

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN

REPUBLIC OF AZERBAIJAN

IDENTIFICATION																										
LOCATION _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER ECONOMIC REGION RAYON BAKU/CITY/TOWN/RURAL (BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																									
IS THIS HOUSEHOLD SELECTED FOR THE MALE INTERVIEWS(YES = 1, NO = 2) <input type="checkbox"/>																										
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> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> 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> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr></table>																						
INTERVIEWER'S NAME	_____	_____	_____																							
RESULT*	_____	_____	_____																							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>																						
TIME	_____	_____																								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																						
QUESTIONNAIRE LANGUAGE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> NATIVE LANGUAGE OF RESPONDENT: <input type="checkbox"/> CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____) TRANSLATOR USED: (YES = 1, NO = 2) <input type="checkbox"/>																										

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><td></td></tr></table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><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>		

Introduction and Consent

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. 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 20 and 25 minutes to complete.

As part of the survey we would first like to ask some questions about your household. In accordance with the law of the Republic of Azerbaijan "About Statistics", all of the answers you give will be confidential and will be used only for obtaining the cumulative data on regional and country levels. 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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 16 OR OLDER				IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)? IF LESS THAN 12 MONTHS, RECORD '00'	Is (NAME) a refugee?	Where did (NAME) live before 1988?	Is (NAME) an internally displaced person?		Where did (NAME) live before 1988?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE 4 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 12 MONTHS, RECORD '00'	Is (NAME) a refugee?	Where did (NAME) live before 1988?	Is (NAME) an internally displaced person?	Where did (NAME) live before 1988?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	Y N DK 1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	Y N DK 1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	01	01	01
02		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	02	02	02
03		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	03	03	03
04		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	04	04	04
05		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	05	05	05
06		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	06	06	06
07		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	07	07	07
08		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	08	08	08
09		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	09	09	09
10		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 7C	<div><div></div><div></div></div>	1 2 8 ↓ GO TO 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE/NEPHEW BY BLOOD
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW BY MARRIAGE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

CODES FOR Q7B REFUGEES FROM:

1 ARMENIA
2 KAZAKHSTAN
3 UZBEKISTAN
6 OTHER

CODES FOR Q7D IDP FROM:

01 AGDAM
02 AGDERE
03 FUZULI
04 GUBADLI
05 DJEBRAIL
06 KELBADJAR
07 HODJAVEND
08 HODJALI
09 LACHIN
10 SHUSHA
11 ZANGILAN
12 HANKENDI
96 OTHER

LINE NO.	INJURIES IN THE LAST MONTH		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
01	Y N DK 1 2 8 ↓ GO TO 13	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 33	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/>

CODES FOR Q. 12B: INJURIES

11= ASSAULT AT HOME
12= ASSAULT OUTSIDE HOME
13= ACCIDENT AT HOME
14= ACCIDENT AT WORK
15= TRAFFIC COLLISION
16= SPORT INJURY
96= OTHER UNINTENTIONAL INJURY

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

LEVEL	GRADE
1 = PRIMARY	1-4
2 = BASIC SECONDARY	5-9
3 = COMPLETE SECONDARY	10-11
4 = PTU	1-3
5 = TEKHNICUM	1-3
6 = HIGHER	1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS)
8 = DON'T KNOW	
	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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			IF AGE 16 OR OLDER				IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 12 MONTHS, RECORD '00'	Is (NAME) a refugee?	Where did (NAME) live before 1988?	Is (NAME) an internally displaced person?	Where did (NAME) live before 1988?	MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N DK 1 2 8 GO TO 7C	<input type="text"/>	Y N DK 1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

CODES FOR Q7B REFUGEES FROM:

CODES FOR Q7D IDP FROM:

(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
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

- 1 ARMENIA
2 KAZAKHSTAN
3 UZBEKISTAN
6 OTHER

- 01 AGDAM
02 AGDERE
03 FUZULI
04 GUBADLI
05 DJEBRAIL
06 KELBADJAR
07 HODJAVEND
08 HODJALI
09 LACHIN
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11 ZANGILAN
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96 OTHER

LINE NO.	INJURIES IN THE LAST MONTH		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
11	Y N DK 1 2 8 ↓ GO TO 13	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 33	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 33	LEVEL GRADE <input type="text"/>
12	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
13	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
14	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
15	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
16	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
17	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
18	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
19	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>
20	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/>

CODES FOR Q. 12B: INJURIES

11= ASSAULT AT HOME
 12= ASSAULT OUTSIDE HOME
 13 =ACCIDENT AT HOME
 14= ACCIDENT AT WORK
 15= TRAFFIC COLLISION
 16= SPORT INJURY
 96= OTHER UNINTENTIONAL INJURY

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

LEVEL	GRADE
1 = PRIMARY	1-4
2 = BASIC SECONDARY	5-9
3 = COMPLETE SECONDARY	10-11
4 = PTU	1-3
5 = TEKHNICUM	1-3
6 = HIGHER	1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS)
8 = DON'T KNOW	
	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

EARLY LEARNING AND BIRTH REGISTRATION

33	CHECK COLUMN CHILDREN AGE 0-14	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	NO CHILDREN	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	AGE 0-14	SKIP TO 91
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The following questions are to be administered only to the most knowledgeable adult (mother, father, other primary caretaker or guardian of each child).

