   | (26)   | (27)  | (28)   | (32)   |
|          | Y N DK   | Y N DK                           | Y N DK | 0 1 2 3   | Y N                              | LEVEL CLASS   | Y N  | LEVEL CLASS  | Y N   | LEVEL CLASS  |  |
| 11       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 12       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 13       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 14       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 15       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 16       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 17       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 18       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 19       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |
| 20       | 1 2 8<br>↓<br>GO TO 22A  | <input type="text"/>             | 1 2 8  | 0 1 2 3   | 1 2<br>↓<br>GO TO 32             | <input type="text"/>  | 1 2<br>↓<br>GO TO 27   | <input type="text"/>   | 1 2<br>↓<br>GO TO 32  | <input type="text"/>   | <input type="text"/>   |

**CODES FOR Q. 17E**

- 01 = TRAFFIC ACCIDENT
- 02 = FIREARMS/WEAPON ACCIDENT
- 03 = FARM ACCIDENT
- 04 = WORK ACCIDENT (NON-FARM)
- 05 = ASSAULT/VIOLENCE
- 06 = POISONING
- 07 = SPORT/RECREATIONAL
- 08 = SELF INFLICTED
- 96 = OTHER UNINTENTIONAL

**CODES FOR Q. 22A**

- 0 = NO, DOES NOT ATTEND
- 1 = CRECHE
- 2 = PRESCHOOL/KINDERGARTEN
- 3 = PRIMARY

**CODES FOR Qs. 24, 26, AND 28: EDUCATION**

- LEVEL**
- 0 = PRESCHOOL
  - 1 = PRIMARY 1-4 YEARS
  - 2 = PRIMARY 5-9 YEARS
  - 3 = GENERIC SECONDARY
  - 4 = PROFESSIONAL
  - 5 = TECHNICAL
  - 6 = UNIVERSITY
  - 7 = POST UNIVERSITY/GRADUATE
  - 8 = DON'T KNOW

- CLASS**
- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
  - 98 = DON'T KNOW

**CODES FOR Q.32**

- 1 = HAS CERTIFICATE
- 2 = REGISTERED
- 3 = NEITHER
- 8 = DON'T KNOW



| NO.                           | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
|-------------------------------|--|--|-------|-----|----|---------------|---|---|--------------------|---|---|--------------------------|---|---|----------------------------|---|---|--------------------------|---|---|------------------------|---|---|----------------------|---|---|-----------------|---|---|-------------------------|---|---|--------------------|---|---|-------------------|---|---|--------------|---|---|-----------------|---|---|---------------------------|---|---|-------------------|---|---|-------------------------------|---|---|-------------------------|---|---|----------------------|---|---|------------------|---|---|------------------------------|---|---|--|
| 107                           | <p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>   | BOIL ..... A<br>ADD BLEACH/CHLORINE ..... B<br>STRAIN THROUGH A CLOTH ..... C<br>USE WATER FILTER (CERAMIC/<br>SAND/COMPOSITE/ETC.) ..... D<br>SOLAR DISINFECTION ..... E<br>LET IT STAND AND SETTLE ..... F<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z   |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| 108                           | <p>What kind of toilet facility do members of your household usually use?</p>  | FLUSH OR POUR FLUSH TOILET<br>FLUSH TO PIPED SEWER<br>SYSTEM ..... 11<br>FLUSH TO SEPTIC TANK ..... 12<br>FLUSH TO PIT LATRINE ..... 13<br>FLUSH TO SOMEWHERE ELSE ... 14<br>FLUSH, DON'T KNOW WHERE ... 15<br>PIT LATRINE<br>VENTILATED IMPROVED<br>PIT LATRINE ..... 21<br>PIT LATRINE WITH SLAB ..... 22<br>PIT LATRINE WITHOUT SLAB/<br>OPEN PIT ..... 23<br>COMPOSTING TOILET ..... 31<br>BUCKET TOILET ..... 41<br>HANGING TOILET/HANGING<br>LATRINE ..... 51<br>NO FACILITY/BUSH/FIELD ..... 61<br><br>OTHER _____ 96<br>(SPECIFY)  | → 111 |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| 109                           | <p>Do you share this toilet facility with other households?</p>  | YES ..... 1<br>NO ..... 2  | → 111 |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| 110                           | <p>How many households use this toilet facility?</p>   | NO. OF HOUSEHOLDS<br>IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text"/><br><br>10 OR MORE HOUSEHOLDS ..... 95<br>DON'T KNOW ..... 98  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| 111                           | <p>Does your household have:</p> <p>A radio?</p> <p>A television?</p> <p>A mobile telephone?</p> <p>A non-mobile telephone?</p> <p>A video player or DVD player?</p> <p>A tape player or CD player?</p> <p>A refrigerator?</p> <p>A freezer?</p> <p>A washing machine?</p> <p>A dishwasher?</p> <p>A microwave?</p> <p>A sofa?</p> <p>An armoire?</p> <p>An electric radiator?</p> <p>A generator?</p> <p>A sewing/knitting machine?</p> <p>An air conditioner?</p> <p>A water boiler?</p> <p>A computer?</p> <p>A satellite dish or cable receiver?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>RADIO ..... 1</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION ..... 1</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE ..... 1</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE ... 1</td><td>1</td><td>2</td></tr> <tr><td>VIDEO/DVD PLAYER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>TAPE/CD PLAYER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR ..... 1</td><td>1</td><td>2</td></tr> <tr><td>FREEZER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>WASHING MACHINE ..... 1</td><td>1</td><td>2</td></tr> <tr><td>DISHWASHER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>MICROWAVE ..... 1</td><td>1</td><td>2</td></tr> <tr><td>SOFA ..... 1</td><td>1</td><td>2</td></tr> <tr><td>ARMOIRE ..... 1</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC RADIATOR ..... 1</td><td>1</td><td>2</td></tr> <tr><td>GENERATOR ..... 1</td><td>1</td><td>2</td></tr> <tr><td>SEWING/KNITTING MACHINE ... 1</td><td>1</td><td>2</td></tr> <tr><td>AIR CONDITIONER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>WATER BOILER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>COMPUTER ..... 1</td><td>1</td><td>2</td></tr> <tr><td>SATELLITE DISH/CABLE ..... 1</td><td>1</td><td>2</td></tr> </tbody> </table> |       | YES | NO | RADIO ..... 1 | 1 | 2 | TELEVISION ..... 1 | 1 | 2 | MOBILE TELEPHONE ..... 1 | 1 | 2 | NON-MOBILE TELEPHONE ... 1 | 1 | 2 | VIDEO/DVD PLAYER ..... 1 | 1 | 2 | TAPE/CD PLAYER ..... 1 | 1 | 2 | REFRIGERATOR ..... 1 | 1 | 2 | FREEZER ..... 1 | 1 | 2 | WASHING MACHINE ..... 1 | 1 | 2 | DISHWASHER ..... 1 | 1 | 2 | MICROWAVE ..... 1 | 1 | 2 | SOFA ..... 1 | 1 | 2 | ARMOIRE ..... 1 | 1 | 2 | ELECTRIC RADIATOR ..... 1 | 1 | 2 | GENERATOR ..... 1 | 1 | 2 | SEWING/KNITTING MACHINE ... 1 | 1 | 2 | AIR CONDITIONER ..... 1 | 1 | 2 | WATER BOILER ..... 1 | 1 | 2 | COMPUTER ..... 1 | 1 | 2 | SATELLITE DISH/CABLE ..... 1 | 1 | 2 |  |
|                               | YES  | NO   |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| RADIO ..... 1                 | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| TELEVISION ..... 1            | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| MOBILE TELEPHONE ..... 1      | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| NON-MOBILE TELEPHONE ... 1    | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| VIDEO/DVD PLAYER ..... 1      | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| TAPE/CD PLAYER ..... 1        | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| REFRIGERATOR ..... 1          | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| FREEZER ..... 1               | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| WASHING MACHINE ..... 1       | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| DISHWASHER ..... 1            | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| MICROWAVE ..... 1             | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| SOFA ..... 1                  | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| ARMOIRE ..... 1               | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| ELECTRIC RADIATOR ..... 1     | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| GENERATOR ..... 1             | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| SEWING/KNITTING MACHINE ... 1 | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| AIR CONDITIONER ..... 1       | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| WATER BOILER ..... 1          | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| COMPUTER ..... 1              | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |
| SATELLITE DISH/CABLE ..... 1  | 1  | 2  |       |     |    |               |   |   |                    |   |   |                          |   |   |                            |   |   |                          |   |   |                        |   |   |                      |   |   |                 |   |   |                         |   |   |                    |   |   |                   |   |   |              |   |   |                 |   |   |                           |   |   |                   |   |   |                               |   |   |                         |   |   |                      |   |   |                  |   |   |                              |   |   |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|-----|---|--|--|
| 112 | What type of fuel does your household mainly use for cooking?                       | ELECTRICITY ..... 01<br>LPG ..... 02<br>NATURAL GAS ..... 03<br>KEROSENE ..... 05<br>COAL, LIGNITE ..... 06<br>CHARCOAL ..... 07<br>WOOD ..... 08<br>AGRICULTURAL CROP ..... 10<br><br>NO FOOD COOKED<br>IN HOUSEHOLD ..... 95<br>OTHER _____ 96<br>(SPECIFY)                      | → 115<br><br><br><br><br><br><br><br><br><br>→ 117 |
| 113 | In this household, is food cooked on an open fire, an open stove or a closed stove? | OPEN FIRE ..... 1<br>OPEN STOVE ..... 2<br>CLOSED STOVE WITH CHIMNEY ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)   | → 115  |
| 114 | Does this (fire/stove) have a chimney/hood?   | YES ..... 1<br>NO ..... 2  |  |
| 115 | Is the cooking usually done in the house, in a separate building, or outdoors?      | IN THE HOUSE ..... 1<br>IN A SEPARATE BUILDING ..... 2<br>OUTDOORS ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)   | → 117  |
| 116 | Do you have a separate room which is used as a kitchen?                             | YES ..... 1<br>NO ..... 2  |  |
| 117 | MAIN MATERIAL OF THE FLOOR.<br><br>RECORD OBSERVATION.                              | NATURAL FLOOR<br>EARTH/SAND ..... 11<br>RUDIMENTARY FLOOR<br>WOOD PLANKS ..... 21<br>FINISHED FLOOR<br>PARQUET OR POLISHED<br>WOOD ..... 31<br>VINYL OR ASPHALT STRIPS ..... 32<br>CERAMIC TILES ..... 33<br>CEMENT ..... 34<br>CARPET ..... 35<br><br>OTHER _____ 96<br>(SPECIFY) |  |

| NO.                     | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
|-------------------------|--|--|-------|-----|----|-------------|---|---|---------------|---|---|------------------------|---|---|-------------------------|---|---|-----------------|---|---|---------------|---|---|-----------------------|---|---|--|
| 118                     | MAIN MATERIAL OF THE ROOF.<br><br>RECORD OBSERVATION.  | RUDIMENTARY ROOFING<br>RUSTIC MAT ..... 21<br>WOOD PLANKS ..... 23<br>CARDBOARD ..... 24<br>FINISHED ROOFING<br>METAL ..... 31<br>WOOD ..... 32<br>CALAMINE/CEMENT FIBER ..... 33<br>CERAMIC TILES ..... 34<br>CEMENT ..... 35<br>ROOFING SHINGLES ..... 36<br>REINFORCED CONCRETE ..... 37<br><br>OTHER _____ 96<br>(SPECIFY)   |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 119                     | MAIN MATERIAL OF THE EXTERIOR WALLS.<br><br>RECORD OBSERVATION.  | RUDIMENTARY WALLS<br>STONE WITH MUD ..... 22<br>UNCOVERED ADOBE ..... 23<br>PLYWOOD ..... 24<br>CARDBOARD ..... 25<br>REUSED WOOD ..... 26<br>FINISHED WALLS<br>CEMENT ..... 31<br>STONE WITH LIME/CEMENT ..... 32<br>BRICKS ..... 33<br>CEMENT BLOCKS ..... 34<br>COVERED ADOBE ..... 35<br>WOOD PLANKS/SHINGLES ..... 36<br><br>OTHER _____ 96<br>(SPECIFY)  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 120                     | How many rooms in this household are used for sleeping?  | ROOMS ..... <input type="text"/> <input type="text"/>  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 121                     | Does any member of this household own:<br><br>A watch?<br>A bicycle?<br>A motorcycle or motor scooter?<br>An animal-drawn cart?<br>A car or truck?<br>A tractor?<br>A boat with a motor? | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> |       | YES | NO | WATCH ..... | 1 | 2 | BICYCLE ..... | 1 | 2 | MOTORCYCLE/SCOOTER ... | 1 | 2 | ANIMAL-DRAWN CART ..... | 1 | 2 | CAR/TRUCK ..... | 1 | 2 | TRACTOR ..... | 1 | 2 | BOAT WITH MOTOR ..... | 1 | 2 |  |
|                         | YES  | NO   |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| WATCH .....             | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| BICYCLE .....           | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| MOTORCYCLE/SCOOTER ...  | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| ANIMAL-DRAWN CART ..... | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| CAR/TRUCK .....         | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| TRACTOR .....           | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| BOAT WITH MOTOR .....   | 1  | 2  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 122                     | Does any member of this household own any agricultural land?   | YES ..... 1<br>NO ..... 2  | → 124 |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 123                     | How much agricultural land do members of this household own?   | HECTARES 1 ..... <input type="text"/> <input type="text"/> <input type="text"/><br>DYNAM ..... 2 ..... <input type="text"/> <input type="text"/> <input type="text"/><br>M <sup>2</sup> ..... 3 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>95 OR MORE HECTARES ..... 95<br>DON'T KNOW ..... 98  |       |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |
| 124                     | Does this household own any livestock, herds, other farm animals, or poultry?  | YES ..... 1<br>NO ..... 2  | → 126 |     |    |             |   |   |               |   |   |                        |   |   |                         |   |   |                 |   |   |               |   |   |                       |   |   |  |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 125 | <p>How many of the following animals does this household own?<br/> IF NONE, ENTER '00'.<br/> IF MORE THAN 95, ENTER '95'.<br/> IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p> <p>Pigs?</p> | <p>CATTLE ..... <table border="1" data-bbox="1209 371 1305 745"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <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></p> <p>COWS/BULLS .....</p> <p>HORSES/DONKEYS/MULES ...</p> <p>GOATS .....</p> <p>SHEEP .....</p> <p>CHICKENS .....</p> <p>PIGS .....</p> |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|     |  |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 126 | Does any member of this household have a bank account?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 138 | <p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</p> <p>TEST SALT FOR IODINE USING BOTH IODIDE KIT AND IODATE KIT.</p> <p>RECORD PPM (PARTS PER MILLION)</p>   | <p><b>IODINE TEST</b></p> <p>0 PPM (NO IODINE) ..... 1</p> <p>BELOW 15 PPM ..... 2</p> <p>15 PPM AND ABOVE ..... 3</p> <p>NO SALT IN HH ..... 4</p> <p>SALT NOT TESTED ..... 6</p> <p>(SPECIFY REASON)</p>  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**MIGRATION**

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 201 | Now let me ask you a few questions about migration.<br>Please tell me if there is any usual member of your household in 1990 or later, who now:<br>A Resides outside of Albania?<br>B Resides in a different district in Albania?<br>IF YES: How many persons live elsewhere? IF NONE, RECORD '00'. | NUMBER ..... <input type="text"/> <input type="text"/><br>NO ONE RESIDING IN<br>DIFFERENT DISTRICT/COUNTRY 00 | → 301 |

| LINE  | NAME  | RELATIONSHIP TO HH HEAD | SEX        | AGE                              | CURRENT DISTRICT OR COUNTRY  | YEAR FIRST LEFT                                 | REASON FOR MOVING WITHIN ALBANIA OR LEAVING ALBANIA   |
|-------|-------|-------------------------|------------|----------------------------------|--|---|---|
| (202) | (203) | (204)                   | (205)      | (206)                            | (207)  | (208)   | (209)   |
| 01    |       | <input type="text"/>    | M F<br>1 2 | IN YEARS<br><input type="text"/> | DISTRICT<br>1. <input type="text"/><br>COUNTRY<br>2. <input type="text"/><br>(SPECIFY) | YEAR<br><input type="text"/><br>DON'T KNOW 9998 | WORK ..... 1<br>STUDY ..... 2<br>ACCOM.SPOUSE/FAMILY 3<br>MARRY FOREIGNER ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |
| 02    |       | <input type="text"/>    | M F<br>1 2 | IN YEARS<br><input type="text"/> | DISTRICT<br>1. <input type="text"/><br>COUNTRY<br>2. <input type="text"/><br>(SPECIFY) | YEAR<br><input type="text"/><br>DON'T KNOW 9998 | WORK ..... 1<br>STUDY ..... 2<br>ACCOM.SPOUSE/FAMILY 3<br>MARRY FOREIGNER ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |
| 03    |       | <input type="text"/>    | M F<br>1 2 | IN YEARS<br><input type="text"/> | DISTRICT<br>1. <input type="text"/><br>COUNTRY<br>2. <input type="text"/><br>(SPECIFY) | YEAR<br><input type="text"/><br>DON'T KNOW 9998 | WORK ..... 1<br>STUDY ..... 2<br>ACCOM.SPOUSE/FAMILY 3<br>MARRY FOREIGNER ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |
| 04    |       | <input type="text"/>    | M F<br>1 2 | IN YEARS<br><input type="text"/> | DISTRICT<br>1. <input type="text"/><br>COUNTRY<br>2. <input type="text"/><br>(SPECIFY) | YEAR<br><input type="text"/><br>DON'T KNOW 9998 | WORK ..... 1<br>STUDY ..... 2<br>ACCOM.SPOUSE/FAMILY 3<br>MARRY FOREIGNER ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |

\* Codes for Q204

02 = WIFE OR HUSBAND  
 14 = COHABITING PARTNER  
 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 = NIECE/NEPHEW BY BLOOD  
 10 = NIECE/NEPHEW BY MARRIAGE

11 = OTHER RELATIVE  
 12 = ADOPTED/FOSTER/STEPCHILD  
 13 = NOT RELATED  
 98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED

| LINE  | EDUCATION   | IF AGE 15 YEARS OR OLDER  |  |   |  |  |  |
|-------|---|---|--|---|--|--|--|
|       |   | MARITAL STATUS  | IF MARRIED PARTNER   | CHILDREN OF MIGRANT IN HOUSEHLD   | CHILDREN OF MIGRANT ELSEWHERE IN ALBANIA   | GOODS TO HH  | GOODS SENT TO HH YEAR FIRST SENT   |
|       | Before (NAME) (moved to another district of Albania/ left Albania) what was the highest level of school (NAME) attended?* | What is (NAME)'s current marital status?***                           | Does (NAME)'s spouse/ partner live in this household? IF YES, RECORD LINE NO.                | Does (NAME) have any biological children age 0-17 who live in this household? IF YES, LIST LINE NOS OF CHILDREN AGE 0-17. IF NO: RECORD '00'. | Does (NAME) have any (other) biological children age 0-17 who live in Albania, but do not live with him/her and do not live in this household? IF YES, ASK: How many of (NAME)'s children live elsewhere in Albania? IF NO: RECORD '00'. | Did (NAME) send money or goods to this HH in the last 12 months? | In what year did (NAME) first send money or goods to this household?   |
| (202) | (210)   | (211)   | (212)  | (213)   | (214)  | (215)  | (216)  |
| 01    | LEVEL OF EDUCATION<br><input type="text"/>  | NM . 0<br>(213)<br>M . . 1<br>LT . 2<br><br>D/S . 3<br>(213)<br>W . 4 | LINE NO. SPOUSE/PARTNER<br><input type="text"/> <input type="text"/><br><br>NOT IN HH . . 00 | LINE NOS.<br><input type="text"/> <input type="text"/><br><br><input type="text"/> <input type="text"/>                                       | NUMBER OF CHILDREN ELSEWHERE IN ALBANIA . . . . . <input type="text"/> <input type="text"/><br><br>NO CHILDREN ELSEWHERE IN ALBANIA . . . . . 00<br><br>DON'T KNOW . . . . . 98  | Y N DK<br>1 2 8  | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW 9998 |
| 02    | LEVEL OF EDUCATION<br><input type="text"/>  | NM . 0<br>(213)<br>M . 1<br>LT . 2<br><br>D/S . 3<br>(213)<br>W . 4   | LINE NO. SPOUSE/PARTNER<br><input type="text"/> <input type="text"/><br><br>NOT IN HH . . 00 | LINE NOS.<br><input type="text"/> <input type="text"/><br><br><input type="text"/> <input type="text"/>                                       | NUMBER OF CHILDREN ELSEWHERE IN ALBANIA . . . . . <input type="text"/> <input type="text"/><br><br>NO CHILDREN ELSEWHERE IN ALBANIA . . . . . 00<br><br>DON'T KNOW . . . . . 98  | Y N DK<br>1 2 8  | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW 9998 |
| 03    | LEVEL OF EDUCATION<br><input type="text"/>  | NM . 0<br>(213)<br>M . 1<br>LT . 2<br><br>D/S . 3<br>(213)<br>W . 4   | LINE NO. SPOUSE/PARTNER<br><input type="text"/> <input type="text"/><br><br>NOT IN HH . . 00 | LINE NOS.<br><input type="text"/> <input type="text"/><br><br><input type="text"/> <input type="text"/>                                       | NUMBER OF CHILDREN ELSEWHERE IN ALBANIA . . . . . <input type="text"/> <input type="text"/><br><br>NO CHILDREN ELSEWHERE IN ALBANIA . . . . . 00<br><br>DON'T KNOW . . . . . 98  | Y N DK<br>1 2 8  | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW 9998 |
| 04    | LEVEL OF EDUCATION<br><input type="text"/>  | NM . 0<br>(213)<br>M . 1<br>LT . 2<br><br>D/S . 3<br>(213)<br>W . 4   | LINE NO. SPOUSE/PARTNER<br><input type="text"/> <input type="text"/><br><br>NOT IN HH . . 00 | LINE NOS.<br><input type="text"/> <input type="text"/><br><br><input type="text"/> <input type="text"/>                                       | NUMBER OF CHILDREN ELSEWHERE IN ALBANIA . . . . . <input type="text"/> <input type="text"/><br><br>NO CHILDREN ELSEWHERE IN ALBANIA . . . . . 00<br><br>DON'T KNOW . . . . . 98  | Y N DK<br>1 2 8  | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW 9998 |

\*\* Codes for Q210

- 0 = NONE/PRESCHOOL
- 1 = PRIMARY 1-4 YEARS
- 2 = PRIMARY 5-9 YEARS
- 3 = GENERIC SECONDARY
- 4 = PROFESSIONAL
- 5 = TECHNICAL
- 6 = UNIVERSITY
- 7 = POST UNIVERSITY/GRADUATE
- 8 = DON'T KNOW

\*\*\* Codes for Q211

- 0 = NEVER-MARRIED AND NEVER LIVED TOGETHER
- 1 = MARRIED
- 2 = LIVING TOGETHER
- 3 = DIVORCED/SEPARATED
- 4 = WIDOWED

**CHILD DISCIPLINE**  
**FOR ONE CHILD AGED 2 THROUGH 14**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP           |
|-----|--|---|----------------|
| 301 | CHECK COLUMN 11A:<br><br>MORE THAN 1 CHILD AGED 2-14 <input type="checkbox"/> ONLY 1 CHILD AGED 2-14 <input type="checkbox"/> NO CHILD AGED 2-14 <input type="checkbox"/>  |   | 303<br><br>501 |
| 302 | CHECK HOUSEHOLD QUESTIONNAIRE, LAST PAGE<br>SELECT THE CHILD AGE 2-14 AS DESCRIBED   |   |                |
| 303 | WRITE NAME AND LINE NUMBER OF SELECTED CHILD   | _____ <input type="text"/> <input type="text"/>   |                |
| 304 | All adults use certain ways to teach children the right behavior or to correct a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (NAME) in the past month.<br><br>a) Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?<br><br>b) Explained why something was wrong?<br><br>c) Shook (NAME)?<br><br>d) Shouted, yelled or screamed at (NAME)?<br><br>e) Gave (NAME) something else to do?<br><br>f) Spanked (NAME) on the bottom with a bare hand?<br><br>g) Hit (NAME) on the bottom or elsewhere on the body with something like a belt, a stick or other hard object?<br><br>h) Called (NAME) dumb, lazy, or another name like that?<br><br>i) Hit or slapped (NAME) on the face, head, or ears?<br><br>j) Hit or slapped (NAME) on the hand, arm or leg?<br><br>k) Beat (NAME) up with an implement over and over as hard as one could? | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2 |                |
| 305 | Do you believe that in order to bring up (NAME) properly, you need to physically punish him/her?   | YES ..... 1<br>NO ..... 2<br>DOES NOT KNOW/NO OPINION ..... 8   |                |

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

|   |  |   |   |   |   |   |
|---|--|---|---|---|---|---|
| PSU NUMBER  | <input type="text"/>   | <input type="text"/>  | HOUSEHOLD NUMBER  | <input type="text"/>  | <input type="text"/>  | NAME OF HEAD _____  |
| 501   | CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA PROCEDURE IN 513 |   |   |   |   |   |
|   |  | CHILD 1   |   | CHILD 2   |   | CHILD 3   |
| 502   | LINE NUMBER FROM COLUMN 11   | LINE NUMBER ... <input type="text"/>  |
|   | NAME FROM COLUMN 2   | NAME _____  |
| 503   | ASK MOTHER/OTHER ADULT RESPONSIBLE FOR THE CHILD:<br>What is (NAME'S) birth date?  | DAY ..... <input type="text"/><br>MONTH ..... <input type="text"/><br>YEAR <input type="text"/> | DAY ..... <input type="text"/><br>MONTH ..... <input type="text"/><br>YEAR <input type="text"/> | DAY ..... <input type="text"/><br>MONTH ..... <input type="text"/><br>YEAR <input type="text"/> | DAY ..... <input type="text"/><br>MONTH ..... <input type="text"/><br>YEAR <input type="text"/> | DAY ..... <input type="text"/><br>MONTH ..... <input type="text"/><br>YEAR <input type="text"/> |
| 504   | CHECK 503:<br>CHILD BORN IN JANUARY 2003 OR LATER?   | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)               | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)               | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)               | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)               | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)               |
| 505   | WEIGHT IN KILOGRAMS  | KG. ... <input type="text"/>  |
| 506   | HEIGHT IN CENTIMETERS  | CM. <input type="text"/>  |
| 507   | MEASURED LYING DOWN OR STANDING UP?  | LYING DOWN ..... 1<br>STANDING UP ..... 2   |
| 508   | RESULT OF WEIGHT AND HEIGHT MEASUREMENT  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     |
| 509   | CHECK 503:<br>IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?   | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2     | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2     | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2     | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2     | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2     |
| 510   | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM HOUSEHOLD SCHEDULE RECORD '00' IF NOT LISTED.   | LINE NUMBER ... <input type="text"/>  |
| 511   | READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.  | GRANTED ..... 1<br>(SIGN) _____<br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)                   | GRANTED ..... 1<br>(SIGN) _____<br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)                   | GRANTED ..... 1<br>(SIGN) _____<br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)                   | GRANTED ..... 1<br>(SIGN) _____<br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)                   | GRANTED ..... 1<br>(SIGN) _____<br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)                   |
| 512   | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.   | G/DL . <input type="text"/>   |
| 513   | RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT   | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6                     |
| 514   | GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.   |   |   |   |   |   |
| <b>CONSENT STATEMENT FOR ANEMIA FOR CHILDREN</b>  |  |   |   |   |   |   |
| <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>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?</p> |  |   |   |   |   |   |