CHILDREN AGE 0-14 YEARS					CHILDREN AGE 0 -4											
NO.	LINE NUMBER	NAME OF CHILD	CHILD'S AGE	PARENT'S OR CARETAKER'S LINE NUMBER AND NAME	EARLY LEARNING											
	WRITE CHILD'S LINE NUMBER FROM COLUMN 1 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 0-14	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE. ONLY INCLUDE CHILDREN AGED 0-14	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	WRITE PARENT'S OR CARETAKER'S LINE NUMBER FROM COLUMNS 14, 17 OR 1 IN THE HOUSEHOLD SCHEDULE: IF NOT AVAILABLE, RECORD '00' AND CONTINUE TO NEXT CHILD IN COLUMN 34.	<p>In the past 3 days, did you or any other household member over 15 years of age engage in any of the following activities with (NAME)?</p> <p>IF YES: Who engaged in this activity with (NAME): the mother, the father or another adult member of household (including the caretaker/respondent)?</p> <p>CIRCLE ALL THAT APPLY</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%; border: 1px solid black; text-align: center;">Read books or look at picture books with (NAME) ?</td> <td style="width:16.6%; border: 1px solid black; text-align: center;">Tell stories to (NAME)?</td> <td style="width:16.6%; border: 1px solid black; text-align: center;">Sing songs with (NAME)?</td> <td style="width:16.6%; border: 1px solid black; text-align: center;">Take (NAME) outside the home, compound, yard or enclosure?</td> <td style="width:16.6%; border: 1px solid black; text-align: center;">Play with (NAME) ?</td> <td style="width:16.6%; border: 1px solid black; text-align: center;">Spend time with (NAME) naming, counting, and/or drawing things?</td> </tr> </table>						Read books or look at picture books with (NAME) ?	Tell stories to (NAME)?	Sing songs with (NAME)?	Take (NAME) outside the home, compound, yard or enclosure?	Play with (NAME) ?	Spend time with (NAME) naming, counting, and/or drawing things?
Read books or look at picture books with (NAME) ?	Tell stories to (NAME)?	Sing songs with (NAME)?	Take (NAME) outside the home, compound, yard or enclosure?	Play with (NAME) ?	Spend time with (NAME) naming, counting, and/or drawing things?											
	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)						
1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
2	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
3	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
4	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
5	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
6	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						
7	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y	MOTHER.....A FATHER.....B OTHER ADULT.....X NO ADULT.....Y						

EARLY LEARNING AND BIRTH REGISTRATION

			CHILDREN AGE 0-4 YEARS				CHILDREN AGE 3-4	
			BIRTH REGISTRATION				EARLY LEARNING	
NO	<p>Sometimes adults taking care of the children, have to leave the house to go shopping, wash clothes or for other reasons and have to leave young children with another child.</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?</p> <p>IF NONE, RECORD '00'</p>	<p>In the past week, how many times was (NAME) left alone?</p> <p>IF NONE, RECORD '00'</p>	Does (NAME) have a birth certificate?	May I see (NAME) the birth certificate?	Has (NAME)'s birth been registered with the civil authority?	Why was not (NAME)'s birth registered? SEE CODES BELOW	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government, facility including kindergarten or community child care?	Within the last 7 days, how many hours did (NAME) attend the programme?
	(44)	(44A)	(44B)	(44C)	(44D)	(44E)	(45)	(46)
1	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
2	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
3	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
4	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
5	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
6	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>
7	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>NUMBER OF TIMES</p> <div> <div></div> <div></div> </div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 44D</p>	<p>SEEN NOT SEEN</p> <p>1 2</p> <p>GO TO 45</p>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 45</p>	<div></div>	<p>Y N DK</p> <p>1 2 8</p> <p>GO TO 54</p>	<p>HOURS</p> <div> <div></div> <div></div> </div>

CODES FOR Qs. 44T: BIRTH REGISTRATION

- 1 = COSTS TOO MUCH
- 2 = MUST TRAVEL FAR
- 3 = UNAWARE IT WAS NECESSARY
- 4 = UNAWARE OF PLACE TO REGISTER
- 5 = UNAWARE OF HOW TO REGISTER
- 6 = OTHER SPECIFY

CHILD DISCIPLINE FOR SELECTED CHILD AGE 2-14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
57	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 2-14 YEARS FROM COLUMNS 34 AND 35:	LINE NUMBER <input type="text"/> <input type="text"/> NAME
58	LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER CARETAKER FROM COLUMN 37: IF "00" IN COLUMN 37 SKIP TO 91	LINE NUMBER <input type="text"/> <input type="text"/> NAME IF "00" IN COLUMN 37 SKIP TO 91

**REMIND RESPONDENT FROM TIME TO TIME
THAT YOU ARE ASKING ABOUT THE
LAST MONTH (30 DAYS)**

	All adults use certain ways to teach or to address a behavior problem. I will read various methods that are used. I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month.	
59	Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house (in the past month)?	YES 1 NO 2
60	Explained why some behavior was wrong (in the past month)?	YES 1 NO 2
61	Shook him/her (in the past month)?	YES 2 NO
62	Shouted, yelled or screamed at (NAME) in the past month?	YES 1 NO 2
63	Gave him/her something else to do (in the past month)?	YES 1 NO 2
64	Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)?	YES 1 NO 2
65	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other (in the past month)	YES 1 NO 2
66	Called him/her dumb, lazy, or a similar name (in the past month)?	YES 1 NO 2
67	Hit or slapped him/her on the face, head or ears (in the past month)?	YES 1 NO 2
68	Hit or slapped him/her on the hand, arm or leg (in the past month)?	YES 1 NO 2
69	Beat her/him up with an implement (hit over and over as hard as one could) (in the past month)?	YES 1 NO 2
70	Do you believe that in order to bring up (raise, educate) (NAME) properly, you need to physically punish him/her?	YES 1 NO 2 DON'T KNOW 8

TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS

54	CHECK COLUMN 36:	MORE THAN ONE CHILD AGE 2-14: <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div> ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS	ONLY ONE CHILD AGE 2-14 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	→ 57 → 91
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INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 2-14 IN COLUMN (36). THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE. THEN, GO TO COLUMN (34) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER IN Q.57 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.58.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE CHILD. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN (34) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.57. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST, OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.58.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF CHILDREN AGE 2-14 IN THE HOUSEHOLD/WOMEN 15-49							
	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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
91	In the last 12 months, has anyone in the household died?	YES 1 NO 2	→ 95
92	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS <input type="text"/> <input type="text"/>	
93	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS <input type="text"/> <input type="text"/>	
94	In the last 12 months, how many people in your household died from an unintentional injury they sustained as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS <input type="text"/> <input type="text"/>	
95	Has anyone in the HH smoked cigarettes inside of the house yesterday?	YES 1 NO 2 DON'T KNOW 8	
96	Has anyone in the HH smoked cigarettes inside of the house during the last 30 days?	YES 1 NO 2 DON'T KNOW 8	
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 106 → 106