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| PSU NUMBER <input type="text"/> <input type="text"/> <input type="text"/> |  | HOUSEHOLD NUMBER <input type="text"/> <input type="text"/>   |  | NAME OF HEAD _____   |  |
|   |  | CHILD 4  | CHILD 5  | CHILD 6  |  |
| 502   | LINE NUMBER FROM COLUMN 11<br><br>NAME FROM COLUMN 2   | LINE NUMBER ... <input type="text"/> <input type="text"/><br>NAME _____  | LINE NUMBER ... <input type="text"/> <input type="text"/><br>NAME _____  | LINE NUMBER ... <input type="text"/> <input type="text"/><br>NAME _____  |  |
| 503   | ASK MOTHER/OTHER ADULT RESPONSIBLE FOR THE CHILD:<br>What is (NAME'S) birth date?  | DAY ..... <input type="text"/> <input type="text"/><br>MONTH ..... <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY ..... <input type="text"/> <input type="text"/><br>MONTH ..... <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY ..... <input type="text"/> <input type="text"/><br>MONTH ..... <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |
| 504   | CHECK 503:<br>CHILD BORN IN JANUARY 2003 OR LATER  | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)  | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)  | YES ..... 1<br>NO ..... 2<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)  |  |
| 505   | WEIGHT IN KILOGRAMS  | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>   | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>   | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>   |  |
| 506   | HEIGHT IN CENTIMETERS  | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  |  |
| 507   | MEASURED LYING DOWN OR STANDING UP?  | LYING DOWN ..... 1<br>STANDING UP ..... 2  | LYING DOWN ..... 1<br>STANDING UP ..... 2  | LYING DOWN ..... 1<br>STANDING UP ..... 2  |  |
| 508   | RESULT OF WEIGHT AND HEIGHT MEASUREMENT  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  |  |
| 509   | CHECK 503:<br>IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?                                 | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2  | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2  | 0-5 MONTHS ..... 1<br>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)<br>OLDER ..... 2  |  |
| 510   | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1)<br>RECORD '00' IF NOT LISTED.                                       | LINE NUMBER ... <input type="text"/> <input type="text"/>  | LINE NUMBER ... <input type="text"/> <input type="text"/>  | LINE NUMBER ... <input type="text"/> <input type="text"/>  |  |
| 511   | READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD.<br>CIRCLE CODE AND SIGN.   | GRANTED ..... 1<br>_____<br>(SIGN) ←  <br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)   | GRANTED ..... 1<br>_____<br>(SIGN) ←  <br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)   | GRANTED ..... 1<br>_____<br>(SIGN) ←  <br>REFUSED ..... 2<br>(IF REFUSED, GO TO 513)   |  |
| 512   | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.   | G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>  | G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>  | G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>  |  |
| 513   | RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  |  |
| 514   | GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515. |  |  |  |  |

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

|   |   |   |   |   |                      |                    |
|---|---|---|---|---|----------------------|--------------------|
| PSU NUMBER  | <input type="text"/>  | <input type="text"/>  | HOUSEHOLD NUMBER  | <input type="text"/>  | <input type="text"/> | NAME OF HEAD _____ |
| 515   | CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).<br><br>A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519, AND FOR THE ANEMIA TEST PROCEDURE IN 528. |   |   |   |                      |                    |
|   |   | WOMAN 1   |   | WOMAN 2   |                      | WOMAN 3            |
| 516   | LINE NUMBER (COLUMN 9)<br><br>NAME (COLUMN 2)   | LINE NUMBER ..... <input type="text"/><br><br>NAME _____  | LINE NUMBER ..... <input type="text"/><br><br>NAME _____  | LINE NUMBER ..... <input type="text"/><br><br>NAME _____  |                      |                    |
| 517   | WEIGHT IN KILOGRAMS   | KG. .... <input type="text"/>   | KG. .... <input type="text"/>   | KG. .... <input type="text"/>   |                      |                    |
| 518   | HEIGHT IN CENTIMETERS   | CM. .... <input type="text"/>   | CM. .... <input type="text"/>   | CM. .... <input type="text"/>   |                      |                    |
| 519   | RESULT OF WEIGHT AND HEIGHT MEASUREMENT   | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6   | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6   | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6   |                      |                    |
| 520   | AGE: CHECK COLUMN 7.  | 15-17 YEARS ..... 1<br>18-49 YEARS ..... 2<br>(GO TO 523) ←   | 15-17 YEARS ..... 1<br>18-49 YEARS ..... 2<br>(GO TO 523) ←   | 15-17 YEARS ..... 1<br>18-49 YEARS ..... 2<br>(GO TO 523) ←   |                      |                    |
| 521   | MARITAL STATUS: CHECK COLUMN 8.   | CODE 0 (NEVER IN UNION) ..... 1<br>OTHER ..... 2<br>(GO TO 523) ←   | CODE 0 (NEVER IN UNION) ..... 1<br>OTHER ..... 2<br>(GO TO 523) ←   | CODE 0 (NEVER IN UNION) ..... 1<br>OTHER ..... 2<br>(GO TO 523) ←   |                      |                    |
| 522   | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.   | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/>   | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/>   | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/>   |                      |                    |
| 523   | READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.   | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2<br>RESPONDENT REFUSED ..... 3<br>_____ (SIGN)<br>(IF REFUSED, GO TO 528). | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2<br>RESPONDENT REFUSED ..... 3<br>_____ (SIGN)<br>(IF REFUSED, GO TO 528). | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2<br>RESPONDENT REFUSED ..... 3<br>_____ (SIGN)<br>(IF REFUSED, GO TO 528). |                      |                    |
| <b>CONSENT STATEMENT FOR ANEMIA TEST</b>  |   |   |   |   |                      |                    |
| READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.  |   |   |   |   |                      |                    |
| FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. |   |   |   |   |                      |                    |
| 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.   |   |   |   |   |                      |                    |
| For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking 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 told to you right away. The result will be kept confidential. Do you have any questions?  |   |   |   |   |                      |                    |
| You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?   |   |   |   |   |                      |                    |

|   |   |   |  |   |  |   |  |
|---|---|---|--|---|--|---|--|
| PSU NUMBER <input type="text"/> <input type="text"/> <input type="text"/> |   | HOUSEHOLD NUMBER <input type="text"/> <input type="text"/>                  |  | NAME OF HEAD _____  |  |   |  |
|   |   | WOMAN 1   |  | WOMAN 2   |  | WOMAN 3   |  |
|   | LINE NUMBER<br>(COLUMN 9)   | LINE<br>NUMBER ..... <input type="text"/> <input type="text"/>              |  | LINE<br>NUMBER ..... <input type="text"/> <input type="text"/>              |  | LINE<br>NUMBER ..... <input type="text"/> <input type="text"/>              |  |
|   | NAME<br>(COLUMN 2)  | NAME _____  |  | NAME _____  |  | NAME _____  |  |
| 524   | PREGNANCY<br>STATUS: CHECK<br>226 IN WOMAN'S<br>QUESTIONNAIRE<br>OR ASK:<br>Are you pregnant?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8                                     |  | YES ..... 1<br>NO ..... 2<br>DK ..... 8                                     |  | YES ..... 1<br>NO ..... 2<br>DK ..... 8                                     |  |
| 526   | CHECK 523 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).<br><br>A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON. |   |  |   |  |   |  |
| 527   | RECORD HEMO-<br>GLOBIN LEVEL<br>HERE AND IN<br>ANEMIA PAMPHLET.   | G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> |  | G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> |  | G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> |  |
| 528   | RECORD RESULT<br>CODE OF HEMO-<br>GLOBIN MEASURE-<br>MENT.  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6 |  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6 |  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6 |  |

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-49**

|  |  |  |                  |  |                      |  |               |
|--|--|--|------------------|--|----------------------|--|---------------|
| PSU NUMBER   | <input type="text"/>   | <input type="text"/>   | HOUSEHOLD NUMBER | <input type="text"/>   | <input type="text"/> | NAME OF HEAD _____   |               |
| 531  | CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532.<br>IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).<br><br>A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 535,<br>FOR THE ANEMIA TEST PROCEDURE IN 543. |  |                  |  |                      |  |               |
|  |  | MAN 1  |                  | MAN 2  |                      | MAN 3  |               |
| 532  | LINE NUMBER<br>(COLUMN 10)<br><br>NAME<br>(COLUMN 2)   | LINE<br>NUMBER ..... <input type="text"/>  | NAME<br>_____    | LINE<br>NUMBER ..... <input type="text"/>  | NAME<br>_____        | LINE<br>NUMBER ..... <input type="text"/>  | NAME<br>_____ |
| 533  | WEIGHT<br>IN KILOGRAMS   | KG. .... <input type="text"/>  |                  | KG. .... <input type="text"/>  |                      | KG. .... <input type="text"/>  |               |
| 534  | HEIGHT<br>IN CENTIMETERS   | CM. .... <input type="text"/>  |                  | CM. .... <input type="text"/>  |                      | CM. .... <input type="text"/>  |               |
| 535  | RESULT OF<br>WEIGHT<br>AND HEIGHT<br>MEASUREMENT   | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  |                  | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  |                      | MEASURED ..... 1<br>NOT PRESENT ..... 2<br>REFUSED ..... 3<br>OTHER ..... 6  |               |
| 536  | AGE: CHECK<br>COLUMN 7.  | 15-17 YEARS ..... 1<br>18-49 YEARS ..... 2<br>(GO TO 539) ↙  |                  | 15-17 YEARS ..... 1<br>18-49 YEARS ..... 2<br>(GO TO 539) ↙  |                      | 15-17 YEARS ..... 1 1<br>18-49 YEARS ..... 2 2<br>(GO TO 539) ↙  |               |
| 537  | MARITAL STATUS:<br>CHECK COLUMN<br>8.  | CODE 0 (NEVER IN UNION) ..... 1<br>OTHER ..... 2<br>(GO TO 539) ↙  |                  | CODE 0 (NEVER IN UNION) ..... 1<br>OTHER ..... 2<br>(GO TO 539) ↙  |                      | CODE 0 (NEVER IN UNION) ..... 1 1<br>OTHER ..... 2 2<br>(GO TO 539) ↙  |               |
| 538  | RECORD LINE<br>NUMBER OF<br>PARENT/OTHER<br>ADULT RESPON-<br>SIBLE FOR<br>ADOLESCENT.<br>RECORD '00'<br>IF NOT LISTED.   | LINE NUMBER OF<br>PARENT OR OTHER<br>RESPONSIBLE ADULT . <input type="text"/>  |                  | LINE NUMBER OF<br>PARENT OR OTHER<br>RESPONSIBLE ADULT . <input type="text"/>  |                      | LINE NUMBER OF<br>PARENT OR OTHER<br>RESPONSIBLE ADULT . <input type="text"/>  |               |
| 539  | READ ANEMIA<br>TEST CONSENT<br>STATEMENT. FOR<br>NEVER-IN-UNION<br>MEN<br>AGE 15-17, ASK<br>CONSENT FROM<br>PARENT/OTHER<br>ADULT IDENTIFIED<br>IN 538 BEFORE<br>ASKING RESPON-<br>DENT'S CONSENT.   | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE<br>ADULT REFUSED ..... 2<br>RESPONDENT<br>REFUSED ..... 3<br><br>_____<br>(SIGN) |                  | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE<br>ADULT REFUSED ..... 2<br>RESPONDENT<br>REFUSED ..... 3<br><br>_____<br>(SIGN) |                      | GRANTED ..... 1<br>PARENT/OTHER RESPONSIBLE<br>ADULT REFUSED ..... 2<br>RESPONDENT<br>REFUSED ..... 3<br><br>_____<br>(SIGN) |               |
| <b>CONSENT STATEMENT FOR ANEMIA TEST</b>   |  |  |                  |  |                      |  |               |
| READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 539 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND<br>CODE '3' IF HE REFUSES.<br><br>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT<br>(SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 539 IF THE PARENT (OTHER ADULT)<br>REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.<br><br>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<br>poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.<br><br>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe.<br>It has never been used before and will be thrown away after each test.<br><br>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.<br>Do you have any questions?<br><br>You can say yes to the test, or you can say no. It is up to you to decide.<br>Will you (allow NAME OF ADOLESCENT to) take the anemia test? |  |  |                  |  |                      |  |               |

|            |   |                      |                      |                      |                      |                      |                      |  |
|------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| PSU NUMBER |   | <input type="text"/> | <input type="text"/> | HOUSEHOLD NUMBER     | <input type="text"/> | <input type="text"/> | NAME OF HEAD _____   |  |
|            |   | MAN 1                |                      | MAN 2                |                      | MAN 3                |                      |  |
|            | LINE NUMBER<br>(COLUMN 10)                                      | LINE<br>NUMBER ..... | <input type="text"/> | LINE<br>NUMBER ..... | <input type="text"/> | LINE<br>NUMBER ..... | <input type="text"/> |  |
|            | NAME<br>(COLUMN 2)  | NAME _____           |                      | NAME _____           |                      | NAME _____           |                      |  |
| 542        | RECORD HEMO-<br>GLOBIN LEVEL<br>HERE AND IN<br>ANEMIA PAMPHLET. | G/DL .....           | <input type="text"/> | G/DL .....           | <input type="text"/> | G/DL .....           | <input type="text"/> |  |
| 543        | RECORD RESULT<br>CODE OF HEMO-<br>GLOBIN MEASURE-<br>MENT.      | MEASURED .....       | 1                    | MEASURED .....       | 1                    | MEASURED .....       | 1                    |  |
|            |   | NOT PRESENT .....    | 2                    | NOT PRESENT .....    | 2                    | NOT PRESENT .....    | 2                    |  |
|            |   | REFUSED .....        | 3                    | REFUSED .....        | 3                    | REFUSED .....        | 3                    |  |
|            |   | OTHER .....          | 6                    | OTHER .....          | 6                    | OTHER .....          | 6                    |  |

**TABLE FOR SELECTION OF CHILD FOR THE CHILD DISCIPLINE QUESTIONS**

LOOK AT THE LAST DIGIT OF THE **QUESTIONNAIRE** NUMBER ON THE COVER PAGE.  
THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF CHILDREN AGED 2-14 IN COLUMN (11A) OF THE HOUSEHOLD QUESTIONNAIRE.  
THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX.  
THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE CHILD  
AGED 2-14 LISTED IN THE HOUSEHOLD SCHEDULE WILL BE REFERRED TO IN THE CHILD DISCIPLINE QUESTIONS.

WRITE THE NAME AND LINE NUMBER IN Q. 303.

**EXAMPLE:** IF THE QUESTIONNAIRE NUMBER IS '3716', GO TO ROW '6'.  
IF THERE ARE THREE CHILDREN AGE 2-14 IN THE HOUSEHOLD, GO TO COLUMN '3'.  
FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND  
CHILD AGED 2-14 IN THE HOUSEHOLD LISTING SHOULD BE REFERRED TO IN THE CHILD DISCIPLINE QUESTIONS.  
SUPPOSE THE LINE NUMBERS OF THE THREE CHILDREN ARE '03', '04', AND '07'. THE CHILD TO BE REFERRED  
TO IN THE CHILD DISCIPLINE QUESTIONS IS THE SECOND ONE, I.E., THE CHILD ON LINE '04'.

| LAST DIGIT OF THE<br>QUESTIONNAIRE<br>NUMBER (ROW) | TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (COLUMN) |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
|  | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0  | 1   | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1  | 1   | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2  | 1   | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3  | 1   | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4  | 1   | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5  | 1   | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6  | 1   | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7  | 1   | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8  | 1   | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9  | 1   | 1 | 2 | 1 | 2 | 3 | 7 | 5 |



ALBANIA DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE

ALBANIA  
THE NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND THE INSTITUTE FOR PUBLIC HEALTH (IPH)

| IDENTIFICATION   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME _____<br>NAME OF HOUSEHOLD HEAD _____<br>PSU NUMBER .....<br>HOUSEHOLD NUMBER .....<br>PREFECTURE .....<br>TIRANA/SMALL CITY/TOWN/RURAL .....<br>(TIRANA=1, SMALL CITY=2, TOWN=3, RURAL=4)<br>NAME AND LINE NUMBER OF WOMAN _____ | <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></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INTERVIEWER VISITS  |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | 1     | 2     | 3     | FINAL VISIT  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE  | _____ | _____ | _____ | DAY <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><br>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><td style="width: 20px; height: 20px;"></td></tr></table><br>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><br>INT. 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></tr></table><br>RESULT <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> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INTERVIEWER'S NAME  | _____ | _____ | _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RESULT*   | _____ | _____ | _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NEXT VISIT: DATE  | _____ | _____ |       | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TIME  | _____ | _____ |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *RESULT CODES:<br>1 COMPLETED      4 REFUSED<br>2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____<br>3 POSTPONED      6 INCAPACITATED      (SPECIFY) |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| SUPERVISOR  | FIELD EDITOR | OFFICE EDITOR | KEYED BY  |  |  |  |  |  |  |  |  |
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| NAME _____ <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> |              |               | NAME _____ <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> |  |  | <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> |  |  | <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> |  |  |
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

|  |  |
|--|--|
| <p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with the National Institute of Statistics and the Institute for Public Health. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. As part of this survey, we are asking people throughout the country to have their blood pressure and pulse read. This information will help the government to plan health services.</p> <p>The survey usually takes between 30 and 60 minutes to complete. During the interview, I would like to measure your blood pressure and pulse. This will be done three times. This is a harmless procedure although you may feel a slight discomfort when the blood pressure cuff is applied to your arm. Your answers to the questions and the blood pressure and pulse measurements will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; you can choose not to have your blood pressure taken; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>The results of this blood pressure and pulse measurement will be given to you orally and in writing after the interview with an explanation of the meaning of your blood pressure and pulse numbers. Elevated blood pressure or pulse is dangerous to your health, and it is important to know your numbers. Although we will give you the results of this test, we cannot provide you with any counseling, further testing or treatment if your blood pressure is elevated.</p> <p>At this time, do you want to ask me anything about the survey?<br/>                 May we take your blood pressure? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END<br/>                 ↓<br/>                 RESPONDENT AGREES TO BLOOD PRESSURE ... 1      RESPONDENT DOES NOT AGREE TO BLOOD PRESURE ... 2</p> |  |
|--|--|

| NO.                      | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |     |    |             |   |   |                          |   |   |              |   |   |  |
|--------------------------|--|--|------|-----|----|-------------|---|---|--------------------------|---|---|--------------|---|---|--|
| 101                      | RECORD THE TIME.   | HOUR ..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table><br>MINUTES ..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| 101X                     | CHECK HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MALE SURVEY<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → 102  |  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| 101A                     | Before taking your blood pressure, I would to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:<br><br>Eaten anything?<br>Had coffee, tea, cola or other drink that has caffeine?<br>Smoked any tobacco product? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>EATEN .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SMOKED .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> |      | YES | NO | EATEN ..... | 1 | 2 | HAD CAFFEINATED DRINK .. | 1 | 2 | SMOKED ..... | 1 | 2 |  |
|                          | YES  | NO   |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| EATEN .....              | 1  | 2  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| HAD CAFFEINATED DRINK .. | 1  | 2  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| SMOKED .....             | 1  | 2  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| 101B                     | May I begin the process of measuring your blood pressure?<br><br>BEFORE TAKING THE FIRST BLOOD PRESSURE READING MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.  | ARM CIRCUMFERENCE (IN CENTIMETERS) ..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| 101C                     | USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.   | <p><b>MODEL 712C</b><br/>                 SMALL: &lt;22 CM ..... 1<br/>                 MEDIUM/LARGE: 22 CM – 42 CM ... 2</p> <p><b>MODEL 789</b><br/>                 EXTRA LARGE: 42 CM – 60 CM ... 3</p>  |      |     |    |             |   |   |                          |   |   |              |   |   |  |
| 101D                     | May I measure your blood pressure and pulse at this time?<br><br>RECORD BLOOD PRESSURE AND PULSE MEASUREMENT IN 1ST COLUMN IN 1036.  | BLOOD PRESSURE TAKEN ..... 1<br><br>BLOOD PRESSURE NOT TAKEN ... 2   |      |     |    |             |   |   |                          |   |   |              |   |   |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------|---|--|--|
| 102  | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br>IF LESS THAN ONE YEAR, RECORD '00' YEARS.  | YEARS ..... <input type="text"/> <input type="text"/><br>ALWAYS ..... 95<br>VISITOR ..... 96   | <input type="checkbox"/> → 106                                   |
| 103  | Just before you moved here, did you live in a city, in a town, or in the countryside?   | CITY ..... 1<br>TOWN ..... 2<br>COUNTRYSIDE ..... 3  |  |
| 103A | Before you moved here, which district did you move from?  | DISTRICT ..... <input type="text"/> <input type="text"/><br>OUTSIDE OF ALBANIA ..... 95  |  |
| 106  | In what month and year were you born?   | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |  |
| 107  | How old were you at your last birthday?<br>COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.  | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>   |  |
| 107A | CHECK 106, YEAR OF BIRTH:<br>BORN IN 1990 OR BEFORE OR YEAR UNKNOWN <input type="checkbox"/><br>BORN IN 1991 OR LATER <input type="checkbox"/>                                    |  | <input type="checkbox"/> → 108                                   |
| 107B | In 1990, which district did you live in?  | DISTRICT ..... <input type="text"/> <input type="text"/><br>SAME DISTRICT AS NOW ..... 94<br>OUTSIDE OF ALBANIA ..... 95   |  |
| 108  | Have you ever attended school?  | YES ..... 1<br>NO ..... 2  | <input type="checkbox"/> → 112                                   |
| 109  | What is the highest level of school you attended: primary 4-year, 8-year, generic secondary, professional, technical, university, post university/graduate?                       | PRIMARY 4 YEAR ..... 1<br>PRIMARY 8 YEAR ..... 2<br>GENERIC SECONDARY ..... 3<br>PROFESSIONAL ..... 4<br>TECHNICAL ..... 5<br>UNIVERSITY ..... 6<br>POST UNIVERSITY/GRADUATE ..... 7                               |  |
| 110  | What is the highest class you completed at that level?  | CLASS ..... <input type="text"/> <input type="text"/>  |  |
| 111  | CHECK 109:<br>PRIMARY (4/5-YEAR) OR 8/9-YEAR <input type="checkbox"/><br>SECONDARY OR HIGHER <input type="checkbox"/>   |  | <input type="checkbox"/> → 115                                   |
| 112  | Now I would like you to read this sentence to me.<br>SHOW CARD TO RESPONDENT.<br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br>Can you read any part of the sentence to me? | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PARTS OF SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE... 3<br>NO CARD WITH REQUIRED LANGUAGE ..... 4<br>(SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED ..... 5   | <input type="checkbox"/> → 116<br><input type="checkbox"/> → 116 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 115 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 116 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?          | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 117 | Do you watch television almost every day, at least once a week, less than once a week or not at all?             | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 118 | What is your religion?   | MUSLIM ..... 1<br>ORTHODOX ..... 2<br>CATHOLIC ..... 3<br>BEKTASHI ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>ATHEIST ..... 7                   |      |
| 119 | To what ethnic group do you belong?  | ALBANIAN ..... 1<br>GREEK ..... 2<br>ROMA ..... 3<br>MACEDONIAN ..... 4<br>MONTENEGRIN ..... 5<br>VLACH ..... 6<br>OTHER ..... 7<br>(SPECIFY) |      |

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<br>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<br>NO ..... 2   | → 204 |  |  |  |  |  |  |  |  |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>IF NONE, RECORD '00'.  | SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>     |       |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |
| 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<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>IF NONE, RECORD '00'.  | SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |       |  |  |  |  |  |  |  |  |
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| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br><br>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?  | YES ..... 1<br>NO ..... 2   | → 208 |  |  |  |  |  |  |  |  |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>IF NONE, RECORD '00'.  | BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |       |  |  |  |  |  |  |  |  |
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| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>IF NONE, RECORD '00'.   | TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 209 | CHECK 208:<br><br>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. |   |       |  |  |  |  |  |  |  |  |
| 210 | CHECK 208:<br><br>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226  |   |       |  |  |  |  |  |  |  |  |

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

| 212  | 213  | 214                        | 215   | 216                               | 217<br>IF ALIVE:   | 218<br>IF ALIVE:           | 219<br>IF ALIVE:  | 220<br>IF DEAD:  | 221  |
|--|--|----------------------------|---|-----------------------------------|--|----------------------------|---|--|--|
| What name was given to your (first/next) baby?<br><br>(NAME) | Were any of these births twins?<br><br>IF YES RECORD "2"<br>IF NO RECORD "1" | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?  | Is (NAME) still alive?            | How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). | How old was (NAME) when he/she died?<br><br>IF '1 YR', PROBE:<br>How many months old was (NAME)?<br>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? |
| 01   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(NEXT BIRTH)              | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            |  |
| 02   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |
| 03   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |
| 04   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |
| 05   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |
| 06   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |
| 07   | SING 1<br>MULT 2   | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS <input type="text"/> <input type="text"/>                             | YES ... 1<br>NO ... 2      | LINE NUMBER <input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)               | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>            | YES ... 1 ADD ↙<br>BIRTH<br>NO ... 2<br>NEXT ↘<br>BIRTH  |

|  |   |                            |  |                                 |  |                            |   |  |  |  |
|--|---|----------------------------|--|---------------------------------|--|----------------------------|---|--|--|--|
| 212  | 213   | 214                        | 215  | 216                             | 217<br>IF ALIVE:   | 218<br>IF ALIVE:           | 219<br>IF ALIVE:  | 220<br>IF DEAD:  | 221  |  |
| What name was given to your next baby?<br><br>(NAME) | Were any of these births twins?<br><br>IF YES RECORD "2"<br>IF NO RECORD "1"  | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday? | Is (NAME) still alive?          | How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | How old was (NAME) when he/she died?<br><br>IF '1 YR', PROBE:<br>How many months old was (NAME)?<br>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? |  |
| 08   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/><br>YEAR <input type="text"/>                            | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/>   | YES... 1<br>NO... 2        | LINE NUMBER<br><input type="text"/><br>↓<br>(GO TO 221)                               | DAYS... 1<br>MONTHS 2<br>YEARS... 3  | YES... 1<br>ADD ↙<br>BIRTH<br>NO... 2<br>NEXT ↘<br>BIRTH   |  |
| 09   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/><br>YEAR <input type="text"/>                            | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/>   | YES... 1<br>NO... 2        | LINE NUMBER<br><input type="text"/><br>↓<br>(GO TO 221)                               | DAYS... 1<br>MONTHS 2<br>YEARS... 3  | YES... 1<br>ADD ↙<br>BIRTH<br>NO... 2<br>NEXT ↘<br>BIRTH   |  |
| 10   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/><br>YEAR <input type="text"/>                            | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/>   | YES... 1<br>NO... 2        | LINE NUMBER<br><input type="text"/><br>↓<br>(GO TO 221)                               | DAYS... 1<br>MONTHS 2<br>YEARS... 3  | YES... 1<br>ADD ↙<br>BIRTH<br>NO... 2<br>NEXT ↘<br>BIRTH   |  |
| 11   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/><br>YEAR <input type="text"/>                            | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/>   | YES... 1<br>NO... 2        | LINE NUMBER<br><input type="text"/><br>↓<br>(GO TO 221)                               | DAYS... 1<br>MONTHS 2<br>YEARS... 3  | YES... 1<br>ADD ↙<br>BIRTH<br>NO... 2<br>NEXT ↘<br>BIRTH   |  |
| 12   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/><br>YEAR <input type="text"/>                            | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/>   | YES... 1<br>NO... 2        | LINE NUMBER<br><input type="text"/><br>↓<br>(GO TO 221)                               | DAYS... 1<br>MONTHS 2<br>YEARS... 3  | YES... 1<br>ADD ↙<br>BIRTH<br>NO... 2<br>NEXT ↘<br>BIRTH   |  |
| 222  | Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.   |                            |  |                                 |  | YES ... 1<br>NO ... 2      |   |  |  |  |
| 223  | <p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> |                            |  |                                 |  |                            |   |  |  |  |
| 224  | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.   |                            |  |                                 |  |                            |   |  |  |  |

| NO.   | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |   |       |
|---|--|---|---|---|-------|
| 225   | FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) |   |   |   |       |
| 226   | Are you pregnant now?  | YES ..... 1<br>NO ..... 2<br>UNSURE ..... 8                                       | <input type="checkbox"/> → 229  |   |       |
| 227   | How many months pregnant are you?<br><br>RECORD NUMBER OF COMPLETED MONTHS.<br>ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.   | MONTHS ..... <input type="text"/>   |   |   |       |
| 228   | At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?  | THEN ..... 1<br>LATER ..... 2<br>NOT AT ALL ..... 3                               |   |   |       |
| 229   | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?  | YES ..... 1<br>NO ..... 2   | → 237   |   |       |
| 230   | When did the last such pregnancy end?  | MONTH ..... <input type="text"/><br>YEAR ..... <input type="text"/>               |   |   |       |
| 231   | CHECK 230:<br><br>LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2003 OR LATER<br>LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2003  |   | → 237   |   |       |
| PREGNANCY HISTORY FOR EACH PREGNANCY THAT ENDED IN A NON-LIVE BIRTH IN JANUARY 2003 OR LATER. |  |   |   |   |       |
| 231A  | 231B<br>In what month and year did the preceding such pregnancy end?<br><br>MONTH                  YEAR  | 232<br>How many months pregnant were you when that pregnancy ended?<br><br>MONTHS | 232A<br>Did that pregnancy end in a spontaneous miscarriage, an induced abortion, or a stillbirth?<br><br>MISCARRIAGE ... 1<br>ABORTION ..... 2<br>STILLBIRTH ..... 3 | 233<br>Since January 2003, have you had any other pregnancies that did not result in a live birth?<br><br>YES ..... 1<br>NO ..... 2 |       |
| 01  | <input type="text"/>   | <input type="text"/>  | MISCARRIAGE ... 1<br>ABORTION ..... 2<br>STILLBIRTH ..... 3   | YES ..... 1<br>NO ..... 2   | → 234 |
| 02  | <input type="text"/>   | <input type="text"/>  | MISCARRIAGE ... 1<br>ABORTION ..... 2<br>STILLBIRTH ..... 3   | YES ..... 1<br>NO ..... 2   | → 234 |
| 03  | <input type="text"/>   | <input type="text"/>  | MISCARRIAGE ... 1<br>ABORTION ..... 2<br>STILLBIRTH ..... 3   | YES ..... 1<br>NO ..... 2   | → 234 |
| 04  | <input type="text"/>   | <input type="text"/>  | MISCARRIAGE ... 1<br>ABORTION ..... 2<br>STILLBIRTH ..... 3   | YES ..... 1<br>NO ..... 2   | → 234 |
| 234   | FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN JANUARY 2003 OR LATER, ENTER 'C' FOR MISCARRIAGE, 'A' FOR INDUCED ABORTION OR 'S' FOR STILLBIRTH IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.  |   |   |   |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 235 | Did you have any miscarriages, abortions or stillbirths that ended before 2003?   | YES ..... 1<br>NO ..... 2   | → 237 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 236 | When did the last such pregnancy that terminated before 2003 end?   | MONTH ..... <table border="1" data-bbox="1209 315 1305 371" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEAR ..... <table border="1" data-bbox="1118 371 1305 427" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 237 | When did your last menstrual period start?<br><br>_____ (DATE, IF GIVEN)  | DAYS AGO ..... 1 <table border="1" data-bbox="1209 450 1305 506" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>WEEKS AGO ..... 2 <table border="1" data-bbox="1209 506 1305 562" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS AGO ..... 3 <table border="1" data-bbox="1209 562 1305 618" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEARS AGO ..... 4 <table border="1" data-bbox="1209 618 1305 674" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>IN MENOPAUSE/<br>HAS HAD HYSTERECTOMY ... 994<br>BEFORE LAST BIRTH ..... 995<br>NEVER MENSTRUATED ..... 996 |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 238 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 301 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 239 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?          | JUST BEFORE HER PERIOD<br>BEGINS ..... 1<br>DURING HER PERIOD ..... 2<br>RIGHT AFTER HER<br>PERIOD HAS ENDED ..... 3<br>HALFWAY BETWEEN<br>TWO PERIODS ..... 4<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SECTION 3. CONTRACEPTION

|     |  |   |   |
|-----|--|---|---|
| 301 | <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about?<br/>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:<br/>Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> | 302 Have you ever used (METHOD)?  |   |
| 01  | <p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>Have you ever had an operation to avoid having any more children?<br/>YES ..... 1<br/>NO ..... 2</p>                   |
| 02  | <p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>Have you ever had a partner who had an operation to avoid having any more children?<br/>YES ..... 1<br/>NO ..... 2</p> |
| 03  | <p>PILL Women can take a pill every day to avoid becoming pregnant.</p>  | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 04  | <p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>  | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 05  | <p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 06  | <p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>  | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 07  | <p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>  | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 08  | <p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 09  | <p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 10  | <p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 11  | <p>WITHDRAWAL Men can be careful and pull out before climax.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 12  | <p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>   | <p>YES ..... 1<br/>NO ..... 2 ↙</p>   | <p>YES ..... 1<br/>NO ..... 2</p>   |
| 13  | <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>   | <p>YES ..... 1<br/><br/>_____<br/>(SPECIFY)<br/><br/>_____<br/>(SPECIFY)<br/>NO ..... 2</p> | <p>YES ..... 1<br/>NO ..... 2<br/><br/>YES ..... 1<br/>NO ..... 2</p>   |
| 303 | <p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>   |   | <p>→ 307</p>  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                              |
|------|---|---|-----------------------------------|
| 304  | Have you ever used anything or tried in any way to delay or avoid getting pregnant?   | YES ..... 1<br>NO ..... 2   | → 306                             |
| 305  | ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. _____  |   | → 333                             |
| 306  | What have you used or done?<br><br>CORRECT 302 AND 303 (AND 301 IF NECESSARY).  |   |                                   |
| 307  | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.<br><br>How many living children did you have at that time, if any?<br><br>IF NONE, RECORD '00'.   | NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>  |                                   |
| 308  | CHECK 302 (01):<br><br>WOMAN NOT STERILIZED <input type="checkbox"/><br>↓<br>WOMAN STERILIZED <input type="checkbox"/>  |   | → 311A                            |
| 309  | CHECK 226:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/><br>↓<br>PREGNANT <input type="checkbox"/>   |   | → 322                             |
| 310  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | YES ..... 1<br>NO ..... 2   | → 322                             |
| 311  | Which method are you using?<br><br>CIRCLE ALL MENTIONED.<br><br>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.  | FEMALE STERILIZATION ..... A<br>MALE STERILIZATION ..... B<br>PILL ..... C<br>IUD ..... D<br>INJECTABLES ..... E<br>IMPLANTS ..... F<br>CONDOM ..... G<br>FEMALE CONDOM ..... H<br>DIAPHRAGM ..... I<br>FOAM/JELLY ..... J<br>LACTATIONAL AMEN. METHOD ..... K<br>RHYTHM METHOD ..... L<br>WITHDRAWAL ..... M<br><br>OTHER _____ X<br>(SPECIFY) | → 316<br>→ 315<br>→ 315<br>→ 319A |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION.  |   |                                   |
| 312  | RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311.<br><br>YES (USING PILL) <input type="checkbox"/><br>↓<br>May I see the package of pills you are using?<br><br>NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/><br>↓<br>May I see the package of condoms you are using?<br><br>RECORD NAME OF BRAND IF PACKAGE SEEN. | PACKAGE SEEN ..... 1<br>↓<br>BRAND NAME _____ <input type="text"/> <input type="text"/><br>(SPECIFY)<br><br>PACKAGE NOT SEEN ..... 2  | → 314                             |
| 313  | Do you know the brand name of the (pills/condoms) you are using?<br>RECORD NAME OF BRAND.   | BRAND NAME _____ <input type="text"/> <input type="text"/><br>(SPECIFY)<br><br>DON'T KNOW ..... 98  |                                   |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP     |
|------|---|---|----------|
| 314  | How many (pill cycles/condoms) did you get the last time?   | NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 998  |          |
| 315  | The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?<br><br>RECORD IN NEW LEK   | COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 9995<br>DON'T KNOW ..... 9998  | } → 319A |
| 316  | In what facility did the sterilization take place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)   | PUBLIC SECTOR<br>PUBLIC HOSPITAL/<br>MATERNITY ..... 11<br><br>OTHER PUBLIC _____ 16<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC ... 21<br>PRIVATE DOCTOR'S OFFICE ... 23<br>OTHER PRIVATE<br>MEDICAL _____ 26<br>(SPECIFY)<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |          |
| 317  | CHECK 311/311A:<br><br>CODE 'A' CIRCLED <input type="checkbox"/><br>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?<br><br>CODE 'A' NOT CIRCLED <input type="checkbox"/><br>Before the sterilization operation, was your (husband/partner) told that he would not be able to have any (more) children because of the operation? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |          |
| 318  | How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?<br><br>RECORD IN NEW LEK  | COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 99995<br>DON'T KNOW ..... 99998   |          |
| 319  | In what month and year was the sterilization performed?   | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |          |
| 319A | Since what month and year have you been using (CURRENT METHOD) without stopping?<br><br>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?  | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |          |
| 320  | CHECK 319/319A, 215 AND 230:<br><br>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A<br><br>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |          |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |   |   |
|------|---|--|---|---|---|
| 321  | CHECK 319/319A:<br><br>YEAR IS 2003 OR LATER <input type="checkbox"/><br><br>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.   | YEAR IS 2002 OR EARLIER <input type="checkbox"/><br><br>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003.<br><br>THEN SKIP TO <input type="text"/> → 331 |   |   |   |
| 322  | I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.<br><br>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003.<br>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.<br><br>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. |  |   |   |   |
| 322A | PERIOD  | LAST PERIOD  | NEXT-TO-LAST  | SECOND-TO-LAST  | THIRD-TO-LAST   |
| 322B | MONTH AND YEAR OF START OF PERIOD   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   |
| 322C | Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband/partner use any method of contraception?   | YES, USED A METHOD .. 1<br>NO, DID NOT USE A METHOD .. 2<br>(NEXT 322B) ←  | YES, USED A METHOD .. 1<br>NO, DID NOT USE A METHOD .. 2<br>(NEXT 322B) ←   | YES, USED A METHOD .. 1<br>NO, DID NOT USE A METHOD .. 2<br>(NEXT 322B) ←   | YES, USED A METHOD .. 1<br>NO, DID NOT USE A METHOD .. 2<br>(NEXT 322B) ←   |
| 322D | Which method was that?<br><br>SEE CALENDAR FOR CODES  | METHOD .. <input type="text"/>   | METHOD .. <input type="text"/>  | METHOD .. <input type="text"/>  | METHOD .. <input type="text"/>  |
| 322E | How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?<br><br>RECORD 95 IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD  | IMMEDIATELY 00<br><br>MON-THS <input type="text"/> <input type="text"/><br>(GO TO 322G) ←<br><br>DATE GIVEN . 95   | IMMEDIATELY 00<br><br>MON-THS <input type="text"/> <input type="text"/><br>(GO TO 322G) ←<br><br>DATE GIVEN . 95    | IMMEDIATELY 00<br><br>MON-THS <input type="text"/> <input type="text"/><br>(GO TO 322G) ←<br><br>DATE GIVEN . 95    | IMMEDIATELY 00<br><br>MON-THS <input type="text"/> <input type="text"/><br>(GO TO 322G) ←<br><br>DATE GIVEN . 95    |
| 322F | In which month and year did you start using (METHOD)?   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                   |
| 322G | For how many months did you use (METHOD)?<br><br>RECORD 95 IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE   | MON-THS <input type="text"/> <input type="text"/><br>(NEXT 322B) ←<br><br>DATE GIVEN . 95  | MON-THS <input type="text"/> <input type="text"/><br>(NEXT 322B) ←<br><br>DATE GIVEN . 95                           | MON-THS <input type="text"/> <input type="text"/><br>(NEXT 322B) ←<br><br>DATE GIVEN . 95                           | MON-THS <input type="text"/> <input type="text"/><br>(NEXT 322B) ←<br><br>DATE GIVEN . 95                           |
| 322H | In which month and year did you stop using (METHOD)?  | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>GOTO NEXT 322B  | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>GOTO NEXT 322B | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>GOTO NEXT 322B | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>GOTO NEXT 322B |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|------|---|---|---|
| 323  | CHECK 311/311A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A,<br>CIRCLE CODE FOR HIGHEST METHOD IN LIST.  | NO CODE CIRCLED ..... 00<br>FEMALE STERILIZATION ..... 01<br>MALE STERILIZATION ..... 02<br>PILL ..... 03<br>IUD ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>CONDOM ..... 07<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>LACTATIONAL AMEN. METHOD ... 11<br>RHYTHM METHOD ..... 12<br>WITHDRAWAL ..... 13<br>OTHER METHOD ..... 96 | → 333<br>→ 326<br>→ 335<br><br><br><br><br><br><br><br><br><br>→ 324A<br>→ 324A<br>→ 335<br>→ 335 |
| 324  | Where did you obtain (CURRENT METHOD) when you started using it?  | PUBLIC SECTOR<br>PUBLIC HOSPITAL/MATERNITY . 11<br>PUBLIC HEALTH CENTER ..... 12<br>WOMEN'S CONSULTING CENTRE/<br>FAMILY PLANNING CLINIC ... 13<br>HEALTH POST ..... 14<br><br>OTHER PUBLIC _____ 16<br>(SPECIFY)   |   |
| 324A | Where did you learn how to use the rhythm/lactational amenorrhea method?<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC ... 21<br>PHARMACY ..... 22<br>PRIVATE DOCTOR ..... 23<br>OTHER PRIVATE<br>MEDICAL _____ 26<br>(SPECIFY)<br><br>NGO ..... 29<br><br>OTHER SOURCE<br>SHOP ..... 31<br>CHURCH ..... 32<br>FRIEND/RELATIVE ..... 33<br>HUSBAND/PARTNER ..... 34<br><br>OTHER _____ 96<br>(SPECIFY)   |   |
| 325  | CHECK 311/311A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A,<br>CIRCLE CODE FOR HIGHEST METHOD IN LIST.  | PILL ..... 03<br>IUD ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>CONDOM ..... 07<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>LACTATIONAL AMEN. METHOD ... 11<br>RHYTHM METHOD ..... 12   | → 332<br>→ 329<br>→ 329<br>→ 329<br>→ 335<br>→ 335  |
| 326  | You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?                                      | YES ..... 1<br>NO ..... 2   | → 327A  |
| 327  | Were you ever told by a health worker about side effects or problems you might have with the method?  | YES ..... 1<br>NO ..... 2   | → 329   |



| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 333 | Do you know of a place where you can obtain a method of family planning?  | YES ..... 1<br>NO ..... 2   | → 335 |
| 334 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY . . . . . A</p> <p>GOVT. HEALTH CENTER . . . . . B</p> <p>WOMEN'S CONSULTING CENTRE/<br/>FAMILY PLANNING CLINIC . . . . . C</p> <p>HEALTH POST . . . . . D</p> <p>OTHER PUBLIC _____ F<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . . . G</p> <p>PHARMACY . . . . . H</p> <p>PRIVATE DOCTOR . . . . . I</p> <p>OTHER PRIVATE<br/>MEDICAL _____ J<br/>(SPECIFY)</p> <p>NGO . . . . . L</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . M</p> <p>CHURCH . . . . . N</p> <p>FRIEND/RELATIVE . . . . . O</p> <p>HUSBAND/PARTNER . . . . . P</p> <p>OTHER _____ X<br/>(SPECIFY)</p> |       |
| 335 | In the last 12 months, were you visited at home by a health worker who talked to you about family planning?   | YES ..... 1<br>NO ..... 2   |       |
| 336 | In the last 12 months, have you visited a health facility for care for yourself (or your children)?   | YES ..... 1<br>NO ..... 2   | → 401 |
| 337 | Did any staff member at the health facility speak to you about family planning methods?   | YES ..... 1<br>NO ..... 2   |       |

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

|     |   |  |   |   |
|-----|---|--|---|---|
| 401 | CHECK 224:<br>ONE OR MORE BIRTHS IN 2003 OR LATER <input type="checkbox"/> NO BIRTHS IN 2003 OR LATER <input type="checkbox"/> → 576  |  |   |   |
| 402 | CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).<br><br>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) |  |   |   |
| 403 | LINE NUMBER FROM 212  | LAST BIRTH<br>LINE NO. <input type="text"/> <input type="text"/>   | NEXT-TO-LAST BIRTH<br>LINE NO. <input type="text"/> <input type="text"/>  | SECOND-FROM-LAST BIRTH<br>LINE NO. <input type="text"/> <input type="text"/>  |
| 404 | FROM 212 AND 216  | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>  | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>   |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?   | THEN ..... 1<br>(SKIP TO 407) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 407) ←  | THEN ..... 1<br>(SKIP TO 432) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 432) ←                                     | THEN ..... 1<br>(SKIP TO 432) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 432) ←                                     |
| 406 | How much longer would you have liked to wait?   | MONTHS ..1 <input type="text"/> <input type="text"/><br>YEARS ..2 <input type="text"/> <input type="text"/><br>DON'T KNOW ... 998                                  | MONTHS ..1 <input type="text"/> <input type="text"/><br>YEARS ..2 <input type="text"/> <input type="text"/><br>DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/><br>YEARS ..2 <input type="text"/> <input type="text"/><br>DON'T KNOW ... 998 |
| 407 | Did you see anyone for antenatal care for this pregnancy?<br><br>IF YES: Whom did you see?<br>Anyone else?<br><br>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.   | HEALTH PERSONNEL<br>FAMILY DOCTOR A<br>OBSTETRICIAN/<br>GYNECOLOGIST B<br>NURSE/MIDWIFE . C<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ..... Y<br>(SKIP TO 414) ← |   |   |

| NO.         | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
|-------------|---|---|----------------------------------|--------------------------------------|----|------------|---|---|----------|---|---|-------------|---|---|-----------|---|---|------------|---|---|--|--|
| 408         | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>HOME<br/>YOUR HOME ... A<br/>OTHER HOME ... B</p> <p>PUBLIC SECTOR<br/>TIRANA<br/>MATERNITY ... C<br/>PUBLIC HOSPITAL/<br/>MATERNITY ... D<br/>PUBLIC HEALTH<br/>CENTER ... E<br/>CONSULTING<br/>WOMEN'S CTR ... F<br/>HEALTH<br/>POST ... G<br/>OTHER PUBLIC<br/>_____ H<br/>(SPECIFY)</p> <p>PRIVATE MED. SECTOR<br/>PVT. HOSPITAL/<br/>CLINIC ... I<br/>OTHER PRIVATE<br/>MED. _____ J<br/>(SPECIFY)</p> <p>OTHER _____ X<br/>(SPECIFY)</p>   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| 409         | How many months pregnant were you when you first received antenatal care for this pregnancy?  | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| 410         | How many times did you receive antenatal care during this pregnancy?  | <p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| 411         | <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p> <p>Did you have an ultrasound examination?</p>   | <table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ULTRASOUND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> <p>(SKIP TO 412) ←</p> |                                  | YES                                  | NO | WEIGHT ... | 1 | 2 | BP ..... | 1 | 2 | URINE ..... | 1 | 2 | BLOOD ... | 1 | 2 | ULTRASOUND | 1 | 2 |  |  |
|             | YES   | NO  |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| WEIGHT ...  | 1   | 2   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| BP .....    | 1   | 2   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| URINE ..... | 1   | 2   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| BLOOD ...   | 1   | 2   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| ULTRASOUND  | 1   | 2   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| 411A        | How many months pregnant were you when you first had an ultrasound examination?   | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |
| 411B        | During this pregnancy, how many times did you have an ultrasound examination?   | <p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>   |                                  |                                      |    |            |   |   |          |   |   |             |   |   |           |   |   |            |   |   |  |  |

| NO.                                | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
|------------------------------------|---|--|----------------------------------|--------------------------------------|--|-----|----|------------|---------------|---|---------------------------|-------------|---|------------------------------------|-------------|---|-----------|--------------|---|-----------------|-------------|---|----------------|--------------|---|----------------|-------------|---|----------------------------------|-------------|---|
| 412                                | During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 414) ←  <br>DON'T KNOW ..... 8   |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 412A                               | What problems during pregnancy were you told about?<br><br>RECORD ALL MENTIONED   | BLEEDING DURING FIRST 5 MONTHS . A<br>BLEEDING AT 6 MONTHS OR MORE ..... B<br>HIGH BLOOD PRESSURE ..... C<br>DIABETES ..... D<br>WATER RETENTION OR EDEMA ..... E<br>ANEMIA ..... F<br>URINARY TRACT INFECTION ..... G<br>RISK OF PRETERM DELIVERY ..... H<br>RH ISO-IMMUNIZATION . I<br><br>OTHER _____ X<br>(SPECIFY)  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 413                                | Were you told where to go if you had any of these complications?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 413A                               | As part of your antenatal care during this pregnancy, did you receive any information about:  | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Nutrition?</td> <td>NUTRITION . 1</td> <td>2</td> </tr> <tr> <td>Smoking during pregnancy?</td> <td>SMOKING . 1</td> <td>2</td> </tr> <tr> <td>Drinking alcohol during pregnancy?</td> <td>ALCOHOL . 1</td> <td>2</td> </tr> <tr> <td>Delivery?</td> <td>DELIVERY . 1</td> <td>2</td> </tr> <tr> <td>Postnatal care?</td> <td>POSTNATAL 1</td> <td>2</td> </tr> <tr> <td>Breastfeeding?</td> <td>BREASTFD . 1</td> <td>2</td> </tr> <tr> <td>Contraception?</td> <td>CONTRACEP 1</td> <td>2</td> </tr> <tr> <td>Sexually transmitted infections?</td> <td>STI ..... 1</td> <td>2</td> </tr> </tbody> </table> |                                  |                                      |  | YES | NO | Nutrition? | NUTRITION . 1 | 2 | Smoking during pregnancy? | SMOKING . 1 | 2 | Drinking alcohol during pregnancy? | ALCOHOL . 1 | 2 | Delivery? | DELIVERY . 1 | 2 | Postnatal care? | POSTNATAL 1 | 2 | Breastfeeding? | BREASTFD . 1 | 2 | Contraception? | CONTRACEP 1 | 2 | Sexually transmitted infections? | STI ..... 1 | 2 |
|                                    | YES   | NO   |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Nutrition?                         | NUTRITION . 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Smoking during pregnancy?          | SMOKING . 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Drinking alcohol during pregnancy? | ALCOHOL . 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Delivery?                          | DELIVERY . 1  | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Postnatal care?                    | POSTNATAL 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Breastfeeding?                     | BREASTFD . 1  | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Contraception?                     | CONTRACEP 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| Sexually transmitted infections?   | STI ..... 1   | 2  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 414                                | During this pregnancy, were you given a vaccine injection in the arm or buttock to prevent the baby from getting tetanus, that is, convulsions after birth? | YES ..... 1<br>NO ..... 2<br>(SKIP TO 417) ←  <br>DON'T KNOW ..... 8   |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 415                                | During this pregnancy, how many times did you get this tetanus vaccine injection?   | TIMES ..... <input type="text"/><br>DON'T KNOW . . . . 8   |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 416                                | CHECK 415:  | 2 OR MORE OTHER<br>TIMES <input type="text"/> <input type="text"/><br>(SKIP TO 421) ↓ ↓  |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |
| 417                                | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?                                      | YES ..... 1<br>NO ..... 2<br>(SKIP TO 421) ←  <br>DON'T KNOW ..... 8   |                                  |                                      |  |     |    |            |               |   |                           |             |   |                                    |             |   |           |              |   |                 |             |   |                |              |   |                |             |   |                                  |             |   |