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	WOMAN 15 YEARS AND OLDER 1 MAN 15 YEARS AND OLDER 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH/COTTON C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F SPECIAL STONE FILTER G OTHER X (SPECIFY) DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO SOMEWHERE ELSE 14 PIT LATRINE WITH SLAB 22 OPEN PIT/HOLE IN THE GROUND 23 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 111
109	Do you share this toilet facility with other households?	YES 1 NO 2	<input type="checkbox"/> → 111
110	How many households use this toilet facility? ASK ABOUT NUMBER OF HOUSEHOLDS AND NOT INDIVIDUAL HOUSEHOLD MEMBERS	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
111	Does your household have:	YES	NO	
	Electricity?	ELECTRICITY	1 2	
	A clock?	CLOCK	1 2	
	A radio?	RADIO	1 2	
	A roll photo-camera?	PHOTO CAMERA	1 2	
	A video-camera?	VIDEO CAMERA	1 2	
	An audio tape player?	AUDIO TAPE PLAYER	1 2	
	Divan/sofa?	DIVAN/SOFA	1 2	
	Stenka?	MEBELNAYA STENKA	1 2	
	Gorka (for living room)	GORKA	1 2	
	A computer?	COMPUTER	1 2	
	A black and white television?	B/W TELEVISION	1 2	
	A colour television?	COLOR TELEVISION	1 2	
	A satellite dish?	SATELITE DISH	1 2	
	A DVD player?	DVD PLAYER	1 2	
	A mobile telephone?	MOBILE TELEPHONE	1 2	
	A land line?	NON-MOBILE TELEPHONE	1 2	
	A refrigerator?	REFRIGERATOR	1 2	
	A freezer?	FREEZER	1 2	
	A washing machine?	WASHING MACHINE	1 2	
	An electric generator?	ELECTR. GENERATOR	1 2	
	A ventilator or an air conditioner?	VENTILATOR/AIR CONDITION.	1 2	
	A water heater?	WATER HEATER	1 2	
112	What type of fuel does your household mainly use ?	ELECTRICITY	01	→ 115
		NATURAL GAS	03	
		COMPRESSED GAS	04	
		KEROSENE/SOLYARKA	05	
		COAL, LIGNITE	06	
		CHARCOAL	07	
		FIREWOOD/STRAW	08	
		ANIMAL DUNG	09	
		NO FOOD COOKED IN HOUSEHOLD	95	→ 117
		OTHER _____ (SPECIFY)	96	
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE	1	→ 115
		OPEN STOVE	2	
		CLOSED STOVE WITH CHIMNEY	3	
		OTHER _____ (SPECIFY)	6	
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY	1	
		HOOD	2	
		NEITHER	3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE	1	→ 117
		IN A SEPARATE BUILDING	2	
		OUTDOORS	3	
		OTHER _____ (SPECIFY)	6	
116	Do you have a separate room which is used as a kitchen?	YES	1	
		NO	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
120	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>															
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat? Tractor?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> BICYCLE 1 2 MOTORCYCLE/SCOOTER ... 1 2 ANIMAL-DRAWN CART 1 2 CAR/TRUCK 1 2 BOAT 1 2 TRACTOR 1 2															
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124														
123	How many hectares of agricultural land do members of this household own?	IF >= 1 HECTARE, HECTARES .. 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> IF < 1 HECTARE, ARI 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 998															
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126														
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats? Sheep? Fowl (ex. Chickens, geese, ducks, turkey)? Pigs? Rabbits?	CATTLE/COWS/BULLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> HORSES/DONKEYS/MULES ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> GOATS? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> SHEEP? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> FOWL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> PIGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> RABBITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>															
126	Does any member of this household have a bank account?	YES 1 NO 2															
126A	If you consider your current income, are you and this household able to make ends meet with: great difficulty, some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY 1 SOME DIFFICULTY 2 A LITTLE DIFFICULTY 3 FAIRLY EASILY 4 EASILY 5 VERY EASILY 6 DON'T KNOW 8															
126B	Has this household had problems paying bills for rent, electricity, or gas during the last 12 months?	YES 1 NO 2 DON'T KNOW 8															
126C	If you were in a situation where you had to get 350.000 manat (around \$80) in one week, would you manage to do that?	YES 1 NO 2 DON'T KNOW 8	→ 138 → 138														
126D	If you could raise 350.000 manats in one week, how would you do it? RECORD ALL RESPONSES.	OWN SAVINGS A BORROW FROM FAMILY B BORROW FROM FRIENDS/ RELATIVES C BORROW FROM BANK/ CREDITORS D OTHER X SPECIFY															
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 (SPECIFY REASON)															

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	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

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

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 TEST PROCEDURE IN 513.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG.	KG.	KG.
506	HEIGHT IN CENTIMETERS	CM.	CM.	CM.
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ...	LINE NUMBER ...	LINE NUMBER ...
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 (SIGN) REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (9).	G/DL .	G/DL .	G/DL .
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 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.			
514A	HEALTH TECHNICIAN'S NAME AND NUMBER		DATE OF THE VISIT	

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 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.

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(S) OF CHILD(REN) to participate in the anemia test?

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

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (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 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) 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. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 (SIGN) _____ REFUSED 2 (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 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 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.			
514A	HEALTH TECHNICIAN'S NAME AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF THE VISIT _____	
	CHECK 502,503,509 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA.			
	TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 502, 503) → <input type="text"/> <input type="text"/>	HEIGHT AND WEIGHT MEASURED (CHECK 505, 506, 508) → <input type="text"/> <input type="text"/>		
	TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 502, 503, 509) → <input type="text"/> <input type="text"/>	TOTAL TESTED FOR ANEMIA (CHECK 512,513) → <input type="text"/> <input type="text"/>		

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

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). A FINAL OUTCOME MUST BE RECORDER 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) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
518	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"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (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"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <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 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).