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|-----|---|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 418 | Before this pregnancy, how many other times did you receive a tetanus injection?<br><br>IF 7 OR MORE TIMES, RECORD '7'.                                 | TIMES ..... <input type="text"/><br><br>DON'T KNOW ..... 8  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 419 | In what month and year did you receive the last tetanus injection before this pregnancy?  | MONTH ... <input type="text"/> <input type="text"/><br><br>DK MONTH ..... 98<br><br>YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(SKIP TO 421) ←<br><br>DK YEAR ..... 9998 |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 420 | How many years ago did you receive that tetanus injection?  | YEARS<br>AGO ..... <input type="text"/> <input type="text"/>  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 421 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup?<br><br>SHOW TABLETS/SYRUP.   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 423) ←<br>DON'T KNOW ..... 8  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 422 | During the whole pregnancy, for how many days did you take the tablets or syrup?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS . <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW ... 998   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 423 | During this pregnancy, did you take any drug for intestinal worms?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 424 | During this pregnancy, did you have difficulty with your vision during daylight?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 425 | During this pregnancy, did you suffer from night blindness?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 432 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?   | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8 | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8 |
| 433 | Was (NAME) weighed at birth?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 435) ←<br>DON'T KNOW ..... 8  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 435) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 435) ←<br>DON'T KNOW ..... 8   |

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|-----|--|--|--|--|
| 434 | <p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM CHILD HEALTH BOOK, IF AVAILABLE.</p>  | <p>KG FROM CHILD HEALTH BOOK</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99.998</p>  | <p>KG FROM CHILD HEALTH BOOK</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99.998</p>  | <p>KG FROM CHILD HEALTH BOOK</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99.998</p>  |
| 435 | <p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>                                      | <p>HEALTH PERSONNEL<br/>FAMILY DOCTOR A<br/>OBSTETRICIAN/<br/>GYNECOLOGIST B<br/>NURSE/MIDWIFE . C</p> <p>RELATIVE/FRIEND . E</p> <p>OTHER _____ X<br/>(SPECIFY)</p> <p>NO ONE ..... Y</p>   | <p>HEALTH PERSONNEL<br/>FAMILY DOCTOR A<br/>OBSTETRICIAN/<br/>GYNECOLOGIST B<br/>NURSE/MIDWIFE . C</p> <p>RELATIVE/FRIEND . E</p> <p>OTHER _____ X<br/>(SPECIFY)</p> <p>NO ONE ..... Y</p>   | <p>HEALTH PERSONNEL<br/>FAMILY DOCTOR A<br/>OBSTETRICIAN/<br/>GYNECOLOGIST B<br/>NURSE/MIDWIFE . C</p> <p>RELATIVE/FRIEND . E</p> <p>OTHER _____ X<br/>(SPECIFY)</p> <p>NO ONE ..... Y</p>   |
| 436 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME<br/>YOUR HOME ... 11<br/>(SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR<br/>TIRANA<br/>MATERNITY ... 21<br/>PUBLIC HOSPITAL/<br/>MATERNITY ... 22<br/>PUBLIC HEALTH<br/>CENTER/HOME<br/>DELIVERY ... 23<br/>OTHER PUBLIC<br/>_____ 26<br/>(SPECIFY)</p> <p>PRIVATE MED. SECTOR<br/>PVT. HOSPITAL/<br/>CLINIC ..... 31<br/>OTHER PRIVATE<br/>MED. _____ 36<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)<br/>(SKIP TO 443) ←</p> | <p>HOME<br/>YOUR HOME ... 11<br/>(SKIP TO 444) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR<br/>TIRANA<br/>MATERNITY ... 21<br/>PUBLIC HOSPITAL/<br/>MATERNITY ... 22<br/>PUBLIC HEALTH<br/>CENTER/HOME<br/>DELIVERY ... 23<br/>OTHER PUBLIC<br/>_____ 26<br/>(SPECIFY)</p> <p>PRIVATE MED. SECTOR<br/>PVT. HOSPITAL/<br/>CLINIC ..... 31<br/>OTHER PRIVATE<br/>MED. _____ 36<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)<br/>(SKIP TO 444) ←</p> | <p>HOME<br/>YOUR HOME ... 11<br/>(SKIP TO 444) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR<br/>TIRANA<br/>MATERNITY ... 21<br/>PUBLIC HOSPITAL/<br/>MATERNITY ... 22<br/>PUBLIC HEALTH<br/>CENTER/HOME<br/>DELIVERY ... 23<br/>OTHER PUBLIC<br/>_____ 26<br/>(SPECIFY)</p> <p>PRIVATE MED. SECTOR<br/>PVT. HOSPITAL/<br/>CLINIC ..... 31<br/>OTHER PRIVATE<br/>MED. _____ 36<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)<br/>(SKIP TO 444) ←</p> |
| 437 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>   | <p>HOURS 1 <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>   | <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>   | <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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|------|---|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 438  | Was (NAME) delivered by caesarean section?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 439) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 439) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 439) ←  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 438A | What was the main reason that you delivered by caesarean section?   | BABY TOO BIG/<br>PELVIS TOO<br>SMALL ..... 01<br>MALPRESENTATION 02<br>BABY STARTED<br>TO SUFFER ..... 03<br>PROLONGED<br>LABOR/FAILED<br>INDUCTION ..... 04<br>OBSTETRIC<br>HEMORRHAGE 05<br>PREVIOUS<br>C-SECTION ..... 06<br>ON REQUEST ..... 07<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98  | BABY TOO BIG/<br>PELVIS TOO<br>SMALL ..... 01<br>MALPRESENTATION 02<br>BABY STARTED<br>TO SUFFER ..... 03<br>PROLONGED<br>LABOR/FAILED<br>INDUCTION ..... 04<br>OBSTETRIC<br>HEMORRHAGE 05<br>PREVIOUS<br>C-SECTION ..... 06<br>ON REQUEST ..... 07<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 | BABY TOO BIG/<br>PELVIS TOO<br>SMALL ..... 01<br>MALPRESENTATION 02<br>BABY STARTED<br>TO SUFFER ..... 03<br>PROLONGED<br>LABOR/FAILED<br>INDUCTION ..... 04<br>OBSTETRIC<br>HEMORRHAGE 05<br>PREVIOUS<br>C-SECTION ..... 06<br>ON REQUEST ..... 07<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 439  | Before you were discharged after (NAME) was born, did any health care provider check on your health?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 442) ←   | YES ..... 1<br>(SKIP TO 455) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 455) ←<br>NO ..... 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 440  | How long after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY,<br>RECORD HOURS.<br>IF LESS THAN ONE WEEK,<br>RECORD DAYS. | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DON'T KNOW ... 998 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|      |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 441  | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON.  | HEALTH PERSONNEL<br>FAMILY DOCTOR 11<br>OBSTETRICIAN/<br>GYNECOLOGIST 12<br>NURSE/MIDWIFE . 13<br><br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 453) ←   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 442  | After you were discharged, did any health care provider check on your health?   | YES ..... 1<br>(SKIP TO 445) ←<br>NO ..... 2<br>(SKIP TO 453A) ←   | YES ..... 1<br>(SKIP TO 455) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 455) ←<br>NO ..... 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |
|-----|---|---|-----------------------------------|--------------------------------------|--|--|--|--|--|--|
| 443 | Why didn't you deliver in a health facility?<br><br>PROBE: Any other reason?<br><br>RECORD ALL MENTIONED.                                 | COST TOO MUCH . . . A<br>FACILITY NOT OPEN . B<br>TOO FAR/ NO TRANSPORTATION . C<br>DON'T TRUST FACILITY/POOR QUALITY SERVICE D<br>NO FEMALE PROVIDER AT FACILITY . . E<br>NOT THE FIRST CHILD . . . . . F<br>RESPONDENT SAYS NOT NECESSARY G<br>HUSBAND THOUGHT NOT NECESSARY H<br>FAMILY THOUGHT NOT NECESSARY I<br>HUSBAND/FAMILY DID NOT ALLOW . . J<br>NOT CUSTOMARY . . K<br><br>OTHER _____<br>(SPECIFY) X |                                   |                                      |  |  |  |  |  |  |
| 444 | After (NAME) was born, did any health care provider check on your health?   | YES . . . . . 1<br>NO . . . . . 2<br>(SKIP TO 449) ←  | YES . . . . . 1<br>NO . . . . . 2 | YES . . . . . 1<br>NO . . . . . 2    |  |  |  |  |  |  |
| 445 | How long after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY, RECORD HOURS.<br>IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="724 1025 817 1093"><tr><td> </td><td> </td></tr></table><br>DAYS 2 <table border="1" data-bbox="724 1093 817 1160"><tr><td> </td><td> </td></tr></table><br>WEEKS 3 <table border="1" data-bbox="724 1160 817 1227"><tr><td> </td><td> </td></tr></table><br>DON'T KNOW . . . 998  |                                   |                                      |  |  |  |  |  |  |
|     |   |   |                                   |                                      |  |  |  |  |  |  |
|     |   |   |                                   |                                      |  |  |  |  |  |  |
|     |   |   |                                   |                                      |  |  |  |  |  |  |
| 446 | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON.  | HEALTH PERSONNEL<br>FAMILY DOCTOR . 11<br>OBSTETRICIAN/<br>GYNECOLOGIST . 12<br>NURSE/MIDWIFE . 13<br><br>OTHER _____ 96<br>(SPECIFY)   |                                   |                                      |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 447 | <p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>YOUR HOME . . . 11</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR</p> <p>TIRANA</p> <p>MATERNITY . . . 21</p> <p>PUBLIC HOSPITAL/<br/>MATERNITY . . . 22</p> <p>PUBLIC HEALTH<br/>CTR/DELIVERY<br/>HOME . . . . . 23</p> <p>CONSULTING<br/>WOMEN'S CTR 24</p> <p>HEALTH<br/>POST . . . . . 25</p> <p>OTHER PUBLIC<br/>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/<br/>CLINIC . . . . . 31</p> <p>OTHER PRIVATE<br/>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
| 448 | CHECK 442:  | <p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453A) ↓ ↓</p>   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
| 449 | In the two months after (NAME) was born, did any health care provider check on his/her health?  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>(SKIP TO 453A) ←</p> <p>DON'T KNOW . . . . . 8</p>  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
| 450 | <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>  | <p>HRS AFTER BIRTH . . 1</p> <p>DAYS AFTER BIRTH . . 2</p> <p>WKS AFTER BIRTH . . 3</p> <table border="1" data-bbox="724 1330 818 1491"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW . . . 998</p>   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |
| 451 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>   | <p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11</p> <p>OBSTETRICIAN/<br/>GYNECOLOGIST 12</p> <p>NURSE/MIDWIFE . 13</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |  |  |  |  |   |   |
|------|--|--|---|---|--|--|--|--|---|---|
| 452  | <p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME<br/>YOUR HOME ... 11<br/>OTHER HOME ... 12</p> <p>PUBLIC SECTOR<br/>TIRANA ... 21<br/>MATERNITY ...<br/>PUBLIC HOSPITAL/<br/>MATERNITY ... 22<br/>PUBLIC HEALTH<br/>CTR/DELIVERY<br/>HOME ..... 23<br/>CONSULTING<br/>WOMEN'S CTR 24<br/>HEALTH<br/>POST ..... 25<br/>OTHER PUBLIC 26</p> <p>_____<br/>(SPECIFY)</p> <p>PRIVATE MED. SECTOR<br/>PVT. HOSPITAL/<br/>CLINIC ..... 31<br/>OTHER PRIVATE<br/>MED. _____ 36<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> |   |   |  |  |  |  |   |   |
| 453A | <p>In the first six months after delivery, were you given or did you buy any iodine tablets?</p> <p>SHOW COMMON TYPES OF IODINE TABLETS</p>  | <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>   |   |   |  |  |  |  |   |   |
| 454  | <p>Has your menstrual period returned since the birth of (NAME)?</p>   | <p>YES ..... 1<br/>(SKIP TO 456) ←<br/>NO ..... 2<br/>(SKIP TO 457) ←</p>  |   |   |  |  |  |  |   |   |
| 455  | <p>Did your period return between the birth of (NAME) and your next pregnancy?</p>   |  |   |   |  |  |  |  | <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 459) ←</p>                               | <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 459) ←</p>                               |
| 456  | <p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>   | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p>  |   |   |  |  |  |  | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p> |
| 457  | <p>CHECK 226:<br/>IS RESPONDENT PREGNANT?</p>  | <p>NOT <input type="checkbox"/> PREGNANT<br/>PREG- OR <input type="checkbox"/><br/>NANT UNSURE<br/>(SKIP TO 459) ←</p>   |   |   |  |  |  |  |   |   |
| 458  | <p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p>  | <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 460) ←</p>  |   |   |  |  |  |  |   |   |
| 459  | <p>For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?</p>   | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p>  | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/><br/>DON'T KNOW ..... 98</p> |  |  |  |  |   |   |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____             | SECOND-FROM-LAST BIRTH<br>NAME _____         |   |  |  |   |  |  |  |  |  |
|------|--|--|--|--|---|--|--|---|--|--|--|--|--|
| 460  | Did you ever breastfeed (NAME)?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 467) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 467) ← | YES ..... 1<br>NO ..... 2<br>(SKIP TO 467) ← |   |  |  |   |  |  |  |  |  |
| 461  | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY ... 000<br><br>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><br>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |   |  |  |   |  |  |  |  |  |
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|      |  |  |  |  |   |  |  |   |  |  |  |  |  |
| 462  | In the first three days after delivery, was (NAME) given anything to drink other than breast milk?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 464) ←   |  |  |   |  |  |   |  |  |  |  |  |
| 463  | What was (NAME) given to drink?<br><br>Anything else?<br><br>RECORD ALL LIQUIDS MENTIONED.   | MILK (OTHER THAN BREAST MILK) ... A<br>PLAIN WATER ... B<br>SUGAR OR GLUCOSE WATER ... C<br>GRIPPE WATER ... D<br>SUGAR-SALT-WATER SOLUTION ..... E<br>FRUIT JUICE ..... F<br>INFANT FORMULA ... G<br>TEA/INFUSIONS ... H<br>HONEY ..... I<br><br>OTHER _____ X<br>(SPECIFY)   |  |  |   |  |  |   |  |  |  |  |  |
| 463A | How did (NAME) receive these fluids - from a bottle with a nipple, from a cup or from a spoon?   | BOTTLE WITH A NIPPLE ..... A<br>CUP ..... B<br>SPOON ..... C<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z   |  |  |   |  |  |   |  |  |  |  |  |
| 464  | CHECK 404:<br><br>IS CHILD LIVING?   | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 466) ←  |  |  |   |  |  |   |  |  |  |  |  |
| 465  | Are you still breastfeeding (NAME)?  | YES ..... 1<br>(SKIP TO 468) ←<br>NO ..... 2   |  |  |   |  |  |   |  |  |  |  |  |
| 466  | For how many months did you breastfeed (NAME)?   | MONTHS ... <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><br><br>DON'T KNOW ... 98   |  |  | MONTHS ... <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><br><br>STILL BF ..... 95<br>DON'T KNOW ... 98 |  |  | MONTHS ... <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><br><br>STILL BF ..... 95<br>DON'T KNOW ... 98 |  |  |  |  |  |
|      |  |  |  |  |   |  |  |   |  |  |  |  |  |
|      |  |  |  |  |   |  |  |   |  |  |  |  |  |
|      |  |  |  |  |   |  |  |   |  |  |  |  |  |

| NO.  | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|------|---|--|--|---|
| 467  | CHECK 404:<br><br>IS CHILD LIVING?  | LIVING <input type="checkbox"/><br>↓<br>(SKIP TO 470)<br><br>DEAD <input type="checkbox"/><br>↓<br>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) | LIVING <input type="checkbox"/><br>↓<br>(SKIP TO 470)<br><br>DEAD <input type="checkbox"/><br>↓<br>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) | LIVING <input type="checkbox"/><br>↓<br>(SKIP TO 470)<br><br>DEAD <input type="checkbox"/><br>↓<br>(GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) |
| 468  | How many times did you breastfeed last night between sunset and sunrise?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.   |  |  |   |
| 469  | How many times did you breastfeed yesterday during the daylight hours?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.   |  |  |   |
| 470  | Did (NAME) drink anything from a bottle with a nipple, a cup or a spoon yesterday or last night?<br><br>IF YES: Which did (NAME) drink from: a bottle with a nipple, a cup or a spoon?  | BOTTLE WITH A<br>NIPPLE ..... A<br>CUP ..... B<br>SPOON ..... C<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW ..... Z                                | BOTTLE WITH A<br>NIPPLE ..... A<br>CUP ..... B<br>SPOON ..... C<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW ..... Z                                | BOTTLE WITH A<br>NIPPLE ..... A<br>CUP ..... B<br>SPOON ..... C<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW ..... Z   |
| 470A | In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME):<br><br>Who engaged in this activity with the child - the mother, the child's father or another adult member of the household (including the caretaker/respondent)?<br><br>CIRCLE ALL THAT APPLY | Mother Father Other No one   | Mother Father Other No one   | Mother Father Other No one  |
|      | a) Read books or look at picture books with (NAME)?   | A B X Y  | A B X Y  | A B X Y   |
|      | b) Tell stories to (NAME)?  | A B X Y  | A B X Y  | A B X Y   |
|      | c) Sing songs with (NAME)?  | A B X Y  | A B X Y  | A B X Y   |
|      | d) Take (NAME) outside the home, compound, yard or enclosure?   | A B X Y  | A B X Y  | A B X Y   |
|      | e) Play with (NAME)?  | A B X Y  | A B X Y  | A B X Y   |
|      | f) Spend time with (NAME) naming, counting, and/or drawing things?  | A B X Y  | A B X Y  | A B X Y   |

| NO.  | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|------|---|--|--|--|
| 470B | <p>Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others.</p> <p>Since last (DAY OF THE WEEK) how many times was (NAME) left in the care of another child (that is, someone less than 10 years old)? IF NONE, RECORD '00'.</p> | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> |
| 470C | <p>In the past week, how many times was (NAME) left alone?</p> <p>IF NONE, RECORD '00'.</p>   | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> | <p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p> |
| 471  |   | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.   | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.   | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.                          |