CONSENT STATEMENT FOR ANEMIA TEST

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?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8 2
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). 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- GLOBIN LEVEL HERE AND IN 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 CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
529	_____ <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECHNICIAN'S NAME AND NUMBER		DATE OF THE VISIT _____	
	<p>CHECK 516 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA.</p> <p>TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 516) → <input type="text"/> <input type="text"/> HEIGHT AND WEIGHT MEASURED (CHECK 517, 518, 519) → <input type="text"/> <input type="text"/></p> <p>TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 516) → <input type="text"/> <input type="text"/> TOTAL TESTED FOR ANEMIA (CHECK 527, 528) → <input type="text"/> <input type="text"/></p>			

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-59

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).				
		MAN 1	MAN 2	MAN 3	
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	
		NAME	NAME	NAME	
533	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
534	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"/>	
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
536	MALE INTERVIEWER'S NAME AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF THE VISIT		
	CHECK 532 FOR ELIGIBILITY OF HEIGHT AND WEIGHT. TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 532) → <input type="text"/> <input type="text"/> HEIGHT AND WEIGHT MEASURED (CHECK 533, 534, 535) → <input type="text"/> <input type="text"/>				

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN

REPUBLIC OF AZERBAIJAN

IDENTIFICATION																			
<p>LOCATION NAME _____</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>CLUSTER NUMBER</p> <p>HOUSEHOLD NUMBER</p> <p>ECONOMIC REGION</p> <p>RAYON</p> <p>BAKU/CITY/TOWN/RURAL</p> <p>(BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)</p> <p>NAME AND LINE NUMBER OF WOMAN _____</p>	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		

CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "DOMESTIC VIOLENCE" (SECTION 11 WOMAN'S Q.)?	<input type="checkbox"/>
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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>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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>						
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>						
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>						
NEXT VISIT: TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>						

*RESULT CODES:

1 COMPLETED

4 REFUSED

2 NOT AT HOME

5 PARTLY COMPLETED

7 OTHER

3 POSTPONED

6 INCAPACITATED

(SPECIFY)

QUESTIONNAIRE LANGUAGE: ☐

LANGUAGE OF INTERVIEW: ☐

NATIVE LANGUAGE OF RESPONDENT ☐

TRANSLATOR USED (YES = 1, NO = 2)

CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)

<p style="text-align: center;">SUPERVISOR</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">FIELD EDITOR</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">OFFICE EDITOR</p> <p>_____</p>	<p style="text-align: center;">KEYED BY</p> <p>_____</p>
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

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

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
101	RECORD THE TIME.	HOUR MINUTES <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			
101A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> DIASTOLIC 2 <table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> PULSE 3 <table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER _____ 9996 SPECIFY																			
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table><tr><td></td><td></td></tr></table> ALWAYS 95 VISITOR 96			<div>→ 106</div>																
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3																			
106	In what month and year were you born?	MONTH <table><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998																			
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table><tr><td></td><td></td></tr></table>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
108	Have you ever attended school?	YES 1 NO 2	→ 115		
109	What is the highest level of school you attended: primary, basic secondary or complete secondary, or PTU, Technicum, Institut or Unversitet?	PRIMARY1 BASIC SECONDARY2 COMPLETE SECONDARY3 PTU4 TECHNICUM5 HIGHER6			
110	What is the highest (grade/form/class) you completed at that level?	GRADE/FORM <table border="1"><tr><td></td><td></td></tr></table>			
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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4			
118	What is your religion?	MUSLIM 1 CHRISTIAN 2 NO RELIGION 3 OTHER 6 (SPECIFY)			
119	What is your ethnicity?	AZERBAIJANI 1 TALISH 2 RUSSIAN 3 LESGIN 4 OTHER 6 (SPECIFY) DON'T KNOW 8			

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? 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> 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>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? 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> 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>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? 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> 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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. 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: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → 226										

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information:
RECORD ALL PREGANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 10 PREGANCIES USE AN ADDITIONAL QUESTIONNAIRE

212	213	214	215	216	217	218	219	220	221	222	222A
Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1' 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>		LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNANCY ↓	DAYS ... 1 MONTHS 2 YEARS ... 3
02 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNANCY ↓	DAYS ... 1 MONTHS 2 YEARS ... 3
03 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNANCY ↓	DAYS ... 1 MONTHS 2 YEARS ... 3
04 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNANCY ↓	DAYS ... 1 MONTHS 2 YEARS ... 3
05 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNANCY ↓	DAYS ... 1 MONTHS 2 YEARS ... 3

212	213	214	215	216	217	218	219	220	221	222	222A
Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1' 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
06 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
07 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
08 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
09 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
10 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>

222B	<p>Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.</p>	<p>YES 1 NO 2</p>
222B1	<p>RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES</p> <p>TOTAL NUMBER OF PREGNANCIES <input type="text"/><input type="text"/></p> <p>TOTAL NUMBER OF PREGNANCIES</p> <p>SAME AS NUMBER IN 209D <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>TOTAL NUMBER OF LIVE BIRTH <input type="text"/><input type="text"/></p> <p>TOTAL NUMBER OF LIVE BIRTH</p> <p>SAME AS NUMBER IN 208 <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>TOTAL NUMBER OF ABORTIONS <input type="text"/><input type="text"/></p> <p>TOTAL NUMBER OF ABORTIONS</p> <p>SAME AS NUMBER IN 209A <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p>	
222B2	<p>COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214)</p> <p>FOR EACH LIVE BIRTH SINCE JANUARY 2001, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214)</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 219, 220)</p> <p>FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 219, 222A).</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222A).</p>	

222C	CHECK 212 AND 214: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ONE OR MORE ABORTIONS SINCE JANUARY 2001 OR LATER </div> <div style="text-align: center;"> NO ABORTIONS IN 2001 OR LATER </div> <div style="text-align: right;"> <input type="checkbox"/> → 224 </div> </div>				
NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
222D	PREGNANCY № FROM 212	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>
222E	What was the main reason you decided to have this (last, next-to-last, second-from-last, third-from-last) abortion (mini-abortion)?	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)
222F	What was the attitude of the child's father toward you having that abortion?	FAVORED 1 OPPOSED 2 NEUTRAL 3 FATHER DID NOT KNOW 4 DON'T KNOW/REMEMBER ... 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DON'T KNOW/REMEMBER ... 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DON'T KNOW/REMEMBER ... 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DON'T KNOW/REMEMBER ... 8
222G	When you got pregnant with this baby, were you using any method of contraception? IF YES, ASK: What method of contraception was that?	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY ... 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS ... 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY ... 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS ... 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY ... 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS ... 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY ... 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS ... 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)
222H	Where was that this (last, next-to-last, second-from-last, third-from-last) abortion performed?	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 GOV.FAMILY PLANNING CENTER/CABINET 14 OTHER GOV. 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME 21 PRV. CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 PRV.FAMILY PLANNING CENTER/CABINET 24 NGO 25 OTHER PRIVATE 26 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 GOV.FAMILY PLANNING CENTER/CABINET 14 OTHER GOV. 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME 21 PRV. CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 PRV.FAMILY PLANNING CENTER/CABINET 24 NGO 25 OTHER PRIVATE 26 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 GOV.FAMILY PLANNING CENTER/CABINET 14 OTHER GOV. 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME 21 PRV. CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 PRV.FAMILY PLANNING CENTER/CABINET 24 NGO 25 OTHER PRIVATE 26 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 GOV.FAMILY PLANNING CENTER/CABINET 14 OTHER GOV. 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME 21 PRV. CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 PRV.FAMILY PLANNING CENTER/CABINET 24 NGO 25 OTHER PRIVATE 26 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)
222I	Who performed this (last, next-to-last, second-from-last, third-from-last) abortion?	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDsher/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDsher/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDsher/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDsher/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)
222J	What method was used for this (last, next-to-last, second-from-last, third-from-last) abortion?	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS ... 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DON'T KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS ... 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DON'T KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS ... 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DON'T KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS ... 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DON'T KNOW 8

NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION																																																																																																
222K	How much did you pay for this abortion, including gifts or money given to the doctor (person, who performed the abortion)?	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE99999994 DON'T KNOW99999998																																																																																																			
222L	Did you have any local or intravenous anesthesia for this abortion? By local we mean an injection in the uterus opening.	LOCAL (UTERINE CERVIX) ... 1 INTRAVENOUS 2 NEITHER 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) ... 1 INTRAVENOUS 2 NEITHER 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) ... 1 INTRAVENOUS 2 NEITHER 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) ... 1 INTRAVENOUS 2 NEITHER 3 DON'T KNOW 8																																																																																																
222M	Did you take antibiotics after this abortion?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																																																
222N	Within 30 days after that abortion did you have any health problems as a result of the abortion?	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←																																																																																																
222O	Did you have any of the following problems?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>Perforation?</td><td>PERFORATION ... 1</td><td>2</td></tr> <tr> <td>Sever bleeding?</td><td>SEVERE BLEEDING... 1</td><td>2</td></tr> <tr> <td>Fever >38 C?</td><td>FEVER 1</td><td>2</td></tr> <tr> <td>Purulent discharge?</td><td>DISCHARGE 1</td><td>2</td></tr> <tr> <td>Belly pain?</td><td>BELLY PAIN 1</td><td>2</td></tr> <tr> <td></td><td>OTHER 1</td><td>2</td></tr> <tr> <td></td><td colspan="2">(SPECIFY)</td></tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING... 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>Perforation?</td><td>PERFORATION ... 1</td><td>2</td></tr> <tr> <td>Sever bleeding?</td><td>SEVERE BLEEDING... 1</td><td>2</td></tr> <tr> <td>Fever >38 C?</td><td>FEVER 1</td><td>2</td></tr> <tr> <td>Purulent discharge?</td><td>DISCHARGE 1</td><td>2</td></tr> <tr> <td>Belly pain?</td><td>BELLY PAIN 1</td><td>2</td></tr> <tr> <td></td><td>OTHER 1</td><td>2</td></tr> <tr> <td></td><td colspan="2">(SPECIFY)</td></tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING... 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>Perforation?</td><td>PERFORATION ... 1</td><td>2</td></tr> <tr> <td>Sever bleeding?</td><td>SEVERE BLEEDING... 1</td><td>2</td></tr> <tr> <td>Fever >38 C?</td><td>FEVER 1</td><td>2</td></tr> <tr> <td>Purulent discharge?</td><td>DISCHARGE 1</td><td>2</td></tr> <tr> <td>Belly pain?</td><td>BELLY PAIN 1</td><td>2</td></tr> <tr> <td></td><td>OTHER 1</td><td>2</td></tr> <tr> <td></td><td colspan="2">(SPECIFY)</td></tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING... 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>Perforation?</td><td>PERFORATION ... 1</td><td>2</td></tr> <tr> <td>Sever bleeding?</td><td>SEVERE BLEEDING... 1</td><td>2</td></tr> <tr> <td>Fever >38 C?</td><td>FEVER 1</td><td>2</td></tr> <tr> <td>Purulent discharge?</td><td>DISCHARGE 1</td><td>2</td></tr> <tr> <td>Belly pain?</td><td>BELLY PAIN 1</td><td>2</td></tr> <tr> <td></td><td>OTHER 1</td><td>2</td></tr> <tr> <td></td><td colspan="2">(SPECIFY)</td></tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING... 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)	
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	(SPECIFY)																																																																																																				
222P	During the first 1 month after this abortion how many nights did you spend in the hospital (including readmissions)?	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																																																																
222Q	Did you have any related health problems more than 6 months later as a result of that abortion?	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222S) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←																																																																																																
222R	What was the important health problem?	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING ... E MORE PAINFUL PERIODS ... F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING ... E MORE PAINFUL PERIODS ... F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING ... E MORE PAINFUL PERIODS ... F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING ... E MORE PAINFUL PERIODS ... F OTHER X (SPECIFY)																																																																																																
222S	Either before or after the abortion did a doctor or other health professional talk to you about contraception?	YES, BEFORE ABORTION ... 1 YES, AFTER ABORTION ... 2 BOTH 3 NO 4 DON'T KNOW/REMEMBER ... 8																																																																																																			
222T	After this abortion did a doctor or other health professional give you a method, prescribed a method or referred to a family planning clinic/cabinet?	GAVE A METHOD 1 PRESCRIBED A METHOD ... 2 GAVE REFERRAL 3 NONE 4 DON'T KNOW/REMEMBER ... 8																																																																																																			
222U		GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT-TO-LAST-ABORTION COLUMN IN THE NEW QUESTIONNAIRE; OR, IF NO MORE ABORTIONS, GO TO 224.																																																																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224	CHECK 212 AND 214: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2001 OR LATER. IF NONE, RECORD '0'	<input type="text"/>	
225	FOR EACH PREGNANCY SINCE JANUARY 2001 OR LATER, IN THE CALENDAR COLUMN ENTER THE CODE OF PREGNANCY OUTCOME IN THE MONTH OF WHEN PREGNANCY ENDED: WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE 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: IF PREGNANCY ENDED IN LIVE BIRTH, THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH <u>PREGNANCY TERMINATION</u> (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 237
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	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 not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
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 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 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 BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