**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

|      |   |   |   |  |
|------|---|---|---|--|
| 501  | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). |   |   |  |
| 502  | LINE NUMBER FROM 212  | LAST BIRTH<br>LINE NUMBER ..... <input type="text"/> <input type="text"/>   | NEXT-TO-LAST BIRTH<br>LINE NUMBER ..... <input type="text"/> <input type="text"/>   | SECOND-FROM-LAST BIRTH<br>LINE NUMBER ..... <input type="text"/> <input type="text"/>  |
| 503  | FROM 212 AND 216  | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573) |
| 504  | Do you have a vaccination card or child health book where (NAME'S) vaccinations are written down?<br><br>IF YES:<br>May I see it please?  | YES, VACCINATION CARD SEEN ..... 1 (SKIP TO 506) ←<br>YES, CHILD HEALTH BOOK SEEN ..... 2 (SKIP TO 506) ←<br>YES, NOT SEEN ..... 3 (SKIP TO 508) ←<br>NO CARD ..... 4 | YES, VACCINATION CARD SEEN ..... 1 (SKIP TO 506) ←<br>YES, CHILD HEALTH BOOK SEEN ..... 2 (SKIP TO 506) ←<br>YES, NOT SEEN ..... 3 (SKIP TO 508) ←<br>NO CARD ..... 4 | YES, VACCINATION CARD SEEN ..... 1 (SKIP TO 506) ←<br>YES, CHILD HEALTH BOOK SEEN ..... 2 (SKIP TO 506) ←<br>YES, NOT SEEN ..... 3 (SKIP TO 508) ←<br>NO CARD ..... 4                            |
| 505  | Did you ever have a vaccination card or child health book for (NAME)?   | YES ..... 1 (SKIP TO 508) ←<br>NO ..... 2   | YES ..... 1 (SKIP TO 508) ←<br>NO ..... 2   | YES ..... 1 (SKIP TO 508) ←<br>NO ..... 2  |
| 506  | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE VACCINATION CARD OR CHILD HEALTH BOOK<br>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.  |   |   |  |
|      |   | LAST BIRTH<br>DAY MONTH YEAR  | NEXT-TO-LAST BIRTH<br>DAY MONTH YEAR  | SECOND-FROM-LAST BIRTH<br>DAY MONTH YEAR   |
|      | BCG   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | BCG   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | POLIO 1   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | P1  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | POLIO 2   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | P2  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | POLIO 3   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | P3  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | DPT 1   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | D1  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | DPT 2   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | D2  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | DPT 3   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | D3  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | HEP.B 1   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | H1  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | HEP.B 2   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | H2  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | HEP.B 3   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | H3  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|      | MEASLES (MMR/MR)  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | MMR   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| 506A | CHECK 506:  | BCG TO MEASLES ALL RECORDED <input type="checkbox"/><br>(GO TO 516)   | OTHER <input type="checkbox"/>  | BCG TO MEASLES ALL RECORDED <input type="checkbox"/><br>(GO TO 516)  |
|      |   |   |   | OTHER <input type="checkbox"/>   |
|      |   |   |   | BCG TO MEASLES ALL RECORDED <input type="checkbox"/><br>(GO TO 516)  |
|      |   |   |   | OTHER <input type="checkbox"/>   |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH  | NEXT-TO-LAST BIRTH  | SECOND-FROM-LAST BIRTH  |
|------|--|---|---|---|
|      |  | NAME _____  | NAME _____  | NAME _____  |
| 507  | Has (NAME) received any vaccinations that are not recorded on this card?<br><br>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINES. | YES ..... 1<br>(PROBE FOR ←<br>VACCINATIONS AND<br>WRITE '66' IN THE<br>CORRESPONDING<br>DAY COLUMN IN 506)<br><br>(SKIP TO 516) ←<br><br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8 | YES ..... 1<br>(PROBE FOR ←<br>VACCINATIONS AND<br>WRITE '66' IN THE<br>CORRESPONDING<br>DAY COLUMN IN 506)<br><br>(SKIP TO 516) ←<br><br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8 | YES ..... 1<br>(PROBE FOR ←<br>VACCINATIONS AND<br>WRITE '66' IN THE<br>CORRESPONDING<br>DAY COLUMN IN 506)<br><br>(SKIP TO 516) ←<br><br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8 |
| 508  | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 516) ←<br>DON'T KNOW ..... 8  |
| 509  | Please tell me if (NAME) received any of the following vaccinations:   |   |   |   |
| 509A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 509B | Polio vaccine, that is, drops in the mouth?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509E) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509E) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509E) ←<br>DON'T KNOW ..... 8   |
| 509D | How many times was the polio vaccine received?   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   |
| 509E | A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509G) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509G) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509G) ←<br>DON'T KNOW ..... 8   |
| 509F | How many times was a DPT vaccination received?   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   |
| 509G | A Hepatitis B vaccination, that is, an injection given in the upper arm or shoulder, sometimes at the same time as the DPT injection?                                      | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509I) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509I) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 509I) ←<br>DON'T KNOW ..... 8   |
| 509H | How many times was a Hepatitis B vaccination received?   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   | NUMBER<br>OF TIMES ..... <input type="text"/>   |
| 509I | A measles injection or an MMR or MR injection - that is, a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles?                     | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 516  | In the last seven days, did (NAME) take iron syrup like this?<br>SHOW COMMON TYPES OF SYRUPS.  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 517  | Has (NAME) taken any drug for intestinal worms in the last six months?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH   | NEXT-TO-LAST BIRTH   | SECOND-FROM-LAST BIRTH   |
|-----|--|--|--|--|
|     |  | NAME _____   | NAME _____   | NAME _____   |
| 518 | Has (NAME) had diarrhea in the last 2 weeks?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←<br>DON'T KNOW ..... 8   |
| 519 | Was there any blood in the stools?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 520 | Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).<br><br>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?<br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?                  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8   |
| 521 | When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8  |
| 522 | Did you seek advice or treatment for the diarrhea from any source?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 527) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 527) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 527) ←   |
| 523 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH<br>CENTER ..... B<br>HEALTH<br>POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL<br>SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH<br>CENTER ..... B<br>HEALTH<br>POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL<br>SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH<br>CENTER ..... B<br>HEALTH<br>POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL<br>SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br>OTHER _____ X<br>(SPECIFY) |
| 524 | CHECK 523:   | TWO OR ONLY<br>MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br><br>(SKIP TO 526) ←  | TWO OR ONLY<br>MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br><br>(SKIP TO 526) ←  | TWO OR ONLY<br>MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br><br>(SKIP TO 526) ←  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|---|--|--|--|
| 525 | Where did you first seek advice or treatment?<br><br>USE LETTER CODE FROM 523.  | FIRST PLACE ... <input type="checkbox"/>   | FIRST PLACE ... <input type="checkbox"/>   | FIRST PLACE ... <input type="checkbox"/>   |
| 526 | How many days after the diarrhea began did you first seek advice or treatment for (NAME)?<br>IF THE SAME DAY, RECORD '00'.  | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   |
| 527 | Does (NAME) still have diarrhea?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 528 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea:<br><br>a) A fluid made from a special packet called ADIARIL or RAPOLYTE?<br><br>b) A homemade sugar-salt-water solution? | YES NO DK<br>FLUID FROM ORS PKT .. 1 2 8<br><br>HOMEMADE FLUID ... 1 2 8   | YES NO DK<br>FLUID FROM ORS PKT .. 1 2 8<br><br>HOMEMADE FLUID ... 1 2 8   | YES NO DK<br>FLUID FROM ORS PKT .. 1 2 8<br><br>HOMEMADE FLUID ... 1 2 8   |
| 529 | Was anything (else) given to treat the diarrhea?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←  <br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←  <br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 533) ←  <br>DON'T KNOW ..... 8   |
| 530 | What (else) was given to treat the diarrhea?<br><br>Anything else?<br><br>RECORD ALL TREATMENTS GIVEN.  | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY . B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC . G<br>UNKNOWN INJECTION ... H<br><br>(IV) INTRAVENOUS . I<br><br>HOME REMEDY/ HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY . B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC . G<br>UNKNOWN INJECTION ... H<br><br>(IV) INTRAVENOUS . I<br><br>HOME REMEDY/ HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY . B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC . G<br>UNKNOWN INJECTION ... H<br><br>(IV) INTRAVENOUS . I<br><br>HOME REMEDY/ HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) |
| 531 | CHECK 530:<br><br>GIVEN ZINC?   | CODE "C" CIRCLED<br><input type="checkbox"/><br>CODE "C" NOT CIRCLED<br><input type="checkbox"/><br>(SKIP TO 533) ←  | CODE "C" CIRCLED<br><input type="checkbox"/><br>CODE "C" NOT CIRCLED<br><input type="checkbox"/><br>(SKIP TO 533) ←  | CODE "C" CIRCLED<br><input type="checkbox"/><br>CODE "C" NOT CIRCLED<br><input type="checkbox"/><br>(SKIP TO 533) ←  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|--|---|---|--|
| 532 | How many times was (NAME) given zinc?  | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |
| 533 | Has (NAME) been ill with a fever at any time in the last 2 weeks?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 534 | Has (NAME) had an illness with a cough at any time in the last 2 weeks?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8   |
| 535 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 538) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 538) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 538) ←<br>DON'T KNOW ..... 8   |
| 536 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?   | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 538) ←                  | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 538) ←                  | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 538) ←                                       |
| 537 | CHECK 533:<br><br>HAD FEVER?   | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/><br>↓<br>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)    | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/><br>↓<br>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)    | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/><br>↓<br>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) |
| 538 | Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?<br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8   |
| 539 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8                      |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 540 | Did you seek advice or treatment for the illness from any source?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  |
| 541 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH CENTER ..... B<br>HEALTH POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br><br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH CENTER ..... B<br>HEALTH POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br><br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>PUBLIC HOSPITAL A<br>PUBLIC HEALTH CENTER ..... B<br>HEALTH POST ..... C<br>POLYCLINIC ... D<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>OTHER PRIVATE<br>MED. _____ L<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... M<br><br>OTHER _____ X<br>(SPECIFY) |
| 542 | CHECK 541:   | TWO OR ONLY<br>[ ] MORE ONE [ ]<br>CODES CODE<br>CIRCLED CIRCLED<br>↓ (SKIP TO 544) ←   | TWO OR ONLY<br>[ ] MORE ONE [ ]<br>CODES CODE<br>CIRCLED CIRCLED<br>↓ (SKIP TO 544) ←   | TWO OR ONLY<br>[ ] MORE ONE [ ]<br>CODES CODE<br>CIRCLED CIRCLED<br>↓ (SKIP TO 544) ←   |
| 543 | Where did you first seek advice or treatment?<br><br>USE LETTER CODE FROM 541.   | FIRST PLACE ... [ ]   | FIRST PLACE ... [ ]   | FIRST PLACE ... [ ]   |
| 544 | How many days after the illness began did you first seek advice or treatment for (NAME)?<br>IF THE SAME DAY, RECORD '00'.  | DAYS ..... [ ][ ]   | DAYS ..... [ ][ ]   | DAYS ..... [ ][ ]   |
| 545 | Is (NAME) still sick with a (fever/ cough)?  | FEVER ONLY ..... 1<br>COUGH ONLY ... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ... 8  | FEVER ONLY ..... 1<br>COUGH ONLY ... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ... 8  | FEVER ONLY ..... 1<br>COUGH ONLY ... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ... 8  |
| 546 | At any time during the illness, did (NAME) take any drugs for the illness?   | YES ..... 1<br>NO ..... 2<br>(GO BACK TO 503 IN NEXT COLUMN;<br>OR, IF NO MORE BIRTHS, GO TO 573)<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(GO BACK TO 503 IN NEXT COLUMN;<br>OR, IF NO MORE BIRTHS, GO TO 573)<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE;<br>OR, IF NO MORE BIRTHS, GO TO 573)<br>DON'T KNOW ..... 8   |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|--|--|--|--|
| 547 | What drugs did (NAME) take?<br><br>Any other drugs?<br><br>RECORD ALL MENTIONED. | ANTIBIOTIC DRUGS<br>PILL/SYRUP ... H<br>INJECTION ... I<br><br>OTHER DRUGS<br>ASPIRIN ..... J<br>ACETA-<br>MINOPHEN ... K<br>IBUPROFEN ... L<br>EXPECTORANT<br>SYRUP ..... M<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z | ANTIBIOTIC DRUGS<br>PILL/SYRUP ... H<br>INJECTION ... I<br><br>OTHER DRUGS<br>ASPIRIN ..... J<br>ACETA-<br>MINOPHEN ... K<br>IBUPROFEN ... L<br>EXPECTORANT<br>SYRUP ..... M<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z | ANTIBIOTIC DRUGS<br>PILL/SYRUP ... H<br>INJECTION ... I<br><br>OTHER DRUGS<br>ASPIRIN ..... J<br>ACETA-<br>MINOPHEN ... K<br>IBUPROFEN ... L<br>EXPECTORANT<br>SYRUP ..... M<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z |
| 572 |  | GO BACK TO 503 IN<br>NEXT COLUMN; OR, IF<br>NO MORE BIRTHS, GO<br>TO 573.  | GO BACK TO 503 IN<br>NEXT COLUMN; OR, IF<br>NO MORE BIRTHS, GO<br>TO 573.  | GO TO 503 IN<br>NEXT-TO-LAST<br>COLUMN OF NEW<br>QUESTIONNAIRE; OR,<br>IF NO MORE BIRTHS,<br>GO TO 573.  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|------|--|---|------|
| 573  | CHECK 215 AND 218, ALL ROWS:<br>NUMBER OF CHILDREN BORN IN 2003 OR LATER LIVING WITH THE RESPONDENT<br>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/><br>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)  |   | 576  |
| 574  | The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?   | CHILD USED TOILET OR LATRINE ... 01<br>PUT/RINSED<br>INTO TOILET OR LATRINE ..... 02<br>PUT/RINSED<br>INTO DRAIN OR DITCH ..... 03<br>THROWN INTO GARBAGE ..... 04<br>BURIED ..... 05<br>LEFT IN THE OPEN ..... 06<br>OTHER _____ 96<br>(SPECIFY) |      |
| 575  | CHECK 528(a) AND 528(b), ALL COLUMNS:<br>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>  |   | 577  |
| 576  | Have you ever heard of a special product called ADIARIL or RAPOLYTE that you can get for the treatment of diarrhea?  | YES ..... 1<br>NO ..... 2   |      |
| 577  | CHECK 215 AND 218, ALL ROWS:<br>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT<br>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/><br>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)  |   | 600X |
| 578  | Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.<br>Did (NAME FROM 577) (drink/eat):<br>(a) Plain water?<br>(b) Commercially produced infant formula?<br>(c) Any commercially fortified baby food such as Plasmon, Hipp, Franclac, Milupa or Noynoy?<br>(d) Any (other) porridge or gruel? | YES NO DK<br>PLAIN WATER ..... 1 2 8<br>FORMULA ..... 1 2 8<br>BABY CEREAL ..... 1 2 8<br>OTHER PORRIDGE/GRUEL.. 1 2 8  |      |
| 578A | CHECK 578 (a):<br>PLAIN WATER GIVEN<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   | 579  |
| 578B | How many times did (NAME FROM 577) name receive plain water yesterday during the day or at night?<br>IF 7 OR MORE TIMES, RECORD '7'.   | NUMBER OF TIMES ..... <input type="checkbox"/><br>DON'T KNOW ..... 8  |      |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP          |        |    |    |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----|---|--|---------------|--------|----|----|--------|--|--|--|-----|----|----|-----|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 579 | <p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Bread, rice, noodles, pasta, macaroni, risotto, pilaf, or other foods made from grains?</p> <p>e) Pumpkin, carrots, or yellow peppers that are yellow or orange inside?</p> <p>f) White potatoes, parsnip, radishes or any other foods made from roots?</p> <p>g) Any dark green, leafy vegetables?</p> <p>h) Apricots, peaches or canteloupe?</p> <p>i) Any other fruits or vegetables?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt, yogurt sauce, curd or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits, jam or marmalade?</p> <p>r) Any other solid or semi-solid food?</p> | <table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</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> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |               | CHILD  |    |    | MOTHER |  |  |  | YES | NO | DK | YES | NO | DK | a | 1 | 2 | 8 | 1 | 2 | 8 | b | 1 | 2 | 8 | 1 | 2 | 8 | c | 1 | 2 | 8 | 1 | 2 | 8 | d | 1 | 2 | 8 | 1 | 2 | 8 | e | 1 | 2 | 8 | 1 | 2 | 8 | f | 1 | 2 | 8 | 1 | 2 | 8 | g | 1 | 2 | 8 | 1 | 2 | 8 | h | 1 | 2 | 8 | 1 | 2 | 8 | i | 1 | 2 | 8 | 1 | 2 | 8 | j | 1 | 2 | 8 | 1 | 2 | 8 | k | 1 | 2 | 8 | 1 | 2 | 8 | l | 1 | 2 | 8 | 1 | 2 | 8 | m | 1 | 2 | 8 | 1 | 2 | 8 | n | 1 | 2 | 8 | 1 | 2 | 8 | o | 1 | 2 | 8 | 1 | 2 | 8 | p | 1 | 2 | 8 | 1 | 2 | 8 | q | 1 | 2 | 8 | 1 | 2 | 8 | r | 1 | 2 | 8 | 1 | 2 | 8 |  |
|     | CHILD   |  |               | MOTHER |    |    |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|     | YES   | NO   | DK            | YES    | NO | DK |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| a   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| b   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| c   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| d   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| e   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| f   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| g   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| h   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| i   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| j   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| k   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| l   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| m   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| n   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| o   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| p   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| q   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| r   | 1   | 2  | 8             | 1      | 2  | 8  |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 580 | <p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>  | <p>NOT A SINGLE "YES" <input type="checkbox"/></p>   | <p>→ 600X</p> |        |    |    |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 581 | <p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>  | <p>NUMBER OF TIMES ..... <input type="checkbox"/></p> <p>DON'T KNOW ..... 8</p>  |               |        |    |    |        |  |  |  |     |    |    |     |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP               |
|------|--|--|--------------------|
| 600X | CHECK 101X: HOUSEHOLD SELECTED FOR MALE SURVEY<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | → 601              |
| 600A | May I measure your blood pressure and pulse at this time?<br><br>RECORD BLOOD PRESSURE AND PULSE MEASUREMENT IN 2ND COLUMN IN 1036.  | BLOOD PRESSURE TAKEN ..... 1<br>BLOOD PRESSURE NOT TAKEN ... 2   |                    |
| 601  | Are you currently married or living together with a man as if married?   | YES, CURRENTLY MARRIED ..... 1<br>YES, LIVING WITH A MAN ..... 2<br>NO, NOT IN UNION ..... 3   | → 604              |
| 602  | Have you ever been married or lived together with a man as if married?   | YES, FORMERLY MARRIED ..... 1<br>YES, LIVED WITH A MAN ..... 2<br>NO ..... 3   | → 617              |
| 603  | What is your marital status now: are you widowed, divorced, or separated?  | WIDOWED ..... 1<br>DIVORCED ..... 2<br>SEPARATED ..... 3   | → 609              |
| 604  | Is your husband/partner living with you now or is he staying elsewhere?  | LIVING WITH HER ..... 1<br>STAYING ELSEWHERE ..... 2   |                    |
| 605  | Please tell me the name of your husband/the man you are living with as if married<br><br>RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.  | NAME _____<br><br>LINE NO. .... <input type="text"/> <input type="text"/>  |                    |
| 609  | Have you been married or lived with a man only once or more than once?   | ONLY ONCE ..... 1<br>MORE THAN ONCE ..... 2  |                    |
| 615  | CHECK 609:<br><br>MARRIED/<br>LIVED WITH A MAN <input type="checkbox"/><br>ONLY ONCE<br><br>In what month and year did you start living with your husband/partner?<br><br>MARRIED/<br>LIVED WITH A MAN <input type="checkbox"/><br>MORE THAN ONCE<br><br>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 | → 617              |
| 616  | How old were you when you first started living with him?   | AGE ..... <input type="text"/> <input type="text"/>  |                    |
| 617  | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |  |                    |
| 618  | Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.<br><br>How old were you when you had sexual intercourse for the very first time?   | NEVER HAD SEXUAL INTERCOURSE ..... 00<br><br>AGE IN YEARS ..... <input type="text"/> <input type="text"/><br><br>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95                                  | → 621<br><br>→ 621 |
| 619  | CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49   |  | → 641              |
| 620  | Do you intend to wait until you get married to have sexual intercourse for the first time?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8   | → 641              |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 621 | CHECK 107: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>   |  | → 626 |
| 622 | The <u>first</u> time you had sexual intercourse, was a condom used?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/DON'T REMEMBER ... 8   |       |
| 623 | How old was the person you first had sexual intercourse with?  | AGE OF PARTNER ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98                | → 626 |
| 624 | Was this person older than you, younger than you, or about the same age as you?  | OLDER ..... 1<br>YOUNGER ..... 2<br>ABOUT THE SAME AGE ..... 3<br>DON'T KNOW/DON'T REMEMBER ... 8    | → 626 |
| 625 | Would you say this person was ten or more years older than you or less than ten years older than you?  | TEN OR MORE YEARS OLDER ..... 1<br>LESS THAN TEN YEARS OLDER ... 2<br>OLDER, UNSURE HOW MUCH ..... 3 |       |
| 626 | When was the <u>last</u> time you had sexual intercourse?<br><br>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.<br>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO ..... 1<br>WEEKS AGO ..... 2<br>MONTHS AGO ..... 3<br>YEARS AGO ..... 4                     | → 640 |

|      |  | LAST<br>SEXUAL PARTNER   | SECOND-TO-LAST<br>SEXUAL PARTNER   | THIRD-TO-LAST<br>SEXUAL PARTNER  |
|------|--|--|--|--|
| 626A | Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628 |  |  |  |
| 627  | When was the last time you had sexual intercourse with this person?  |  | DAYS . 1 <input type="text"/> <input type="text"/><br>WEEKS 2 <input type="text"/> <input type="text"/><br>MONTHS 3 <input type="text"/> <input type="text"/>  | DAYS . 1 <input type="text"/> <input type="text"/><br>WEEKS 2 <input type="text"/> <input type="text"/><br>MONTHS 3 <input type="text"/> <input type="text"/>  |
| 628  | The last time you had sexual intercourse (with this second/third person), was a condom used?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 630) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 630) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 630) ←   |
| 629  | Did you use a condom every time you had sexual intercourse with this person in the last 12 months?   | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 630  | What was the relationship to you of this person with whom you had sexual intercourse?<br><br>IF BOYFRIEND/FIANCE:<br>Were you living together as if married?<br>IF YES, CIRCLE '2'.<br>IF NO, CIRCLE '3'.  | HUSBAND ..... 1<br>(SKIP TO 636) ←<br>LIVE-IN PARTNER .... 2<br>BOYFRIEND/FIANCE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY) | HUSBAND ..... 1<br>(SKIP TO 636) ←<br>LIVE-IN PARTNER .... 2<br>BOYFRIEND/FIANCE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY) | HUSBAND ..... 1<br>(SKIP TO 636) ←<br>LIVE-IN PARTNER .... 2<br>BOYFRIEND/FIANCE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY) |
| 631  | For how long (have you had/did you have) a sexual relationship with this person?<br>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.  | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>  | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>  | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>  |
| 632  | CHECK 107:   | AGE AGE <input type="text"/> <input type="text"/><br>15-24 25-49<br>↓ (SKIP TO 636) ←  | AGE AGE <input type="text"/> <input type="text"/><br>15-24 25-49<br>↓ (SKIP TO 636) ←  | AGE AGE <input type="text"/> <input type="text"/><br>15-24 25-49<br>↓ (SKIP TO 636) ←  |
| 633  | How old is this person?  | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 636) ←<br>DON'T KNOW ..... 98   | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 636) ←<br>DON'T KNOW ..... 98   | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 636) ←<br>DON'T KNOW ..... 98   |
| 634  | Is this person older than you, younger than you, or about the same age?  | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 636) ←  | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 636) ←  | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 636) ←  |
| 635  | Would you say this person is ten or more years older than you or less than ten years older than you?   | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3  | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3  | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3  |

|     |  | LAST<br>SEXUAL PARTNER   | SECOND-TO-LAST<br>SEXUAL PARTNER   | THIRD-TO-LAST<br>SEXUAL PARTNER   |
|-----|--|--|--|---|
| 636 | The last time you had sexual intercourse with this person, did you or this person drink alcohol?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 638) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 638) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 639) ←  |
| 637 | Were you or your partner drunk at that time?<br><br>IF YES: Who was drunk?   | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4 | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4 | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4                  |
| 638 | Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?  | YES ..... 1<br>(GO BACK TO 627 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 640) ←             | YES ..... 1<br>(GO BACK TO 627 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 640) ←             |   |
| 639 | In total, with how many different people have you had sexual intercourse in the last 12 months?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.<br><br>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.' |  |  | NUMBER OF<br>PARTNERS<br>LAST 12<br>MONTHS ... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ... 98 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 640 | <p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>  | <p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   |       |
| 641 | <p>Do you know of a place where a person can get condoms?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 701 |
| 642 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL/MATERNITY ... A</p> <p>PUBLIC HEALTH CENTER ..... B</p> <p>WOMEN'S CONSULTING CENTRE/<br/>FAMILY PLANNING CLINIC ... C</p> <p>HEALTH POST ..... D</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>OTHER PRIVATE<br/>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>NGO ..... L</p> <p>OTHER SOURCE</p> <p>SHOP ..... M</p> <p>CHURCH ..... N</p> <p>FRIEND/RELATIVE ..... O</p> <p>HUSBAND/PARTNER ..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |       |
| 643 | <p>If you wanted to, could you yourself get a condom?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>  |       |



| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP           |
|-----|--|---|----------------|
| 707 | <p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</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>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC . . . F</p> <p>BREASTFEEDING ..... G</p> <p>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>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X<br/>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |                |
| 708 | <p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>   |   | → 713          |
| 709 | <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>  | → 711<br>→ 713 |
| 710 | <p>Which contraceptive method would you prefer to use?</p>   | <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> <p>UNSURE ..... 98</p>  | → 713          |



| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP |
|-----|---|---|------|
| 717 | CHECK 601:<br><br>YES, CURRENTLY MARRIED <input type="checkbox"/><br>YES, LIVING WITH A MAN <input type="checkbox"/><br>NO, NOT IN UNION <input type="checkbox"/> | → 801   |      |
| 718 | CHECK 311/311A:<br><br>CODE B, G, OR M CIRCLED <input type="checkbox"/><br>NO CODE CIRCLED <input type="checkbox"/><br>OTHER <input type="checkbox"/>             | → 720<br>→ 722  |      |
| 719 | Does your husband/partner know that you are using a method of family planning?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |
| 720 | Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?                        | MAINLY RESPONDENT ..... 1<br>MAINLY HUSBAND/PARTNER ..... 2<br>JOINT DECISION ..... 3<br>OTHER ..... 6<br>(SPECIFY) |      |
| 721 | CHECK 311/311A:<br><br>NEITHER STERILIZED <input type="checkbox"/><br>HE OR SHE STERILIZED <input type="checkbox"/>   | → 801   |      |
| 722 | Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?  | SAME NUMBER ..... 1<br>MORE CHILDREN ..... 2<br>FEWER CHILDREN ..... 3<br>DON'T KNOW ..... 8                        |      |

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 801 | CHECK 601 AND 602:<br><br>CURRENTLY MARRIED/<br>LIVING WITH<br>A MAN <input type="checkbox"/> FORMERLY MARRIED/<br>LIVED WITH<br>A MAN <input type="checkbox"/> NEVER MARRIED<br>AND NEVER<br>LIVED WITH A MAN <input type="checkbox"/>                      | → 803<br><br>→ 807   |       |
| 802 | How old was your husband/partner on his last birthday?   | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>   |       |
| 803 | Did your (last) husband/partner ever attend school?  | YES ..... 1<br>NO ..... 2  | → 806 |
| 804 | What was the highest level of school he attended: primary 4-year, 8-year, generic secondary, professional, technical, university, post university/graduate?  | PRIMARY 4 YEAR ..... 1<br>PRIMARY 8 YEAR ..... 2<br>GENERIC SECONDARY ..... 3<br>PROFESSIONAL ..... 4<br>TECHNICAL ..... 5<br>UNIVERSITY ..... 6<br>POST UNIVERSITY/GRADUATE ... 7<br>DON'T KNOW ..... 8 | → 806 |
| 805 | What was the highest class he completed at that level?   | CLASS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |       |
| 806 | CHECK 801:<br><br>CURRENTLY MARRIED/<br>LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/<br>LIVED WITH A MAN <input type="checkbox"/><br><br>What is your husband's/partner's<br>occupation?<br>That is, what kind of work does<br>he mainly do? | What was your (last) husband's/<br>partner's occupation?<br>That is, what kind of work did he<br>mainly do?<br><br><input type="text"/><br><input type="text"/><br><input type="text"/>                  |       |
| 807 | Aside from your own housework, have you done any work in the last seven days?  | YES ..... 1<br>NO ..... 2  | → 811 |
| 808 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?   | YES ..... 1<br>NO ..... 2  | → 811 |
| 809 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?   | YES ..... 1<br>NO ..... 2  | → 811 |
| 810 | Have you done any work in the last 12 months?  | YES ..... 1<br>NO ..... 2  | → 818 |
| 811 | What is your occupation, that is, what kind of work do you mainly do?  | <input type="text"/> <input type="text"/><br><input type="text"/><br><input type="text"/>  |       |
| 812 | CHECK 811:<br><br>WORKS IN<br>AGRICULTURE <input type="checkbox"/> DOES NOT WORK<br>IN AGRICULTURE <input type="checkbox"/>  | → 814  |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 813 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? | OWN LAND ..... 1<br>FAMILY LAND ..... 2<br>RENTED LAND ..... 3<br>SOMEONE ELSE'S LAND ..... 4  |       |
| 814 | Do you do this work for a member of your family, for someone else, or are you self-employed?  | FOR FAMILY MEMBER ..... 1<br>FOR SOMEONE ELSE ..... 2<br>SELF-EMPLOYED ..... 3   |       |
| 815 | Do you usually work at home or away from home?  | HOME ..... 1<br>AWAY ..... 2   |       |
| 816 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?  | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>ONCE IN A WHILE ..... 3  |       |
| 817 | Are you paid in cash or kind for this work or are you not paid at all?  | CASH ONLY ..... 1<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4   |       |
| 818 | CHECK 601:<br>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>                                      |  | → 827 |
| 819 | CHECK 817:<br>CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | → 822 |
| 820 | Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?            | RESPONDENT ..... 1<br>HUSBAND/PARTNER ..... 2<br>RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3<br>OTHER _____ 6<br>(SPECIFY)  |       |
| 821 | Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?                  | MORE THAN HIM ..... 1<br>LESS THAN HIM ..... 2<br>ABOUT THE SAME ..... 3<br>HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4<br>DON'T KNOW ..... 8                   | → 823 |
| 822 | Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?           | RESPONDENT ..... 1<br>HUSBAND/PARTNER ..... 2<br>RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3<br>HUSBAND/PARTNER HAS NO EARNINGS ..... 4<br>OTHER _____ 6<br>(SPECIFY) |       |

| NO.             | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP      |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
|-----------------|---|---|-----------|----------------|--------------------|-----------|---------------|---|---|---|-----------------|---|---|---|-------------|---|---|---|---------------|---|---|---|------------|---|---|---|--|
| 823             | Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?   | RESPONDENT = 1<br>HUSBAND/PARTNER = 2<br>RESPONDENT & HUSBAND/PARTNER JOINTLY = 3<br>SOMEONE ELSE = 4<br>OTHER = 6<br><br>1      2      3      4      6   |           |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| 824             | Who usually makes decisions about making major household purchases?   | 1      2      3      4      6   |           |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| 825             | Who usually makes decisions about making purchases for daily household needs?   | 1      2      3      4      6   |           |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| 826             | Who usually makes decisions about visits to your family or relatives?   | 1      2      3      4      6   |           |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| 827             | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)   | <table> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>               |           | PRES./ LISTEN. | PRES./ NOT LISTEN. | NOT PRES. | CHILDREN < 10 | 1 | 2 | 3 | HUSBAND/PARTNER | 1 | 2 | 3 | OTHER MALES | 1 | 2 | 3 | OTHER FEMALES | 1 | 2 | 3 |            |   |   |   |  |
|                 | PRES./ LISTEN.  | PRES./ NOT LISTEN.  | NOT PRES. |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| CHILDREN < 10   | 1   | 2   | 3         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| HUSBAND/PARTNER | 1   | 2   | 3         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| OTHER MALES     | 1   | 2   | 3         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| OTHER FEMALES   | 1   | 2   | 3         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| 828             | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>If she goes out without telling him?<br>If she neglects the children?<br>If she argues with him?<br>If she refuses to have sex with him?<br>If she burns the food? | <table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |           | YES            | NO                 | DK        | GOES OUT      | 1 | 2 | 8 | NEGL. CHILDREN  | 1 | 2 | 8 | ARGUES      | 1 | 2 | 8 | REFUSES SEX   | 1 | 2 | 8 | BURNS FOOD | 1 | 2 | 8 |  |
|                 | YES   | NO  | DK        |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| GOES OUT        | 1   | 2   | 8         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| NEGL. CHILDREN  | 1   | 2   | 8         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| ARGUES          | 1   | 2   | 8         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| REFUSES SEX     | 1   | 2   | 8         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |
| BURNS FOOD      | 1   | 2   | 8         |                |                    |           |               |   |   |   |                 |   |   |   |             |   |   |   |               |   |   |   |            |   |   |   |  |

SECTION 9. HIV/AIDS

| NO.                 | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP           |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
|---------------------|--|--|----------------|-----|----|----|-------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|--|
| 901                 | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS?   | YES ..... 1<br>NO ..... 2  | → 942          |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 902                 | Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 903                 | Can people get the AIDS virus from mosquito bites?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 904                 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 905                 | Can people get the AIDS virus by sharing food with a person who has AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 906                 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 907A                | Can people get the AIDS virus by touching a person who is infected with the AIDS virus?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 908                 | Is it possible for a healthy-looking person to have the AIDS virus?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 909                 | Can the virus that causes AIDS be transmitted from a mother to her baby:<br><br>During pregnancy?<br>During delivery?<br>By breastfeeding?   | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> |                | YES | NO | DK | DURING PREG. .... | 1 | 2 | 8 | DURING DELIVERY ... | 1 | 2 | 8 | BREASTFEEDING ... | 1 | 2 | 8 |  |
|                     | YES  | NO   | DK             |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING PREG. ....   | 1  | 2  | 8              |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING DELIVERY ... | 1  | 2  | 8              |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| BREASTFEEDING ...   | 1  | 2  | 8              |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 910                 | CHECK 909:<br>AT LEAST <input type="checkbox"/> ONE 'YES'<br>OTHER <input type="checkbox"/>  |  | → 912          |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 911                 | Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?                              | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 912                 | Have you heard about special antiretroviral drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?                              | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 913                 | CHECK 208 AND 215:<br><br>NO BIRTHS <input type="checkbox"/><br><br>LAST BIRTH SINCE JANUARY 2005 <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2005 <input type="checkbox"/> |  | → 922<br>→ 922 |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 914                 | CHECK 407 FOR LAST BIRTH:<br><br>HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>  |  | → 922          |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |

| NO.              | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
|------------------|--|---|-------|-----|----|----|------------------|---|---|---|--------------|---|---|---|-----------------|---|---|---|--|
| 914A             | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |   |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 915              | During any of the antenatal visits for your last birth, did anyone talk to you about:<br><br>Babies getting the AIDS virus from their mother?<br>Things that you can do to prevent getting the AIDS virus?<br>Getting tested for the AIDS virus?                                 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></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>AIDS FROM MOTHER</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>THINGS TO DO</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>TESTED FOR AIDS</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 | AIDS FROM MOTHER | 1 | 2 | 8 | THINGS TO DO | 1 | 2 | 8 | TESTED FOR AIDS | 1 | 2 | 8 |  |
|                  | YES  | NO  | DK    |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| AIDS FROM MOTHER | 1  | 2   | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| THINGS TO DO     | 1  | 2   | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| TESTED FOR AIDS  | 1  | 2   | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 916              | Were you offered a test for the AIDS virus as part of your antenatal care?   | YES ..... 1<br>NO ..... 2   |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 917              | I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?   | YES ..... 1<br>NO ..... 2   | → 922 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 918              | I don't want to know the results, but did you get the results of the test?   | YES ..... 1<br>NO ..... 2   |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 919              | Where was the test done?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC SECTOR<br>PUBLIC HOSPITAL ..... 11<br>PUBLIC HEALTH CENTER/<br>INSTITUTION ..... 12<br>STAND-ALONE VCT CENTER .. 13<br><br>OTHER PUBLIC _____ 16<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... 21<br>OTHER PRIVATE<br>MEDICAL _____ 26<br>(SPECIFY)<br><br>OTHER _____ 96<br>(SPECIFY)  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 920              | Have you been tested for the AIDS virus since that time you were tested during your pregnancy?   | YES ..... 1<br>NO ..... 2   | → 923 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 921              | When was the last time you were tested for the AIDS virus?   | LESS THAN 12 MONTHS AGO ..... 1<br>12 - 23 MONTHS AGO ..... 2<br>2 OR MORE YEARS AGO ..... 3  | → 929 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 922              | I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?   | YES ..... 1<br>NO ..... 2   | → 927 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 923              | When was the last time you were tested?  | LESS THAN 12 MONTHS AGO ..... 1<br>12 - 23 MONTHS AGO ..... 2<br>2 OR MORE YEARS AGO ..... 3  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 924              | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?   | ASKED FOR THE TEST ..... 1<br>OFFERED AND ACCEPTED ..... 2<br>REQUIRED ..... 3  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 925              | I don't want to know the results, but did you get the results of the test?   | YES ..... 1<br>NO ..... 2   |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP         |
|------|---|--|--------------|
| 926  | <p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>                     | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... 11</p> <p>PUBLIC HEALTH CENTER/<br/>INSTITUTION ..... 12</p> <p>BLOOD BANK ..... 13</p> <p>STAND-ALONE VCT CENTER .. 14</p> <p>OTHER PUBLIC _____ 16<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... 21</p> <p>OTHER PRIVATE<br/>MEDICAL _____ 26<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> | <p>→ 929</p> |
| 927  | <p>Do you know of a place where people can go to get tested for the AIDS virus?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | <p>→ 929</p> |
| 928  | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC HEALTH CENTER/<br/>INSTITUTION ..... B</p> <p>BLOOD BANK ..... C</p> <p>STAND-ALONE VCT CENTER .. D</p> <p>OTHER PUBLIC _____ G<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... H</p> <p>OTHER PRIVATE<br/>MEDICAL _____ M<br/>(SPECIFY)</p> <p>OTHER _____ X<br/>(SPECIFY)</p>         |              |
| 929  | <p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |              |
| 930  | <p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>  | <p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |
| 931  | <p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>  |              |
| 932  | <p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>   | <p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |
| 932A | <p>In your opinion, if a pupil has the AIDS virus but is not sick, should he/she be allowed to continue in the same class as other uninfected children?</p>   | <p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 940 | Should children age 12-14 be taught about using a condom to avoid getting AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 941 | Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 942 | CHECK 901:<br><br>HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?<br><br>NOT HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Have you heard about infections that can be transmitted through sexual contact? | YES ..... 1<br>NO ..... 2                                |       |
| 943 | CHECK 618:<br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/><br>↓<br>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>   |  | → 951 |
| 944 | CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?<br><br>YES <input type="checkbox"/><br>↓<br>NO <input type="checkbox"/>   |  | → 946 |
| 945 | Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 946 | Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 947 | Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 948 | CHECK 945, 946, AND 947:<br>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/><br>↓<br>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>  |  | → 951 |
| 949 | The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?   | YES ..... 1<br>NO ..... 2                                | → 951 |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|------|--|--|------|
| 950  | <p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>WOMEN'S CONSULTING CENTRE/<br/>FAMILY PLANNING CLINIC ..... D</p> <p>POLYCLINIC ..... E</p> <p>HEALTH POST ..... F</p> <p>OTHER PUBLIC _____ G<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... H</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE<br/>MEDICAL _____ M<br/>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>OTHER _____ X<br/>(SPECIFY)</p> |      |
| 950A | <p>Who did you see for advice or treatment?</p> <p>Any one else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PROVIDER AND CIRCLE THE APPROPRIATE CODE(S).</p>  | <p>DERMATOLOGIST ..... A</p> <p>GYNECOLOGIST ..... B</p> <p>FAMILY DOCTOR ..... C</p> <p>SPECIALIST _____ D<br/>(SPECIFY)</p> <p>OTHER _____ X<br/>(SPECIFY)</p>   |      |
| 951  | <p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |
| 952  | <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>   |      |
| 953  | <p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |
| 954  | <p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |
| 955  | <p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/> <br/> LIVING WITH A MAN</p> <p>NOT IN UNION <input type="checkbox"/> → 1000A</p>  |  |      |
| 956  | <p>Can you say no to your husband/partner if you do not want to have sexual intercourse?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>   |      |
| 957  | <p>Could you ask your husband/partner to use a condom if you wanted him to?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>   |      |

SECTION 10. OTHER HEALTH ISSUES

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------|---|--|--------|
| 1001 | How is your health currently: very good, good, fair, poor, very poor?   | VERY GOOD ..... 1<br>GOOD ..... 2<br>FAIR ..... 3<br>POOR ..... 4<br>VERY POOR ..... 5   |        |
| 1002 | Compared with 12 months ago, would you say that your health is now much better, somewhat better, about the same, somewhat worse, or much worse? | MUCH BETTER NOW ..... 1<br>SOMEWHAT BETTER ..... 2<br>ABOUT THE SAME ..... 3<br>SOMEWHAT WORSE ..... 4<br>MUCH WORSE NOW ..... 5   |        |
| 1003 | Do you suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?                            | YES ..... 1<br>NO ..... 2  | → 1005 |
| 1004 | What type of illness or disability do you have?<br><br>RECORD ALL MENTIONED   | ASTHMA ..... A<br>BRONCHO-PNEUMONIA ..... B<br>TUBERCULOSIS ..... C<br>AUTONOMIC DISREGULATION ..... D<br>DEFORMITIES AT BIRTH ..... E<br>CANCER ..... F<br>CHRONIC FATIGUE ..... G<br>HEART DISEASE ..... H<br>CROHN'S DISEASE ..... I<br>INFECTIOUS DISEASES ..... J<br>DISEASES OF THE BLOOD<br>(HEMOPHILIA, TALASEMIA,<br>LEUKEMIA, ETC.) ..... K<br>DIABETES ..... L<br>HYPERTENSION, HYPOTENSION ... M<br>THYROID PROBLEMS ..... N<br>LUPUS ..... O<br>MULTIPLE SCHLEROSIS ..... P<br>PARKINSON'S DISEASE ..... Q<br>POLIO ..... R<br>ARTHRITIS ..... S<br>SCLERODERMA ..... T<br>EPILEPSY ..... U<br>SLEEP APNEA ..... V<br>PROBLEMS OF THE STOMACH<br>(ULCERS, GASTRITIS, ETC.) ..... W<br>URINARY INFECTIONS ..... 1<br>BONE AND LIGAMENT DISEASES . . 2<br><br>SEEING DISABILITIES ..... 3<br>HEARING DISABILITIE! ..... 4<br>PROBLEMS OF SPEAKING ..... 5<br>MOBILITY PROBLEMS ..... 6<br>MANIPULATION DISABLITIES ..... 7<br>MENTAL RETARDATION/<br>MENTAL ILLNESS ..... 8<br><br>OTHER<br>DISABILITY _____ X<br>(SPECIFY) |        |
| 1005 | During the last 4 weeks have you had any sudden illness or injury, such as flu, diarrhea, a fracture, etc.?                                     | YES ..... 1<br>NO ..... 2  | → 1007 |



| NO.   | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP                     |
|-------|--|---|--------------------------|
| 1012  | CHECK 1008:<br>PUBLIC SECTOR <input type="checkbox"/> (11-16)<br>OTHER FACILITY <input type="checkbox"/>   |   | → 1014                   |
| 1013  | The last time you visited (HEALTH FACILITY IN 1008) did a health worker suggest you give him or her an informal payment for the consultation, visit, medical examination or other services?  | YES ..... 1<br>NO ..... 2<br>DON'T REMEMBER/REFUSED ..... 8   | → 1014                   |
| 1013A | Did you receive an invoice?  | YES ..... 1<br>NO ..... 2<br>NOT ANSWERED ..... 9   |                          |
| 1014  | We are interested in getting information on whether people pay for medical care instead of getting it free from the public health system.<br><br>In the last 12 months, have you ever directly paid for medical care, excluding drugs and dental care, that you could have obtained free of charge or at lower cost from the public health system?<br><br>IF YES: How often? | NEVER ..... 0<br>RARELY ..... 1<br>OFTEN ..... 2<br>ALWAYS ..... 3<br>DON'T KNOW/REFUSED ..... 8  | → 1016<br><br><br>→ 1016 |
| 1015  | The last time you paid directly for medical care, what was the main reason you decided to pay:   | HAD NO OTHER ALTERNATIVE FOR THE SERVICES ..... 1<br>TO HAVE THE SERVICES AS QUICKLY AS POSSIBLE ..... 2<br>TO HAVE BETTER QUALITY SERVICES ..... 3<br>TO CHOOSE THE DOCTOR OR HEALTH FACILITY ..... 4<br>DID NOT KNOW HEALTH SERVICE COULD PROVIDE FOR FREE ... 5<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T REMEMBER/REFUSE ..... 8 |                          |
| 1016  | During the last 12 months, have you ever avoided obtaining medical care because you could not pay for those services?<br><br>IF YES: How often?  | NEVER ..... 0<br>RARELY ..... 1<br>OFTEN ..... 2<br>DID NOT NEED MEDICAL SERVICES 7<br>DON'T KNOW/REFUSED ..... 8   |                          |
| 1017  | Do you believe that during the last 12 months your health has declined due to problems in paying for medical care?<br><br>IF YES: Did your health decline very much, some, or a little?  | VERY MUCH ..... 1<br>SOME ..... 2<br>A LITTLE ..... 3<br>NO, NOT AT ALL ..... 4<br>DON'T REMEMBER/REFUSED ..... 8   |                          |
| 1018  | Now I would like to ask you about procedures that are used to screen for cancer or to prevent illness. Mammograms use X-rays to create a picture of the breast to detect cancer.<br><br>Have you ever heard of a mammogram or breast cancer screening?   | YES ..... 1<br>NO ..... 2   |                          |
| 1019  | Another diagnostic procedure is a pap-smear, in which a doctor or nurse scrapes cells from inside the vagina for examination under a microscope. It is used to detect cancer and changes that may lead to cancer.<br><br>Have you ever heard of a pap-smear?   | YES ..... 1<br>NO ..... 2   |                          |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP    |
|------|---|--|---------|
| 1020 | Do you currently smoke cigarettes?  | YES ..... 1<br>NO ..... 2  | → 1022  |
| 1021 | In the last 24 hours, how many cigarettes did you smoke?  | CIGARETTES ..... <input type="text"/> <input type="text"/>   |         |
| 1022 | Have you smoked at least 100 cigarettes in your life?   | YES ..... 1<br>NO ..... 2  |         |
| 1023 | Do you currently smoke or use any other type of tobacco?  | YES ..... 1<br>NO ..... 2  | → 1025  |
| 1024 | What (other) type of tobacco do you currently smoke or use?<br><br>RECORD ALL MENTIONED.                              | PIPE ..... A<br><br>OTHER _____ X<br>(SPECIFY)   |         |
| 1025 | CHECK 1020 AND 1023:<br>AT LEAST <input type="checkbox"/><br>ONE 'YES' ↓  | BOTH 'NO' <input type="checkbox"/> →   | → 1028  |
| 1026 | At what age did you start smoking (or using other tobacco) regularly?<br>IF AGE NOT KNOWN, PROBE FOR APPROXIMATE AGE. | AGE STARTED SMOKING ... <input type="text"/> <input type="text"/>  |         |
| 1027 | Have you tried to stop smoking in the past 12 months?   | YES ..... 1<br>NO ..... 2  |         |
| 1028 | In what ways do you believe smoking can cause health problems?<br><br>PROBE: Any others?<br><br>RECORD ALL MENTIONED. | LUNG CANCER ..... A<br>THROAT OR LARYNX CANCER ..... B<br>PROBLEMS IN THE VOCAL<br>CHORDS OR LARYNX ..... C<br>CHRONIC BRONCHITIS ..... D<br>ASTHMA ..... E<br>HEART DISEASE ..... F<br>STROKE ..... G<br>IMPOTENCY IN MEN ..... H<br>COMPLICATIONS IN PREGNANCY . I<br><br>OTHER _____ X<br>(SPECIFY)<br>NONE ..... Y<br>DON'T KNOW ..... Z |         |
| 1029 | Have you ever consumed a drink that contains alcohol such as beer, wine, raki, or other spirits?                      | YES ..... 1<br>NO ..... 2  | → 1032A |
| 1030 | Was this within the last 12 months?   | YES ..... 1<br>NO ..... 2  | → 1032A |
| 1031 | In the last 12 months, how frequently have you had at least one drink?  | 5 OR MORE DAYS PER WEEK ... 1<br>1-4 DAYS PER WEEK ..... 2<br>1-3 DAYS PER MONTH ..... 3<br>LESS THAN ONCE A MONTH ..... 4   |         |
| 1032 | When you drink alcohol, on average, how many drinks do you have each day?   | DRINKS ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 98  |         |

| NO.                  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP    |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
|----------------------|---|---|---------|---------------------|---------------------------|----------------------|---------------------|---|---------------------|---|----------------------|----------------|---|---|----------------------|---|---|----------------|----------------|---|----------------------|---|--------------------|-------------------|---|---|----------------|---|---|---------------------|---|---|--|
| 1032A                | Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | ↓ 1033  |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| 1032B                | Were you told on more than one different occasion by a doctor or other health professional that you had hypertension or high blood pressure?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| 1032C                | To lower your hypertension or high blood pressure, are you now:<br><br>a. Taking prescribed medicine?<br>b. Controlling your weight or losing weight?<br>c. Cutting down on salt in your diet?<br>d. Exercising?<br>e. Stopping smoking?  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CONTROL WEIGHT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CUT DOWN SALT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>EXERCISE .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>STOP SMOKING .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>   |         | YES                 | NO                        | N/A                  | TAKE MEDICINE ..... | 1 | 2                   | 3 | CONTROL WEIGHT ..... | 1              | 2 | 3 | CUT DOWN SALT .....  | 1 | 2 | 3              | EXERCISE ..... | 1 | 2                    | 3 | STOP SMOKING ..... | 1                 | 2 | 3 |                |   |   |                     |   |   |  |
|                      | YES   | NO  | N/A     |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| TAKE MEDICINE .....  | 1   | 2   | 3       |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| CONTROL WEIGHT ..... | 1   | 2   | 3       |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| CUT DOWN SALT .....  | 1   | 2   | 3       |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| EXERCISE .....       | 1   | 2   | 3       |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| STOP SMOKING .....   | 1   | 2   | 3       |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| 1033                 | 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?<br><br>Getting permission to go?<br><br>Getting money needed for treatment?<br><br>The distance to the health facility?<br><br>Having to take transport?<br><br>Not wanting to go alone?<br><br>Concern that there may not be a female health provider?<br><br>Concern that there may not be any health provider?<br><br>Concern that there may be no drugs available?<br><br>Concern that there may be no supplies or equipment available? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>BIG<br/>PROB-<br/>LEM</th> <th>NOT A BIG<br/>PROB-<br/>LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROV. ....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO SUPPLIES/EQUIPM.</td> <td>1</td> <td>2</td> </tr> </tbody> </table> |         | BIG<br>PROB-<br>LEM | NOT A BIG<br>PROB-<br>LEM | PERMISSION TO GO ... | 1                   | 2 | GETTING MONEY ..... | 1 | 2                    | DISTANCE ..... | 1 | 2 | TAKING TRANSPORT ... | 1 | 2 | GO ALONE ..... | 1              | 2 | NO FEMALE PROV. .... | 1 | 2                  | NO PROVIDER ..... | 1 | 2 | NO DRUGS ..... | 1 | 2 | NO SUPPLIES/EQUIPM. | 1 | 2 |  |
|                      | BIG<br>PROB-<br>LEM   | NOT A BIG<br>PROB-<br>LEM   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| PERMISSION TO GO ... | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| GETTING MONEY .....  | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| DISTANCE .....       | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| TAKING TRANSPORT ... | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| GO ALONE .....       | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| NO FEMALE PROV. .... | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| NO PROVIDER .....    | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| NO DRUGS .....       | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| NO SUPPLIES/EQUIPM.  | 1   | 2   |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| 1034                 | Are you covered by any health insurance?  | YES ..... 1<br>NO ..... 2   | → 1036X |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |
| 1035                 | What type of health insurance?<br><br>RECORD ALL MENTIONED.   | STATE HEALTH INSURANCE ..... A<br>STATE SOCIAL INSURANCE ..... B<br>VOLUNTARY HEALTH INSURANCE .. C<br>PRIVATELY PURCHASED<br>COMMERCIAL HEALTH INSURANCE. D<br><br>OTHER _____ X<br>(SPECIFY)  |         |                     |                           |                      |                     |   |                     |   |                      |                |   |   |                      |   |   |                |                |   |                      |   |                    |                   |   |   |                |   |   |                     |   |   |  |



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- S STILLBIRTHS
- C MISCARRIAGES
- A INDUCED ABORTIONS
- P PREGNANCIES
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

|       |        |    |  |   |
|-------|--------|----|--|---|
| 2     | 04 APR | 01 |  | 2 |
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| 2     | 08 AUG | 21 |  | 2 |
| 0     | 07 JUL | 22 |  | 0 |
| 0     | 06 JUN | 23 |  | 0 |
| 7     | 05 MAY | 24 |  | 7 |
|       | 04 APR | 25 |  |   |
|       | 03 MAR | 26 |  |   |
|       | 02 FEB | 27 |  |   |
|       | 01 JAN | 28 |  |   |
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|       | 12 DEC | 29 |  |   |
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|       | 09 SEP | 32 |  |   |
| 2     | 08 AUG | 33 |  | 2 |
| 0     | 07 JUL | 34 |  | 0 |
| 0     | 06 JUN | 35 |  | 0 |
| 6     | 05 MAY | 36 |  | 6 |
|       | 04 APR | 37 |  |   |
|       | 03 MAR | 38 |  |   |
|       | 02 FEB | 39 |  |   |
|       | 01 JAN | 40 |  |   |
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|       | 12 DEC | 41 |  |   |
|       | 11 NOV | 42 |  |   |
|       | 10 OCT | 43 |  |   |
|       | 09 SEP | 44 |  |   |
| 2     | 08 AUG | 45 |  | 2 |
| 0     | 07 JUL | 46 |  | 0 |
| 0     | 06 JUN | 47 |  | 0 |
| 5     | 05 MAY | 48 |  | 5 |
|       | 04 APR | 49 |  |   |
|       | 03 MAR | 50 |  |   |
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|       | 12 DEC | 53 |  |   |
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|       | 10 OCT | 55 |  |   |
|       | 09 SEP | 56 |  |   |
| 2     | 08 AUG | 57 |  | 2 |
| 0     | 07 JUL | 58 |  | 0 |
| 0     | 06 JUN | 59 |  | 0 |
| 4     | 05 MAY | 60 |  | 4 |
|       | 04 APR | 61 |  |   |
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|       | 01 JAN | 64 |  |   |
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|       | 12 DEC | 65 |  |   |
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|       | 10 OCT | 67 |  |   |
|       | 09 SEP | 68 |  |   |
| 2     | 08 AUG | 69 |  | 2 |
| 0     | 07 JUL | 70 |  | 0 |
| 0     | 06 JUN | 71 |  | 0 |
| 3     | 05 MAY | 72 |  | 3 |
|       | 04 APR | 73 |  |   |
|       | 03 MAR | 74 |  |   |
|       | 02 FEB | 75 |  |   |
|       | 01 JAN | 76 |  |   |

ALBANIA DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE

ALBANIA  
THE NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND THE INSTITUTE FOR PUBLIC HEALTH (IPH)

| IDENTIFICATION   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME _____<br>NAME OF HOUSEHOLD HEAD _____<br>PSU NUMBER .....<br>HOUSEHOLD NUMBER .....<br>PREFECTURE .....<br>TIRANA/SMALL CITY/TOWN/RURAL .....<br>(TIRANA=1, SMALL CITY=2, TOWN=3, RURAL=4)<br>NAME AND LINE NUMBER OF MAN _____ | <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INTERVIEWER VISITS  |       |       |       |  |  |  |  |  |  |  |
|---|-------|-------|-------|--|--|--|--|--|--|--|
|   | 1     | 2     | 3     | FINAL VISIT  |  |  |  |  |  |  |
| DATE  | _____ | _____ | _____ | DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                             |  |  |  |  |  |  |
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| INTERVIEWER'S NAME  | _____ | _____ | _____ | MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>       |  |  |  |  |  |  |
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| RESULT*   | _____ | _____ | _____ | YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>        |  |  |  |  |  |  |
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| NEXT VISIT: DATE  | _____ | _____ |       | INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |
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| TIME  | _____ | _____ |       | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                          |  |  |  |  |  |  |
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| TOTAL NUMBER OF VISITS  |       |       |       | <table border="1" style="width: 30px; height: 30px;"> <tr><td> </td></tr> </table>   |  |  |  |  |  |  |
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| *RESULT CODES:<br>1 COMPLETED      4 REFUSED<br>2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____<br>3 POSTPONED      6 INCAPACITATED      (SPECIFY) |       |       |       |  |  |  |  |  |  |  |