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? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: 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>	<p>302 Have you ever used (METHOD)?</p>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>
04	<p>IUD Women can have a spiral, loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 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 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 NO 2 ↘</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>
08	<p>SPERMICIDES/FOAM/JELLY Can be inserted into the woman's vagina immediately before sexual intercourse</p>	<p>YES 1 NO 2 ↘</p>
09	<p>DIAPHRAGM/CAP A rubber cap can be put in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>
10	<p>RING Is a flexible, colorless ring that can be inserted in the vagina for 3 weeks each month, when it will slowly release a low dose of hormones that are needed to prevent pregnancy.</p>	<p>YES 1 NO 2 ↘</p>
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after birth.</p>	<p>YES 1 NO 2 ↘</p>
12	<p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 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 NO 2 ↘</p>
13	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>
14	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) NO 2 _____ (SPECIFY)</p>
303	<p>CHECK 302:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> </div> <div style="text-align: center;"> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 10px;">→ 307</div>	

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 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? 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. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G SPERMICIDIES/FOAM/JELLY H DIAPHRAGM/CAP I RING J LACTATIONAL AMEN. METHOD K RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS L WITHDRAWAL M OTHER X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME (SPECIFY) DON'T KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . . DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total? Please include the cost of the method, any consultation you may have had and the cost of any gifts you may have given the provider.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER TOTAL NUMERIC VALUE IN OLD MANATS FREE 99999994 DON'T KNOW 99999998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE 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>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY HOME 11</p> <p>GOV.POLICLINICS/WOMAN'S CONSULTATION 12</p> <p>FAP/DAC/PH 13</p> <p>GOV.FAMILY PLANNING CENTER/ CABINET 14</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY HOME 21</p> <p>PRV.CLINIC/WOMAN'S CONSULTATION 22</p> <p>PRIVATE DOCTOR 23</p> <p>PRV.FAMILY PLANNING CENTER/ CABINET 24</p> <p>NGO 25</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
317	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL NUMERIC VALUE IN OLD MANATS</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH YEAR</p>	
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH YEAR</p>	
320	<p>CHECK 319/319A, AND 214:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>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).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
321	<p>CHECK 319/319A :</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 2001 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> </div> <div style="text-align: center;"> <p>YEAR IS 2000 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001 .</p> </div> </div> <p>THEN SKIP TO → 331</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3: * Why did you stop using the (METHOD)?</p> <p> * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</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>SPERMICIDIES/FOAM/JELLY 08</p> <p>DIAPHRAGM/CAP 09</p> <p>RING 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 333</p> <p>→ 326</p> <p>→ 335</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 335</p> <p>→ 335</p>
324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY ... 11</p> <p>HOME 12</p> <p>GOV.POLICLINICS/WOMAN'S CONSULTATION 13</p> <p>FAP/DAC/PH 14</p> <p>GOV.FAMILY PLANNING CENTER/ CABINET 15</p> <p>OTHER PUBLIC 16 (SPECIFY)</p>	
324A	<p>Where did you learn to use the lactational amenorrhea/rhythm method?</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>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY HOME 21</p> <p>PRV.CLINIC/WOMAN'S CONSULTATION 22</p> <p>PRIVATE DOCTOR 23</p> <p>PRV.FAMILY PLANNING CENTER/ CABINET 24</p> <p>NGO 25</p> <p>OTHER PRIVATE MEDICAL 26 (SPECIFY)</p> <p>OTHER</p> <p>SHOP/MARKET 31</p> <p>APTEKA 32</p> <p>FRIEND/RELATIVE 33</p> <p>PEER-EDUCATOR 35</p> <p>OTHER 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDIES/FOAM/JELLY 08 DIAPHRAGM/CAP 09 RING 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12	→ 332 → 329 → 329 → 335 → 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 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 326: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDIES/FOAM/JELLY 08 DIAPHRAGM/CAP 09 RING 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12 WITHDRAWAL 13 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE 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>GOVT. HOSPITAL/MATERNITY . . .</p> <p>HOME 11</p> <p>GOV.POLICLINICS/WOMAN'S</p> <p>CONSULTATION 12</p> <p>FAP/DAC/PH 13</p> <p>GOV.FAMILY PLANNING CENTER/</p> <p>CABINET 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY</p> <p>HOME 21</p> <p>PRV.CLINIC/WOMAN'S</p> <p>CONSULTATION 22</p> <p>PRIVATE DOCTOR 23</p> <p>PRV.FAMILY PLANNING CENTER/</p> <p>CABINET 24</p> <p>NGO 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 31</p> <p>APTEKA 32</p> <p>FRIEND/RELATIVE 33</p> <p>PEER-EDUCATOR 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
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</p> <p>HOME A</p> <p>GOV.POLICLINICS/WOMAN'S</p> <p>CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/</p> <p>CABINET D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY</p> <p>HOME F</p> <p>PRV.CLINIC/WOMAN'S</p> <p>CONSULTATION G</p> <p>PRIVATE DOCTOR H</p> <p>PRV.FAMILY PLANNING CENTER/</p> <p>CABINET I</p> <p>NGO J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET L</p> <p>APTEKA M</p> <p>FRIEND/RELATIVE N</p> <p>PEER-EDUCATOR O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
337	<p>Did any staff member at that health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