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



| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP           |
|------|---|--|----------------|
| 102  | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br>IF LESS THAN ONE YEAR, RECORD '00' YEARS.  | YEARS ..... <input type="text"/> <input type="text"/><br>ALWAYS ..... 95<br>VISITOR ..... 96   | → 106          |
| 103  | Just before you moved here, did you live in a city, in a town, or in the countryside?   | CITY ..... 1<br>TOWN ..... 2<br>COUNTRYSIDE ..... 3  |                |
| 103A | Before you moved here, which district did you move from?  | DISTRICT..... <input type="text"/> <input type="text"/><br>OUTSIDE OF ALBANIA ..... 95   |                |
| 106  | In what month and year were you born?   | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |                |
| 107  | How old were you at your last birthday?<br>COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.  | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>   |                |
| 107A | CHECK 106, YEAR OF BIRTH:<br>BORN IN 1990 OR BEFORE OR YEAR UNKNOWN <input type="checkbox"/><br>BORN IN 1991 OR LATER <input type="checkbox"/>                                    |  | → 108          |
| 107B | In 1990, which district did you live in?  | DISTRICT..... <input type="text"/> <input type="text"/><br>SAME DISTRICT AS NOW ..... 94<br>OUTSIDE OF ALBANIA ..... 95  |                |
| 108  | Have you ever attended school?  | YES ..... 1<br>NO ..... 2  | → 112          |
| 109  | What is the highest level of school you attended: primary 4-year, 8-year, generic secondary, professional, technical, university, post university/graduate?                       | PRIMARY 4 YEAR ..... 1<br>PRIMARY 8 YEAR ..... 2<br>GENERIC SECONDARY ..... 3<br>PROFESSIONAL/VOCATIONAL ... 4<br>TECHNICAL ..... 5<br>UNIVERSITY ..... 6<br>POST UNIVERSITY/GRADUATE ... 7                        |                |
| 110  | What is the highest class you completed at that level?  | CLASS ..... <input type="text"/> <input type="text"/>  |                |
| 111  | CHECK 109:<br>PRIMARY 4-YEAR OR 8-YEAR <input type="checkbox"/><br>SECONDARY OR HIGHER <input type="checkbox"/>   |  | → 115          |
| 112  | Now I would like you to read this sentence to me.<br>SHOW CARD TO RESPONDENT.<br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br>Can you read any part of the sentence to me? | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PARTS OF SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE.. 3<br>NO CARD WITH REQUIRED LANGUAGE ..... 4<br>(SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED ..... 5    | → 116<br>→ 116 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 115 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 116 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?          | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 117 | Do you watch television almost every day, at least once a week, less than once a week or not at all?             | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4                               |      |
| 118 | What is your religion?   | MUSLIM ..... 1<br>ORTHODOX ..... 2<br>CATHOLIC ..... 3<br>BEKTASHI ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>ATHEIST ..... 7                   |      |
| 119 | To what ethnic group do you belong?  | ALBANIAN ..... 1<br>GREEK ..... 2<br>ROMA ..... 3<br>MACEDONIAN ..... 4<br>MONTENEGRIN ..... 5<br>VLACH ..... 6<br>OTHER ..... 7<br>(SPECIFY) |      |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |
|-----|--|---|-------|--|--|--|--|--|--|--|--|
| 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.<br>Have you ever fathered any children with any woman? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 206 |  |  |  |  |  |  |  |  |
| 202 | Do you have any sons or daughters that you have fathered who are now living with you?  | YES ..... 1<br>NO ..... 2   | → 204 |  |  |  |  |  |  |  |  |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>IF NONE, RECORD '00'.   | SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>     |       |  |  |  |  |  |  |  |  |
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| 204 | Do you have any sons or daughters that you have fathered who are alive but do not live with you?   | YES ..... 1<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>IF NONE, RECORD '00'.   | SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |       |  |  |  |  |  |  |  |  |
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| 206 | Have you ever fathered a son or a daughter who was born alive but later died?<br><br>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 208 |  |  |  |  |  |  |  |  |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>IF NONE, RECORD '00'.   | BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |       |  |  |  |  |  |  |  |  |
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|     |  |   |       |  |  |  |  |  |  |  |  |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br><br>IF NONE, RECORD '00'.  | TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>   |       |  |  |  |  |  |  |  |  |
|     |  |   |       |  |  |  |  |  |  |  |  |
| 209 | CHECK 208:<br><br>HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>   | → 212<br>→ 301  |       |  |  |  |  |  |  |  |  |
| 210 | Did all of the children you have fathered have the same biological mother?   | YES ..... 1<br>NO ..... 2   | → 212 |  |  |  |  |  |  |  |  |
| 211 | In all, how many women have you fathered children with?  | NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |       |  |  |  |  |  |  |  |  |
|     |  |   |       |  |  |  |  |  |  |  |  |
| 212 | How old were you when your (first) child was born?   | AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>   |       |  |  |  |  |  |  |  |  |
|     |  |   |       |  |  |  |  |  |  |  |  |
| 213 | CHECK 203 AND 205:<br><br>AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>   | → 301   |       |  |  |  |  |  |  |  |  |
| 214 | How many years old is your (youngest) child?   | AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>   |       |  |  |  |  |  |  |  |  |
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| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------|---|--|-------|
| 215  | CHECK 214:<br>(YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-3 YEARS<br>OTHER <input type="checkbox"/>  |  | → 301 |
| 216  | What is the name of your (youngest) child?<br>WRITE NAME OF (YOUNGEST) CHILD<br>_____<br>(NAME OF (YOUNGEST) CHILD)   |  |       |
| 217  | When (NAME)'s mother was pregnant with (NAME),<br>did she have any antenatal check-ups?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 3  | → 219 |
| 218  | Were you ever present during any of those antenatal<br>check-ups?   | PRESENT ..... 1<br>NOT PRESENT ..... 2   |       |
| 219  | Was (NAME) born in a hospital or health facility?   | HOSPITAL/HEALTH FACILITY ..... 1<br>OTHER ..... 2  | → 221 |
| 220  | What was the main reason why (NAME)'s mother did not<br>deliver in a hospital or health facility?   | COST TOO MUCH ..... 01<br>FACILITY CLOSED ..... 02<br>TOO FAR/NO TRANSPORTATION ..... 03<br>DON'T TRUST FACILITY/POOR<br>QUALITY SERVICE ..... 04<br>NO FEMALE PROVIDER ..... 05<br>NOT THE FIRST CHILD ..... 06<br>CHILD'S MOTHER DID NOT<br>THINK IT WAS NECESSARY ..... 07<br>HE DID NOT THINK<br>IT WAS NECESSARY ..... 08<br>FAMILY DID NOT THINK IT WAS<br>NECESSARY ..... 09<br>RESPONDENT/FAMILY DID NOT<br>ALLOW ..... 10<br>NOT CUSTOMARY ..... 11<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |       |
| 221  | When a child has diarrhea, how much should<br>he or she be given to drink: more than usual, the same<br>amount as usual, less than usual, or should he or she<br>not be given anything to drink at all?   | MORE THAN USUAL ..... 1<br>ABOUT THE SAME ..... 2<br>LESS THAN USUAL ..... 3<br>NOTHING TO DRINK ..... 4<br>DON'T KNOW ..... 8   |       |
| 221A | Sometimes children have severe illnesses and should be taken<br>immediately to a health facility.<br><br>What types of symptoms would cause you to take your child<br>to a health facility right away?<br><br>PROBE: Any others?<br><br>RECORD ALL MENTIONED. | CHILD NOT ABLE TO DRINK<br>OR BREASTFEED ..... A<br>CHILD BECOMES SICKER ..... B<br>CHILD DEVELOPS A FEVER ..... C<br>CHILD HAS FAST BREATHING ..... D<br>CHILD HAS DIFFICULT BREATHING ..... E<br>CHILD HAS BLOOD IN STOOL ..... F<br>CHILD IS DRINKING POORLY ..... G<br><br>OTHER ..... V<br>(SPECIFY)<br>OTHER ..... W<br>(SPECIFY)<br>OTHER ..... X<br>(SPECIFY)  |       |

SECTION 3. CONTRACEPTION

|     |  |  |  |
|-----|--|--|--|
| 301 | <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about?<br/>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:<br/>Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p> |  | 302 Have you ever used (METHOD)?   |
| 01  | FEMALE STERILIZATION Women can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2  |  |
| 02  | MALE STERILIZATION Men can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2 ↘  | <p>Have you ever had an operation to avoid having any more children?</p> <p>YES ..... 1<br/>NO ..... 2</p> |
| 03  | PILL Women can take a pill every day to avoid becoming pregnant.   | YES ..... 1<br>NO ..... 2  |  |
| 04  | IUD Women can have a loop or coil placed inside them by a doctor or a nurse.   | YES ..... 1<br>NO ..... 2  |  |
| 05  | INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.  | YES ..... 1<br>NO ..... 2  |  |
| 06  | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.   | YES ..... 1<br>NO ..... 2  |  |
| 07  | CONDOM Men can put a rubber sheath on their penis before sexual intercourse.   | YES ..... 1<br>NO ..... 2 ↘  | <p>YES ..... 1<br/>NO ..... 2</p>  |
| 08  | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.  | YES ..... 1<br>NO ..... 2  |  |
| 09  | LACTATIONAL AMENORRHEA METHOD (LAM)  | YES ..... 1<br>NO ..... 2  |  |
| 10  | RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.  | YES ..... 1<br>NO ..... 2 ↘  | <p>YES ..... 1<br/>NO ..... 2</p>  |
| 11  | WITHDRAWAL Men can be careful and pull out before climax.  | YES ..... 1<br>NO ..... 2 ↘  | <p>YES ..... 1<br/>NO ..... 2</p>  |
| 12  | EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.   | YES ..... 1<br>NO ..... 2  |  |
| 13  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  | <p>YES ..... 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO ..... 2</p> |  |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 303 | In the last few months have you:<br>Heard about family planning on the radio?<br>Seen about family planning on the television?<br>Read about family planning in a newspaper or magazine?   | YES NO<br>RADIO ..... 1 2<br>TELEVISION ..... 1 2<br>NEWSPAPER OR MAGAZINE 1 2  |       |
| 304 | In the last few months, have you discussed the practice of family planning with a health worker or health professional?  | YES ..... 1<br>NO ..... 2   |       |
| 305 | Now I would like to ask you about a woman's risk of pregnancy.<br>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 307 |
| 306 | 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<br>DURING HER PERIOD ..... 2<br>RIGHT AFTER HER PERIOD HAS ENDED ..... 3<br>HALFWAY BETWEEN TWO PERIODS ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |       |
| 307 | Do you think that a woman who is breastfeeding her baby can become pregnant?   | YES ..... 1<br>NO ..... 2<br>DEPENDS ..... 3<br>DON'T KNOW ..... 8  |       |
| 308 | I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.<br>a) Contraception is women's business and a man should not have to worry about it.<br>b) Women who use contraception may become promiscuous. | DIS-<br>AGREE AGREE DK<br>CONTRACEPTION<br>WOMAN'S BUSINESS 1 2 8<br>WOMAN MAY BECOME<br>PROMISCUOUS ... 1 2 8  |       |
| 309 | CHECK 301 (07) KNOWS MALE CONDOM<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |   | → 401 |
| 310 | Do you know of a place where a person can get condoms?   | YES ..... 1<br>NO ..... 2   | → 401 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 311 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL/MATERNITY . . . . . A</p> <p>PUBLIC HEALTH CENTER . . . . . B</p> <p>FAMILY PLANNING CLINIC . . . . . C</p> <p>HEALTH POST . . . . . D</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . . . G</p> <p>PHARMACY . . . . . H</p> <p>PRIVATE DOCTOR . . . . . I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>NGO . . . . . L</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . M</p> <p>CHURCH . . . . . N</p> <p>FRIEND/RELATIVE . . . . . O</p> <p>WIFE/PARTNER . . . . . P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |      |
| 312 | <p>If you wanted to, could you yourself get a condom?</p>  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p>  |      |

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<br>YES, LIVING WITH A WOMAN ..... 2<br>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<br>YES, LIVED WITH A WOMAN ..... 2<br>NO ..... 3  | → 413              |
| 403  | What is your marital status now: are you widowed, divorced, or separated?   | WIDOWED ..... 1<br>DIVORCED ..... 2<br>SEPARATED ..... 3  | → 410              |
| 404  | Is your wife/partner living with you now or is she staying elsewhere?   | LIVING WITH HIM ..... 1<br>STAYING ELSEWHERE ..... 2  |                    |
| 407  | Please tell me the name of your wife/the woman you are living with as if married<br><br>RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.<br>IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____<br><br>LINE NO. .... [ ][ ]  |                    |
| 408  | How old was (NAME) on her last birthday?  | AGE ..... [ ][ ]  |                    |
| 410  | Have you been married or lived with a woman only once or more than once?  | ONLY ONCE ..... 1<br>MORE THAN ONCE ..... 2   | → 411A             |
| 411  | In what month and year did you start living with your (wife/partner)?   | MONTH ..... [ ][ ]  |                    |
| 411A | Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?   | DON'T KNOW MONTH ..... 98<br><br>YEAR ..... [ ][ ][ ][ ]<br>DON'T KNOW YEAR ..... 9998  | → 413              |
| 412  | How old were you when you first started living with her?  | AGE ..... [ ][ ]  |                    |
| 413  | CHECK FOR THE PRESENCE OF OTHERS.<br><br>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |   |                    |
| 414  | Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.<br><br>How old were you when you had sexual intercourse for the very first time?          | NEVER HAD SEXUAL INTERCOURSE ..... 00<br><br>AGE IN YEARS ..... [ ][ ]<br><br>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95 | → 417<br><br>→ 417 |
| 415  | CHECK 107: AGE [ ] 15-24 ↓  | AGE [ ] 25-49   | → 500A             |
| 416  | Do you intend to wait until you get married to have sexual intercourse for the first time?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8  | → 500A             |



|     |  | LAST<br>SEXUAL PARTNER   | SECOND-TO-LAST<br>SEXUAL PARTNER   | THIRD-TO-LAST<br>SEXUAL PARTNER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 420 | Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 421 | When was the last time you had sexual intercourse with this person?  |  | DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 422 | The last time you had sexual intercourse (with this second/third person), was a condom used?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 424) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 424) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 424) ←  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 423 | Was a condom used every time you had sexual intercourse with this person in the last 12 months?  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 424 | What was the relationship to you of this (second/third) person with whom you had sexual intercourse?<br><br>IF GIRLFRIEND/FIANCEE:<br>Were you living together as if married?<br>IF YES, CIRCLE '2'.<br>IF NO, CIRCLE '3'.   | WIFE ..... 1<br>(SKIP TO 426) ←<br>LIVE-IN PARTNER .... 2<br>GIRLFRIEND/FIANCEE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY)  | WIFE ..... 1<br>(SKIP TO 426) ←<br>LIVE-IN PARTNER .... 2<br>GIRLFRIEND/FIANCEE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY)  | WIFE ..... 1<br>(SKIP TO 426) ←<br>LIVE-IN PARTNER .... 2<br>GIRLFRIEND/FIANCEE<br>NOT LIVING WITH<br>RESPONDENT .... 3<br>CASUAL<br>ACQUAINTANCE ... 4<br>PROSTITUTE ..... 5<br>OTHER ..... 6<br>(SPECIFY) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 425 | For how long (have you had/did you have) a sexual relationship with this (second/third) person?<br>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.   | DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 426 | The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 428) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 428) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 429) ←  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 427 | Were you or your partner drunk at that time?<br><br>IF YES: Who was drunk?   | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4   | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4   | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 428 | Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?  | YES ..... 1<br>(GO BACK TO 421 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 430) ←   | YES ..... 1<br>(GO BACK TO 421 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 430) ←   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 429 | In total, with how many different people have you had sexual intercourse in the last 12 months?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.<br><br>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'   |  |  | NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table><br>DON'T KNOW ..... 98                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP           |
|-----|---|--|----------------|
| 430 | CHECK 424 (ALL COLUMNS):<br>AT LEAST ONE PARTNER<br>IS PROSTITUTE <input type="checkbox"/>  | NO PARTNERS<br>ARE PROSTITUTES <input type="checkbox"/>  | → 432          |
| 431 | CHECK 424 AND 422 (ALL COLUMNS):<br>OTHER <input type="checkbox"/>  | CONDOM USED WITH<br>EVERY PROSTITUTE <input type="checkbox"/>  | → 434<br>→ 435 |
| 432 | In the last 12 months, did you pay anyone in exchange<br>for having sexual intercourse?   | YES ..... 1<br>NO ..... 2  | → 435          |
| 433 | The last time you paid someone in exchange for having<br>sexual intercourse, was a condom used?   | YES ..... 1<br>NO ..... 2  | → 435          |
| 434 | Was a condom used during sexual intercourse<br>every time you paid someone in exchange for having sexual<br>intercourse in the last 12 months?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |
| 435 | In total, with how many different people have you had sexual<br>intercourse in your lifetime?<br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.<br>IF NUMBER OF PARTNERS IS GREATER THAN 95,<br>WRITE '95.' | NUMBER OF PARTNERS<br>IN LIFETIME ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98                                   |                |
| 436 | CHECK 422, MOST RECENT PARTNER (FIRST COLUMN):<br>CONDOM<br>USED <input type="checkbox"/>   | NOT<br>ASKED <input type="checkbox"/><br>NO CONDOM<br>USED <input type="checkbox"/>  | → 442<br>→ 442 |
| 437 | You told me that a condom was used the last time you had sex.<br>May I see the package of condoms you were using at that time?<br>RECORD NAME OF BRAND IF PACKAGE SEEN.                                       | PACKAGE SEEN ..... 1<br>BRAND NAME _____ <input type="text"/> <input type="text"/><br>(SPECIFY)<br>DOES NOT HAVE/NOT SEEN ..... 2          | → 439          |
| 438 | Do you know the brand name of the condom used at<br>that time?<br>RECORD NAME OF BRAND.   | BRAND NAME _____ <input type="text"/> <input type="text"/><br>(SPECIFY)<br>DON'T KNOW ..... 98   |                |
| 439 | How many condoms did you get the last time?   | NUMBER OF<br>CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 998                          |                |
| 440 | The last time you obtained the condoms, how much<br>did you pay in total, including the cost of the condom(s)<br>and any consultation you may have had?<br>RECORD IN NEW LEK                                  | COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 9995<br>DON'T KNOW ..... 9998 |                |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP          |
|-----|---|--|---------------|
| 441 | <p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL/MATERNITY . . . 11</p> <p>PUBLIC HEALTH CENTER . . . . . 12</p> <p>FAMILY PLANNING CLINIC . . . . . 13</p> <p>HEALTH POST . . . . . 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . . . 21</p> <p>PHARMACY . . . . . 22</p> <p>PRIVATE DOCTOR . . . . . 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>NGO . . . . . 29</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . 31</p> <p>CHURCH . . . . . 32</p> <p>FRIEND/RELATIVE . . . . . 33</p> <p>WIFE/PARTNER . . . . . 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> |               |
| 442 | <p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>   |  | <p>→ 500A</p> |
| 443 | <p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>   | <p>→ 500A</p> |
| 444 | <p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>  | <p>FEMALE STERILIZATION . . . . . A</p> <p>PILL . . . . . B</p> <p>IUD . . . . . C</p> <p>INJECTABLES . . . . . D</p> <p>IMPLANTS . . . . . E</p> <p>FEMALE CONDOM . . . . . F</p> <p>DIAPHRAGM . . . . . G</p> <p>FOAM/JELLY . . . . . H</p> <p>LAM . . . . . I</p> <p>RHYTHM METHOD . . . . . J</p> <p>WITHDRAWAL . . . . . K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>  |               |

SECTION 5. FERTILITY PREFERENCES

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|------|--|--|---|
| 500A | May I measure your blood pressure and pulse at this time?<br><br>RECORD BLOOD PRESSURE AND PULSE MEASUREMENT<br>IN 2ND COLUMN IN 836.  | BLOOD PRESSURE TAKEN ..... 1<br><br>BLOOD PRESSURE NOT TAKEN ... 2   |   |
| 501  | CHECK 401:<br><br>CURRENTLY MARRIED/<br>LIVING WITH A WOMAN <input type="checkbox"/>   | NOT IN UNION <input type="checkbox"/>  | → 508   |
| 502  | CHECK 302:<br><br>MAN NOT STERILIZED <input type="checkbox"/>  | MAN STERILIZED <input type="checkbox"/>  | → 508   |
| 503  | Is your wife (partner) currently pregnant?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |   |
| 504  | CHECK 503:<br><br>WIFE/PARTNER NOT PREGNANT OR<br>DON'T KNOW <input type="checkbox"/><br><br>Now I have some questions<br>about the future.<br>Would you like to have<br>(a/another) child, or would you<br>prefer not to have any (more)<br>children? | WIFE/PARTNER PREGNANT <input type="checkbox"/><br><br>Now I have some questions<br>about the future.<br>After the child you and your<br>wife/partner are<br>expecting now, would you<br>like to have another child, or<br>would you prefer not to have<br>any more children? | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>COUPLE INFECUND ..... 3<br>WIFE/PARTNER STERILIZED ..... 4<br>UNDECIDED/DON'T KNOW ..... 8<br><br>→ 508   |
| 506  | CHECK 503:<br><br>WIFE/PARTNER NOT PREGNANT OR<br>DON'T KNOW <input type="checkbox"/><br><br>How long would you like to<br>wait from now before the birth<br>of (a/another) child?   | WIFE/PARTNER PREGNANT <input type="checkbox"/><br><br>After the birth of the child you<br>are expecting now, how long<br>would you like to wait before<br>the birth of another child?  | MONTHS ..... 1 <input type="text"/> <input type="text"/><br>YEARS ..... 2 <input type="text"/> <input type="text"/><br><br>SOON/NOW ..... 993<br>COUPLE INFECUND ..... 994<br><br>OTHER _____ 996<br>(SPECIFY)<br>DON'T KNOW ..... 998            |
| 508  | CHECK 203 AND 205:<br><br>HAS LIVING CHILDREN <input type="checkbox"/>   | NO LIVING CHILDREN <input type="checkbox"/><br><br>If you could go back to the time<br>you did not have any children<br>and could choose exactly the<br>number of children to have in<br>your whole life, how many<br>would that be?<br><br>PROBE FOR A NUMERIC RESPONSE.    | If you could choose exactly the<br>number of children to have in<br>your whole life, how many<br>would that be?<br><br>NONE ..... 00 → 601<br><br>NUMBER ..... <input type="text"/> <input type="text"/><br><br>OTHER _____ 96 → 601<br>(SPECIFY) |
| 509  | How many of these children would you like to be boys, how many<br>would you like to be girls and for how many would the sex not<br>matter?   | BOYS    GIRLS    EITHER<br>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>OTHER _____ 96<br>(SPECIFY)   |   |

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 601 | Have you done any work in the last seven days?   | YES ..... 1<br>NO ..... 2   | → 604 |
| 602 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? | YES ..... 1<br>NO ..... 2   | → 604 |
| 603 | Have you done any work in the last 12 months?  | YES ..... 1<br>NO ..... 2   | → 613 |
| 604 | What is your occupation, that is, what kind of work do you mainly do?  | _____ <input type="checkbox"/> <input type="checkbox"/><br>_____<br>_____   |       |
| 605 | CHECK 604:<br>WORKS IN AGRICULTURE <input type="checkbox"/><br>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>   |   | → 607 |
| 606 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?                | OWN LAND ..... 1<br>FAMILY LAND ..... 2<br>RENTED LAND ..... 3<br>SOMEONE ELSE'S LAND ..... 4                               |       |
| 607 | Do you do this work for a member of your family, for someone else, or are you self-employed?   | FOR FAMILY MEMBER ..... 1<br>FOR SOMEONE ELSE ..... 2<br>SELF-EMPLOYED ..... 3  |       |
| 608 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?   | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>ONCE IN A WHILE ..... 3                               |       |
| 609 | Are you paid in cash or kind for this work or are you not paid at all?   | CASH ONLY ..... 1<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4                                      |       |
| 610 | CHECK 401:<br>CURRENTLY MARRIED/<br>LIVING WITH A WOMAN <input type="checkbox"/><br>NOT CURRENTLY MARRIED <input type="checkbox"/>                                   |   | → 613 |
| 611 | CHECK 609:<br>CODE 1 OR 2 CIRCLED <input type="checkbox"/><br>OTHER <input type="checkbox"/>   |   | → 613 |
| 612 | Who usually decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?                                 | RESPONDENT ..... 1<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/<br>PARTNER JOINTLY ..... 3<br>OTHER _____ 6<br>(SPECIFY) |       |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES                             |      |                 |                           | SKIP |
|-----|--|---|------|-----------------|---------------------------|------|
| 613 | In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:<br><br>a) making major household purchases?<br><br>b) making purchases for daily household needs?<br><br>c) deciding about visits to the wife's family or relatives?<br><br>d) deciding what to do with the money she earns for her work?<br><br>e) deciding how many children to have? | HUS-<br>BAND                                  | WIFE | BOTH<br>EQUALLY | DON'T<br>KNOW/<br>DEPENDS |      |
|     | a)   | 1   | 2    | 3               | 8                         |      |
|     | b)   | 1   | 2    | 3               | 8                         |      |
|     | c)   | 1   | 2    | 3               | 8                         |      |
|     | d)   | 1   | 2    | 3               | 8                         |      |
|     | e)   | 1   | 2    | 3               | 8                         |      |
| 614 | I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.<br><br>a) Childbearing is a woman's concern and there is no need for the father to get involved.<br><br>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.  | DIS-<br>AGREE AGREE DK                        |      |                 |                           |      |
|     | a)   | CHILD BEARING<br>WOMAN'S CONCERN              | 1    | 2               | 8                         |      |
|     | b)   | DOCTOR/NURSE'S<br>ASSISTANCE<br>CRUCIAL ..... | 1    | 2               | 8                         |      |
| 615 | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>If she goes out without telling him?<br>If she neglects the children?<br>If she argues with him?<br>If she refuses to have sex with him?<br>If she burns the food?  | YES NO DK                                     |      |                 |                           |      |
|     | If she goes out without telling him?   | GOES OUT .....                                | 1    | 2               | 8                         |      |
|     | If she neglects the children?  | NEGL. CHILDREN ...                            | 1    | 2               | 8                         |      |
|     | If she argues with him?  | ARGUES .....                                  | 1    | 2               | 8                         |      |
|     | If she refuses to have sex with him?   | REFUSES SEX .....                             | 1    | 2               | 8                         |      |
|     | If she burns the food?   | BURNS FOOD .....                              | 1    | 2               | 8                         |      |
| 616 | Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...<br><br>a) Get angry and reprimand her?<br><br>b) Refuse to give her money or other means of support?<br><br>c) Use force and have sex with her even if she doesn't want to?<br><br>d) Go ahead and have sex with another woman?   | YES NO DON'T<br>KNOW/<br>DEPENDS              |      |                 |                           |      |
|     | a)   |   | 1    | 2               | 8                         |      |
|     | b)   |   | 1    | 2               | 8                         |      |
|     | c)   |   | 1    | 2               | 8                         |      |
|     | d)   |   | 1    | 2               | 8                         |      |

SECTION 7. HIV/AIDS

| NO.                 | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
|---------------------|---|--|-------|-----|----|----|-------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|--|
| 701                 | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS?  | YES ..... 1<br>NO ..... 2  | → 733 |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 702                 | Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?                    | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 703                 | Can people get the AIDS virus from mosquito bites?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 704                 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 705                 | Can people get the AIDS virus by sharing food with a person who has AIDS?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 706                 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 707A                | Can people get the AIDS virus by touching a person who is infected with the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 708                 | Is it possible for a healthy-looking person to have the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 709                 | Can the virus that causes AIDS be transmitted from a mother to her baby:<br><br>During pregnancy?<br>During delivery?<br>By breastfeeding?            | <table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table> |       | YES | NO | DK | DURING PREG. .... | 1 | 2 | 8 | DURING DELIVERY ... | 1 | 2 | 8 | BREASTFEEDING ... | 1 | 2 | 8 |  |
|                     | YES   | NO   | DK    |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING PREG. ....   | 1   | 2  | 8     |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING DELIVERY ... | 1   | 2  | 8     |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| BREASTFEEDING ...   | 1   | 2  | 8     |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 710                 | CHECK 709:<br>AT LEAST <input type="checkbox"/><br>ONE 'YES'<br><br>OTHER <input type="checkbox"/> → 712  |  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 711                 | Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 712                 | Have you heard about special antiretroviral drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 712A                | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.   |  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 713                 | I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?  | YES ..... 1<br>NO ..... 2  | → 718 |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 714                 | When was the last time you were tested?   | LESS THAN 12 MONTHS AGO ..... 1<br>12 - 23 MONTHS AGO ..... 2<br>2 OR MORE YEARS AGO ..... 3   |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 715                 | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?                        | ASKED FOR THE TEST ..... 1<br>OFFERED AND ACCEPTED ..... 2<br>REQUIRED ..... 3   |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 716                 | I don't want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  |       |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP         |
|------|--|--|--------------|
| 717  | <p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>                  | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... 11</p> <p>PUBLIC HEALTH CENTER/<br/>INSTITUTION ..... 12</p> <p>BLOOD BANK ..... 13</p> <p>STAND-ALONE VCT CENTER .. 14</p> <p>OTHER PUBLIC _____ 16<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... 21</p> <p>OTHER PRIVATE<br/>MEDICAL _____ 26<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> | <p>→ 720</p> |
| 718  | <p>Do you know of a place where people can go to get tested for the AIDS virus?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | <p>→ 720</p> |
| 719  | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC HEALTH CENTER/<br/>INSTITUTION ..... B</p> <p>BLOOD BANK ..... C</p> <p>STAND-ALONE VCT CENTER .. D</p> <p>OTHER PUBLIC _____ G<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... H</p> <p>OTHER PRIVATE<br/>MEDICAL _____ M<br/>(SPECIFY)</p> <p>OTHER _____ X<br/>(SPECIFY)</p>         |              |
| 720  | <p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |              |
| 721  | <p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>   | <p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |
| 722  | <p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>  |              |
| 723  | <p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>  | <p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |
| 723A | <p>In your opinion, if a pupil has the AIDS virus but is not sick, should he/she be allowed to continue in the same class as other uninfected children?</p>  | <p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>   |              |
| 731  | <p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>  |              |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------|---|--|-------|
| 732  | Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 733  | CHECK 701:<br><br>HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?<br><br>NOT HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Have you heard about infections that can be transmitted through sexual contact? | YES ..... 1<br>NO ..... 2                                |       |
| 734  | CHECK 414:<br><br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/><br>↓<br>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 742   |  |       |
| 735  | CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?<br><br>YES <input type="checkbox"/><br>↓<br>NO <input type="checkbox"/> → 737   |  |       |
| 736  | 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<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 737  | Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 738  | Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 738A | Sometimes men experience pain or burning during urination. During the last 12 months, have you experienced pain or burning during urination?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 738B | Sometimes men find sexual intercourse painful. During the last 12 months, have you ever found sexual intercourse painful?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8          |       |
| 739  | CHECK 736, 737, 738, 738A AND 738B:<br><br>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/><br>↓<br>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 742   |  |       |
| 740  | The last time you had (PROBLEM FROM 736/737/738/738A/738B), did you seek any kind of advice or treatment?   | YES ..... 1<br>NO ..... 2                                | → 742 |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|------|--|--|------|
| 741  | <p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>POLYCLINIC ..... E</p> <p>HEALTH POST ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... H</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |      |
| 741A | <p>Who did you see for advice or treatment?</p> <p>Any one else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PROVIDER AND CIRCLE THE APPROPRIATE CODE(S).</p>  | <p>DERMATOLOGIST ..... A</p> <p>ANDROLOGIST ..... B</p> <p>FAMILY DOCTOR ..... C</p> <p>SPECIALIST _____ D</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>  |      |
| 742  | <p>Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |
| 743  | <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>   |      |
| 744  | <p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |
| 745  | <p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |      |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 801 | How is your health currently: very good, good, fair, poor, very poor?   | VERY GOOD ..... 1<br>GOOD ..... 2<br>FAIR ..... 3<br>POOR ..... 4<br>VERY POOR ..... 5   |       |
| 802 | Compared with 12 months ago, would you say that your health is now much better, somewhat better, about the same, somewhat worse, or much worse? | MUCH BETTER NOW ..... 1<br>SOMEWHAT BETTER ..... 2<br>ABOUT THE SAME ..... 3<br>SOMEWHAT WORSE ..... 4<br>MUCH WORSE NOW ..... 5   |       |
| 803 | Do you suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?                            | YES ..... 1<br>NO ..... 2  | → 805 |
| 804 | What type of illness or disability do you have?<br><br>RECORD ALL MENTIONED   | ASTHMA ..... A<br>BRONCHO-PNEUMONIA ..... B<br>TUBERCULOSIS ..... C<br>AUTONOMIC DISREGULATION ..... D<br>DEFORMITIES AT BIRTH ..... E<br>CANCER ..... F<br>CHRONIC FATIGUE ..... G<br>HEART DISEASE ..... H<br>CROHN'S DISEASE ..... I<br>INFECTIOUS DISEASES ..... J<br>DISEASES OF THE BLOOD<br>(HEMOPHILIA, TALASEMIA,<br>LEUKEMIA, ETC.) ..... K<br>DIABETES ..... L<br>HYPERTENSION, HYPOTENSION ... M<br>THYROID PROBLEMS ..... N<br>LUPUS ..... O<br>MULTIPLE SCHLEROSIS ..... P<br>PARKINSON'S DISEASE ..... Q<br>POLIO ..... R<br>ARTHRITIS ..... S<br>SCLERODERMA ..... T<br>EPILEPSY ..... U<br>SLEEP APNEA ..... V<br>PROBLEMS OF THE STOMACH<br>(ULCERS, GASTRITIS, ETC.) ..... W<br>URINARY INFECTIONS ..... 1<br>BONE AND LIGAMENT DISEASES . . 2<br><br>SEEING DISABILITIES ..... 3<br>HEARING DISABILITIE! ..... 4<br>PROBLEMS OF SPEAKING ..... 5<br>MOBILITY PROBLEMS ..... 6<br>MANIPULATION DISABLITIES ..... 7<br>MENTAL RETARDATION/<br>MENTAL ILLNESS ..... 8<br><br>OTHER<br>DISABILITY _____ X<br>(SPECIFY) |       |
| 805 | During the last 4 weeks have you had any sudden illness or injury, such as flu, diarrhea, a fracture, etc.?                                     | YES ..... 1<br>NO ..... 2  | → 807 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP       |
|-----|---|---|------------|
| 806 | What type of illness or injury did you have?<br><br>IF MORE THAN ONE, REFER TO THE MOST SERIOUS   | COLD/FLU ..... 01<br>STOMACH ..... 02<br>DIARRHEA ..... 03<br>EAR/NOSE/THROAT ..... 04<br>LIVER ..... 05<br>KIDNEY PROBLEMS ..... 06<br>HEADACHE ..... 07<br>HEART ..... 08<br>LUNG ..... 09<br>SKIN ILLNESS ..... 10<br>SEXUALLY TRANSMITTED<br>INFECTION/DISEASE ..... 11<br>BROKEN BONE ..... 12<br>OTHER TRAUMA ..... 13<br><br>OTHER<br>ILLNESS _____ 96<br>(SPECIFY)              |            |
| 807 | In the past 12 months, have you ever gone to a health facility when you were sick or needed advice about your health?                                   | YES ..... 1<br>NO ..... 2<br>HOME VISIT ..... 3<br>DON'T REMEMBER ..... 8   | ↓<br>→ 816 |
| 808 | The last time you went to a health facility when you were sick or needed advice about your health, where did you go first?                              | PUBLIC SECTOR<br>PUBLIC HOSPITAL ..... 11<br>PUBLIC HEALTH CENTRE ..... 12<br>HEALTH POST ..... 13<br>POLYCLINIC ..... 15<br><br>OTHER PUBLIC _____ 16<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... 21<br>PHARMACY ..... 22<br>PVT DOCTOR ..... 23<br><br>OTHER PRIVATE _____ 26<br>(SPECIFY)<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T REMEMBER ..... 98 |            |
| 809 | How did you get to that facility that time?   | ON FOOT ..... 1<br>BY BUS/MINI-BUS ..... 2<br>BY TAXI ..... 3<br>BY PERSONAL CAR ..... 4<br>BY ANIMAL, CART ..... 5<br><br>OTHER _____ 6<br>(SPECIFY)   |            |
| 810 | How long did it take to get to the facility by that means of transport?   | MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW/<br>DON'T REMEMBER ..... 998   |            |
| 811 | How would you rate the thoroughness and carefulness of the examination and treatment you received at that time: very good, good, fair, poor, very poor? | VERY GOOD ..... 1<br>GOOD ..... 2<br>FAIR ..... 3<br>POOR ..... 4<br>VERY POOR ..... 5  |            |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP               |
|------|--|---|--------------------|
| 812  | CHECK 808:<br>PUBLIC SECTOR <input type="checkbox"/><br>(11-16) ↓  | OTHER FACILITY <input type="checkbox"/>   | → 814              |
| 813  | The last time you visited (HEALTH FACILITY IN 808) did a health worker suggest you give him or her an informal payment for the consultation, visit, medical examination or other services?   | YES ..... 1<br>NO ..... 2<br>DON'T REMEMBER/REFUSED ..... 8   | → 814              |
| 813A | Did you receive an invoice?  | YES ..... 1<br>NO ..... 2<br>NOT ANSWERED ..... 9   |                    |
| 814  | We are interested in getting information on whether people pay for medical care instead of getting it free from the public health system.<br><br>In the last 12 months, have you ever directly paid for medical care, excluding drugs and dental care, that you could have obtained free of charge or at lower cost from the public health system?<br><br>IF YES: How often? | NEVER ..... 0<br>RARELY ..... 1<br>OFTEN ..... 2<br>ALWAYS ..... 3<br>DON'T KNOW/REFUSED ..... 8  | → 816<br><br>→ 816 |
| 815  | The last time you paid directly for medical care, what was the main reason you decided to pay:   | HAD NO OTHER ALTERNATIVE FOR THE SERVICES ..... 1<br>TO HAVE THE SERVICES AS QUICKLY AS POSSIBLE ..... 2<br>TO HAVE BETTER QUALITY SERVICES ..... 3<br>TO CHOOSE THE DOCTOR OR HEALTH FACILITY ..... 4<br>DID NOT KNOW HEALTH SERVICE COULD PROVIDE FOR FREE ... 5<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T REMEMBER/REFUSE ..... 8 |                    |
| 816  | During the last 12 months, have you ever avoided obtaining medical care because you could not pay for those services?<br><br>IF YES: How often?  | NEVER ..... 0<br>RARELY ..... 1<br>OFTEN ..... 2<br>DID NOT NEED MEDICAL SERVICES 7<br>DON'T KNOW/REFUSED ..... 8   |                    |
| 817  | Do you believe that during the last 12 months your health has declined due to problems in paying for medical care?<br><br>IF YES: Did your health decline very much, some, or a little?  | VERY MUCH ..... 1<br>SOME ..... 2<br>A LITTLE ..... 3<br>NO, NOT AT ALL ..... 4<br>DON'T REMEMBER/REFUSED ..... 8   |                    |
| 818  | Some men are circumcised. Are you circumcised?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                    |
| 820  | Do you currently smoke cigarettes?   | YES ..... 1<br>NO ..... 2   | → 822              |
| 821  | In the last 24 hours, how many cigarettes did you smoke?   | CIGARETTES ..... <input type="text"/>   |                    |
| 822  | Have you smoked at least 100 cigarettes in your life?  | YES ..... 1<br>NO ..... 2   |                    |
| 823  | Do you currently smoke or use any other type of tobacco?   | YES ..... 1<br>NO ..... 2   | → 825              |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--------|
| 824  | What (other) type of tobacco do you currently smoke or use?<br><br>RECORD ALL MENTIONED.   | PIPE ..... A<br><br>OTHER _____ X<br>(SPECIFY)   |        |
| 825  | CHECK 820 AND 823:<br>AT LEAST <input type="checkbox"/><br>ONE 'YES' ↓   | BOTH 'NO' <input type="checkbox"/> → 828   |        |
| 826  | At what age did you start smoking (or using other tobacco) regularly?<br>IF AGE NOT KNOWN, PROBE FOR APPROXIMATE AGE.  | AGE STARTED SMOKING ... <input type="text"/> <input type="text"/>  |        |
| 827  | Have you tried to stop smoking in the past 12 months?  | YES ..... 1<br>NO ..... 2  |        |
| 828  | In what ways do you believe smoking can cause health problems?<br><br>PROBE: Any others?<br><br>RECORD ALL MENTIONED.  | LUNG CANCER ..... A<br>THROAT OR LARYNX CANCER ..... B<br>PROBLEMS IN THE VOCAL<br>CHORDS OR LARYNX ..... C<br>CHRONIC BRONCHITIS ..... D<br>ASTHMA ..... E<br>HEART DISEASE ..... F<br>STROKE ..... G<br>IMPOTENCY IN MEN ..... H<br>COMPLICATIONS IN PREGNANCY ..... I<br><br>OTHER _____ X<br>(SPECIFY)<br>NONE ..... Y<br>DON'T KNOW ..... Z |        |
| 829  | Have you ever consumed a drink that contains alcohol such as beer, wine, raki, or other spirits?   | YES ..... 1<br>NO ..... 2  | → 832A |
| 830  | Was this within the last 12 months?  | YES ..... 1<br>NO ..... 2  | → 832A |
| 831  | In the last 12 months, how frequently have you had at least one drink?   | 5 OR MORE DAYS PER WEEK ... 1<br>1-4 DAYS PER WEEK ..... 2<br>1-3 DAYS PER MONTH ..... 3<br>LESS THAN ONCE A MONTH ..... 4   |        |
| 832  | When you drink alcohol, on average, how many drinks do you have each day?  | DRINKS ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 98  |        |
| 832A | Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | ↓ 833  |
| 832B | Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 832C | To lower your hypertension or high blood pressure, are you now:<br><br>a. Taking prescribed medicine?<br>b. Controlling your weight or losing weight?<br>c. Cutting down on salt in your diet?<br>d. Exercising?<br>e. Stopping smoking? | YES NO N/A<br>TAKE MEDICINE ..... 1 2 3<br>CONTROL WEIGHT ..... 1 2 3<br>CUT DOWN SALT ..... 1 2 3<br>EXERCISE ..... 1 2 3<br>STOP SMOKING ..... 1 2 3   |        |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP               |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
|--|---|--|--------------------|---------------------------------------|---------------------------|-------------------------|--------------------|---------------------------------------|--------------------|-------|-------|----------------------------|-------|---------------------|--------------------|-------|-------|-----------------------|-----------------|-------|--------------------|-------|---|-----------------------------|-----|-----|-----|--|--|-----|-----|-----|--|-----------------|-----|-----|-----|--|--|--------------------|--------------------|--------------------|--|--|----------------|----------------|-----------------|-----------------|
| 833  | <p>Many different factors can prevent people 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?</p> <p>Getting money needed for treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern that there may not be any health provider?</p> <p>Concern that there may be no drugs available?</p> <p>Concern that there may be no supplies or equipment available?</p>   | <table border="0"> <tr> <td></td> <td style="text-align: right;">BIG<br/>PROB-<br/>LEM</td> <td style="text-align: right;">NOT A BIG<br/>PROB-<br/>LEM</td> </tr> <tr> <td>GETTING MONEY . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DISTANCE . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TAKING TRANSPORT . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GO ALONE . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO PROVIDER . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO DRUGS . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO SUPPLIES/EQUIPM. . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> |                    | BIG<br>PROB-<br>LEM                   | NOT A BIG<br>PROB-<br>LEM | GETTING MONEY . . . . . | 1                  | 2                                     | DISTANCE . . . . . | 1     | 2     | TAKING TRANSPORT . . . . . | 1     | 2                   | GO ALONE . . . . . | 1     | 2     | NO PROVIDER . . . . . | 1               | 2     | NO DRUGS . . . . . | 1     | 2 | NO SUPPLIES/EQUIPM. . . . . | 1   | 2   |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
|  | BIG<br>PROB-<br>LEM   | NOT A BIG<br>PROB-<br>LEM  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| GETTING MONEY . . . . .  | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| DISTANCE . . . . .   | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| TAKING TRANSPORT . . . . .   | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| GO ALONE . . . . .   | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| NO PROVIDER . . . . .  | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| NO DRUGS . . . . .   | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| NO SUPPLIES/EQUIPM. . . . .  | 1   | 2  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| 834  | Are you covered by any health insurance?  | YES . . . . . 1<br>NO . . . . . 2  | → 836              |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| 835  | <p>What type of health insurance?</p> <p>RECORD ALL MENTIONED.</p>  | STATE HEALTH INSURANCE . . . . . A<br>STATE SOCIAL INSURANCE . . . . . B<br>VOLUNTARY HEALTH INSURANCE . . . . . C<br>PRIVATELY PURCHASED<br>COMMERCIAL HEALTH INSURANCE. D<br><br>OTHER _____ X<br>(SPECIFY)  |                    |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| 836  | <p>May I measure your blood pressure and pulse at this time?</p> <p>MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS IN 3RD COLUMN.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">101D<br/>1ST MEASURE</th> <th style="width: 25%; text-align: center;">500A<br/>2ND MEASURE</th> <th style="width: 25%; text-align: center;">836<br/>3RD MEASURE</th> <th style="width: 25%; text-align: center;">AVERAGE OF<br/>2ND AND 3RD<br/>MEASURES</th> </tr> </thead> <tbody> <tr> <td>SYSTOLIC . . . . .</td> <td style="text-align: center;">□ □ □</td> </tr> <tr> <td>DIASTOLIC . . . . .</td> <td style="text-align: center;">□ □ □</td> </tr> <tr> <td>PULSE . . . . .</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">□ □ □</td> <td></td> </tr> <tr> <td>REFUSED . . . . .</td> <td style="text-align: center;">994</td> <td style="text-align: center;">994</td> <td style="text-align: center;">994</td> <td></td> </tr> <tr> <td>BLOOD PRESSURE AND PULSE<br/>NOT MEASURED DUE TO:<br/>TECHNICAL PROBLEMS . . . . .</td> <td style="text-align: center;">995</td> <td style="text-align: center;">995</td> <td style="text-align: center;">995</td> <td></td> </tr> <tr> <td>OTHER . . . . .</td> <td style="text-align: center;">996</td> <td style="text-align: center;">996</td> <td style="text-align: center;">996</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">_____<br/>(SPECIFY)</td> <td style="text-align: center;">_____<br/>(SPECIFY)</td> <td style="text-align: center;">_____<br/>(SPECIFY)</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">GO BACK TO 102</td> <td style="text-align: center;">GO BACK TO 501</td> <td style="text-align: center;">GO TO NEXT COL.</td> <td style="text-align: center;">CONTINUE TO 837</td> </tr> </tbody> </table> |  |                    |                                       | 101D<br>1ST MEASURE       | 500A<br>2ND MEASURE     | 836<br>3RD MEASURE | AVERAGE OF<br>2ND AND 3RD<br>MEASURES | SYSTOLIC . . . . . | □ □ □ | □ □ □ | □ □ □                      | □ □ □ | DIASTOLIC . . . . . | □ □ □              | □ □ □ | □ □ □ | □ □ □                 | PULSE . . . . . | □ □ □ | □ □ □              | □ □ □ |   | REFUSED . . . . .           | 994 | 994 | 994 |  | BLOOD PRESSURE AND PULSE<br>NOT MEASURED DUE TO:<br>TECHNICAL PROBLEMS . . . . . | 995 | 995 | 995 |  | OTHER . . . . . | 996 | 996 | 996 |  |  | _____<br>(SPECIFY) | _____<br>(SPECIFY) | _____<br>(SPECIFY) |  |  | GO BACK TO 102 | GO BACK TO 501 | GO TO NEXT COL. | CONTINUE TO 837 |
|  | 101D<br>1ST MEASURE   | 500A<br>2ND MEASURE  | 836<br>3RD MEASURE | AVERAGE OF<br>2ND AND 3RD<br>MEASURES |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
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| PULSE . . . . .  | □ □ □   | □ □ □  | □ □ □              |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| REFUSED . . . . .  | 994   | 994  | 994                |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| BLOOD PRESSURE AND PULSE<br>NOT MEASURED DUE TO:<br>TECHNICAL PROBLEMS . . . . . | 995   | 995  | 995                |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
| OTHER . . . . .  | 996   | 996  | 996                |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
|  | _____<br>(SPECIFY)  | _____<br>(SPECIFY)   | _____<br>(SPECIFY) |                                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |
|  | GO BACK TO 102  | GO BACK TO 501   | GO TO NEXT COL.    | CONTINUE TO 837                       |                           |                         |                    |                                       |                    |       |       |                            |       |                     |                    |       |       |                       |                 |       |                    |       |   |                             |     |     |     |  |  |     |     |     |  |                 |     |     |     |  |  |                    |                    |                    |  |  |                |                |                 |                 |

| NO.             | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
|-----------------|---|---|-------|-----------------|---------|-------|-------|---------|---------|-------|-------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|-------|---|---|---|---|---|---|--|--|
| 837             | <p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES ABOVE</p> <p style="text-align: center;"><b>ADULT BLOOD PRESSURE VALUE BOX:</b></p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><b>SYSTOLIC</b></th> <th style="text-align: center; padding: 5px;">&lt;=84</th> <th style="text-align: center; padding: 5px;">85-89</th> <th style="text-align: center; padding: 5px;">90-99</th> <th style="text-align: center; padding: 5px;">100-109</th> <th style="text-align: center; padding: 5px;">110-119</th> <th style="text-align: center; padding: 5px;">&gt;=120</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">&lt;=129</td> <td style="text-align: center; padding: 2px 5px;">1</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">130-139</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">140-159</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">160-179</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">180-209</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">&gt;=210</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> </tbody> </table> <p style="margin-top: 10px; font-size: small;">CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE,<br/>DRAW THE LINES AND CIRCLE THE VALUE WHERE THE LINES ARE CROSSED,<br/>CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p> |   |       | <b>SYSTOLIC</b> | <=84    | 85-89 | 90-99 | 100-109 | 110-119 | >=120 | <=129 | 1 | 2 | 3 | 4 | 5 | 6 | 130-139 | 2 | 2 | 3 | 4 | 5 | 6 | 140-159 | 3 | 3 | 3 | 4 | 5 | 6 | 160-179 | 4 | 4 | 4 | 4 | 5 | 6 | 180-209 | 5 | 5 | 5 | 5 | 5 | 6 | >=210 | 6 | 6 | 6 | 6 | 6 | 6 |  |  |
| <b>SYSTOLIC</b> | <=84  | 85-89   | 90-99 | 100-109         | 110-119 | >=120 |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| <=129           | 1   | 2   | 3     | 4               | 5       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| 130-139         | 2   | 2   | 3     | 4               | 5       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| 140-159         | 3   | 3   | 3     | 4               | 5       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| 160-179         | 4   | 4   | 4     | 4               | 5       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| 180-209         | 5   | 5   | 5     | 5               | 5       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| >=210           | 6   | 6   | 6     | 6               | 6       | 6     |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
| 838             | RECORD THE TIME.  | HOUR ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px; vertical-align: middle;"> <tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr> <tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr> </table><br>MINUTES ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px; vertical-align: middle;"> <tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr> <tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr> </table> |       |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
|                 |   |   |       |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
|                 |   |   |       |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
|                 |   |   |       |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |
|                 |   |   |       |                 |         |       |       |         |         |       |       |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |         |   |   |   |   |   |   |       |   |   |   |   |   |   |  |  |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHILD IMMUNIZATION RECORD FROM HEALTH CENTRE**

|            |   |  |                      |                  |  |                      |                            |   |                      |  |
|------------|---|--|----------------------|------------------|--|----------------------|----------------------------|---|----------------------|--|
| PSU NUMBER | <input type="text"/>  | <input type="text"/>   | <input type="text"/> | HOUSEHOLD NUMBER | <input type="text"/>   | <input type="text"/> | MOTHER'S NAME AND LINE NO. | <input type="text"/>  | <input type="text"/> |  |
| 501        | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. COMPLETE THE TOP HALF OF THIS FORM FOR ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). |  |                      |                  |  |                      |                            |   |                      |  |
| 502        | LINE NUMBER FROM 212  | LAST BIRTH<br>LINE NUMBER <input type="text"/>   |                      |                  | NEXT-TO-LAST BIRTH<br>LINE NUMBER <input type="text"/>   |                      |                            | SECOND-FROM-LAST BIRTH<br>LINE NUMBER <input type="text"/>  |                      |  |
| 503        | FIRST NAME FATHER'S NAME LAST NAME<br><br>FROM 212 AND 216  | FIRST FATHER'S LAST<br><br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><br>(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, END FORM) |                      |                  | FIRST FATHER'S LAST<br><br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><br>(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, END FORM) |                      |                            | FIRST FATHER'S LAST<br><br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><br>(GO TO 502 IN FIRST COLUMN OF NEW FORM, OR IF NO MORE BIRTHS, END FORM) |                      |  |
| 503A       | RECORD MONTH AND YEAR OF BIRTH FROM 215 AND ASK DAY OF BIRTH  | DAY MONTH YEAR<br><input type="text"/>   |                      |                  | DAY MONTH YEAR<br><input type="text"/>   |                      |                            | DAY MONTH YEAR<br><input type="text"/>  |                      |  |
| 503B       | RECORD NAME OF HEALTH CENTRE AT WHICH VACCINATION RECORD IS KEPT  | HEALTH CENTRE<br><input type="text"/>  |                      |                  | HEALTH CENTRE<br><input type="text"/>  |                      |                            | HEALTH CENTRE<br><input type="text"/>   |                      |  |

**HEALTH CENTRE VISIT**

|   |  |  |  |  |
|---|--|--|--|--|
| REQUEST TO SEE THE VACCINATION RECORD OF EACH OF THE CHILDREN LISTED ABOVE. USE THE FULL NAME AND DATE OF BIRTH TO FIND THE CHILD IN THE VACCINATION RECORD. IF THE VACCINATION RECORD IS FOUND FOR THE CHILD, RECORD THE DATE OF BIRTH AND DATE OF EACH VACCINATION BELOW. |  |  |  |  |
| 504   | VACCINATION RECORD FOR (NAME) EXISTS AT THE HEALTH CENTRE?   | YES, VACCINATION RECORD SEEN ..... 1<br>NO, VACCINATION RECORD NOT SEEN . 2<br>(NEXT COLUMN) ← | YES, VACCINATION RECORD SEEN ..... 1<br>NO, VACCINATION RECORD NOT SEEN . 2<br>(NEXT COLUMN) ← | YES, VACCINATION RECORD SEEN ..... 1<br>NO, VACCINATION RECORD NOT SEEN . 2<br>(NEXT COLUMN) ← |
| 504A  | RECORD DATE OF BIRTH AS WRITTEN ON VACCINATION RECORD  | DAY MONTH YEAR<br><input type="text"/>   | DAY MONTH YEAR<br><input type="text"/>   | DAY MONTH YEAR<br><input type="text"/>   |
| 506   | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE VACCINATION CARD OR CHILD HEALTH BOOK<br>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. |  |  |  |
|   |  | DAY MONTH YEAR   | DAY MONTH YEAR   | DAY MONTH YEAR   |
|   | POLIO 1  | <input type="text"/>   | P1 <input type="text"/>  | P1 <input type="text"/>  |
|   | POLIO 2  | <input type="text"/>   | P2 <input type="text"/>  | P2 <input type="text"/>  |
|   | POLIO 3  | <input type="text"/>   | P3 <input type="text"/>  | P3 <input type="text"/>  |
|   | DTP 1  | <input type="text"/>   | D1 <input type="text"/>  | D1 <input type="text"/>  |
|   | DTP 2  | <input type="text"/>   | D2 <input type="text"/>  | D2 <input type="text"/>  |
|   | DTP 3  | <input type="text"/>   | D3 <input type="text"/>  | D3 <input type="text"/>  |
|   | MEASLES (MMR/MR)   | <input type="text"/>   | MMR <input type="text"/>   | MMR <input type="text"/>   |
|   | BCG  | <input type="text"/>   | BCG <input type="text"/>   | BCG <input type="text"/>   |
|   | HEP.B 1  | <input type="text"/>   | H1 <input type="text"/>  | H1 <input type="text"/>  |
|   | HEP.B 2  | <input type="text"/>   | H2 <input type="text"/>  | H2 <input type="text"/>  |
|   | HEP.B 3  | <input type="text"/>   | H3 <input type="text"/>  | H3 <input type="text"/>  |