401	CHECK 224:	ONE OR MORE BIRTHS IN 2001 OR LATER	NO BIRTHS IN 2001 OR LATER	581A
402	CHECK 214,216,217,219: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 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). 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	PREGNANCY LINE NUMBER FROM 212	LAST BIRTH PREGNANCY LINE NUMBER	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER
404	FROM 217 AND 219	NAME LIVING DEAD	NAME LIVING DEAD	NAME LIVING DEAD
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 (SKIP TO 407) LATER 2 NOT AT ALL 3 (SKIP TO 407)	THEN 1 (SKIP TO 432) LATER 2 NOT AT ALL 3 (SKIP TO 432)	THEN 1 (SKIP TO 432) LATER 2 NOT AT ALL 3 (SKIP TO 432)
406	How much longer would you have liked to wait?	MONTHS ...1 YEARS ...2 DON'T KNOW 998	MONTHS ...1 YEARS ...2 DON'T KNOW ... 998	MONTHS ...1 YEARS ...2 DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D COMMUNITY/VILLAGE HEALTH WORKER E OTHER X (SPECIFY) NO ONE Y (SKIP TO 421)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ MATERNITY HOME C</p> <p>POLIKLINICA/WOMAN'S CONSULTATION D</p> <p>FAP/DAC/PH E</p> <p>GOV.FAMILY PLANNING CENTER/CABINET ... F</p> <p>OTHER GOV. MED. _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER HOME H</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION I</p> <p>PRV. DOCTOR J</p> <p>PRV.FAMILY PLANNING CENTER/CABINET ... K</p> <p>NGO L</p> <p>OTHER PRV. MED. _____ M</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																	
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																	
410A	<p>How much did you pay in total for the last antenatal visit, including any consultation you may have had and the cost of any gifts that were given to the provider?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ENTER TOTAL NUMERIC VALUE IN OLD MANAT</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</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>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2		
	YES	NO																	
WEIGHT	1	2																	
BP	1	2																	
URINE	1	2																	
BLOOD	1	2																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8				
413	Were you told where to go if you had any of the complications?	YES 1 NO 2 DON'T KNOW 8				
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8				
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998				
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8				
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8				
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 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 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8			VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8			YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
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</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>FELDSHER/OTHER C</p> <p>OTHER PERSON</p> <p>MAMACHI/TRADITIONAL HEALER D</p> <p>RELATIVE/FRIEND G</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>NO ONE Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>FELDSHER/OTHER C</p> <p>OTHER PERSON</p> <p>MAMACHI/TRADITIONAL HEALER D</p> <p>RELATIVE/FRIEND G</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>NO ONE Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>FELDSHER/OTHER C</p> <p>OTHER PERSON</p> <p>MAMACHI/TRADITIONAL HEALER D</p> <p>RELATIVE/FRIEND G</p> <p>OTHER X</p> <p>(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</p> <p>YOUR HOME 11</p> <p>(SKIP TO 443) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY</p> <p>HOME 21</p> <p>POLIKLINICA/WOMAN'S CONSULTATION 22</p> <p>FAP/DAC/PH 23</p> <p>GOV.FAMILY PLANNING CENTER/CABINET 24</p> <p>OTHER GOV. MED. 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER HOME 31</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION 32</p> <p>PRV. DOCTOR 33</p> <p>PRV.FAMILY PLANNING CENTER/CABINET 34</p> <p>NGO 35</p> <p>OTHER PRV. MED. 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 443) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>(SKIP TO 444) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY</p> <p>HOME 21</p> <p>POLIKLINICA/WOMAN'S CONSULTATION 22</p> <p>FAP/DAC/PH 23</p> <p>GOV.FAMILY PLANNING CENTER/CABINET 24</p> <p>OTHER GOV. MED. 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER HOME 31</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION 32</p> <p>PRV. DOCTOR 33</p> <p>PRV.FAMILY PLANNING CENTER/CABINET 34</p> <p>NGO 35</p> <p>OTHER PRV. MED. 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 444) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>(SKIP TO 444) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/MATERNITY</p> <p>HOME 21</p> <p>POLIKLINICA/WOMAN'S CONSULTATION 22</p> <p>FAP/DAC/PH 23</p> <p>GOV.FAMILY PLANNING CENTER/CABINET 24</p> <p>OTHER GOV. MED. 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER HOME 31</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION 32</p> <p>PRV. DOCTOR 33</p> <p>PRV.FAMILY PLANNING CENTER/CABINET 34</p> <p>NGO 35</p> <p>OTHER PRV. MED. 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 444) ←</p>																		
436A	<p>How much did you pay in total for delivery of (NAME), including any consultation you may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>NUMERIC VALUE IN OLD MANATS</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</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</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DAYS 2</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>WEEKS 3</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW 998</p>							<p>HOURS 1</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DAYS 2</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>WEEKS 3</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW 998</p>							<p>HOURS 1</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DAYS 2</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>WEEKS 3</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW 998</p>						
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																		
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 442) ←</p>	<p>YES 1</p> <p>(SKIP TO 455) ←</p> <p>NO 2</p>	<p>YES 1</p> <p>(SKIP TO 455) ←</p> <p>NO 2</p>																		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH												
		NAME _____	NAME _____	NAME _____												
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER 13 OTHER PERSON MAMACHI/TRADITIONAL HEALER 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY) _____ (SKIP TO 453) ←														
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2												
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER X (SPECIFY) _____														
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2	YES 1 NO 2												
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER 13 OTHER PERSON MAMACHI/TRADITIONAL HEALER 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY) _____														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME 21 POLIKLINICA/WOMAN'S CONSULTATION 22 FAP/DAC/PH 23 GOV.FAMILY PLANNING CENTER/CABINET . . . 24 OTHER GOV. MED. _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME 31 PRV. CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR 33 PRV.FAMILY PLANNING CENTER/CABINET . . . 34 NGO 35 OTHER PRV. MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453)</p>								
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	<p>YES 1 NO 2 (SKIP TO 453) ← <input type="checkbox"/> 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. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3</p> <table border="1"> <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 DOCTOR 11 NURSE/MIDWIFE . . . 12 FELDSHER 13 OTHER PERSON MAMACHI/TRADI- TIONAL HEALER . . . 21 COMMUNITY/VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	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</p> <p>YOUR HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ MATERNITY HOME 21</p> <p>POLIKLINICA/WOMAN'S CONSULTATION 22</p> <p>FAP/DAC/PH 23</p> <p>GOV.FAMILY PLANNING CENTER/CABINET ... 24</p> <p>OTHER GOV. MED. 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER HOME 31</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION 32</p> <p>PRV. DOCTOR 33</p> <p>PRV.FAMILY PLANNING CENTER/CABINET ... 34</p> <p>NGO 35</p> <p>OTHER PRV. MED. 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>		
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 456) →</p> <p>NO 2 (SKIP TO 457) →</p>		
455	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>				YES ..... 1 NO ..... 2 (SKIP TO 459) →	YES ..... 1 NO ..... 2 (SKIP TO 459) →
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"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
457	<p>CHECK 226:</p> <p>IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>NANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 459) →</p>		
458	<p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2 (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"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
460	<p>Did you ever breastfeed (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) →</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) →</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) →</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? YES 1 NO 2 (SKIP TO 464) →											
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C DILL WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)										
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 466) ←										
465	Are you still breastfeeding (NAME)? YES 1 (SKIP TO 468) → NO 2											
466	For how many months did you breastfeed (NAME)? MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> STILL BF 95 DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> STILL BF 95 DON'T KNOW 98					
467	CHECK 404: IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 470) (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? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>										
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>										
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8								
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 2001 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	PREGNANCY LINE NUMBER FROM 212			LAST BIRTH PREGNANCY LINE NUMBER			NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER			SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER																																																																																																																																																																																																										
503	FROM 217 AND 219			NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)			NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)			NAME LIVING <input type="checkbox"/> DEAD <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 card where (NAME'S) vaccinations are written down? IF YES: May I see it please?			YES, SEEN 1 (SKIP TO 506) <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 508) <input type="checkbox"/> NO CARD 3			YES, SEEN 1 (SKIP TO 506) <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 508) <input type="checkbox"/> NO CARD 3			YES, SEEN 1 (SKIP TO 506) <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 508) <input type="checkbox"/> NO CARD 3																																																																																																																																																																																																										
505	Did you ever have a vaccination card for (NAME)?			YES 1 (SKIP TO 508) <input type="checkbox"/> NO 2			YES 1 (SKIP TO 508) <input type="checkbox"/> NO 2			YES 1 (SKIP TO 508) <input type="checkbox"/> NO 2																																																																																																																																																																																																										
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.																																																																																																																																																																																																																			
<table border="1"> <thead> <tr> <th></th><th colspan="3">LAST BIRTH</th><th colspan="3">NEXT-TO-LAST BIRTH</th><th colspan="3">SECOND-FROM-LAST BIRTH</th></tr> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td>BCG</td><td></td><td></td><td>BCG</td><td></td><td></td></tr> <tr><td>POLIO 0</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td>P0</td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td><td>P1</td><td></td><td></td><td>P1</td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td>P2</td><td></td><td></td><td>P2</td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td>P3</td><td></td><td></td><td>P3</td><td></td><td></td></tr> <tr><td>POLIO 4</td><td></td><td></td><td></td><td>P4</td><td></td><td></td><td>P4</td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td>DPT 1</td><td></td><td></td><td>DPT 1</td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td>DPT 2</td><td></td><td></td><td>DPT 2</td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td>DPT 3</td><td></td><td></td><td>DPT 3</td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td><td>DPT 4</td><td></td><td></td><td>DPT 4</td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td>MEASLES</td><td></td><td></td><td>MEASLES</td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td><td>MMR</td><td></td><td></td><td>MMR</td><td></td><td></td></tr> <tr><td>HepB 1</td><td></td><td></td><td></td><td>HepB 1</td><td></td><td></td><td>HepB 1</td><td></td><td></td></tr> <tr><td>HepB 2</td><td></td><td></td><td></td><td>HepB 2</td><td></td><td></td><td>HepB 2</td><td></td><td></td></tr> <tr><td>HepB 3</td><td></td><td></td><td></td><td>HepB 3</td><td></td><td></td><td>HepB 3</td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td>VIT A</td><td></td><td></td><td>VIT A</td><td></td><td></td></tr> <tr><td>VITAMIN A (2nd MOST RECENT)</td><td></td><td></td><td></td><td>VIT A</td><td></td><td></td><td>VIT A</td><td></td><td></td></tr> <tr><td>VITAMIN A (3rd MOST RECENT)</td><td></td><td></td><td></td><td>VIT A</td><td></td><td></td><td>VIT A</td><td></td><td></td></tr> </tbody> </table>														LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG			BCG			POLIO 0				P0			P0			POLIO 1				P1			P1			POLIO 2				P2			P2			POLIO 3				P3			P3			POLIO 4				P4			P4			DPT 1				DPT 1			DPT 1			DPT 2				DPT 2			DPT 2			DPT 3				DPT 3			DPT 3			DPT 4				DPT 4			DPT 4			MEASLES				MEASLES			MEASLES			MMR				MMR			MMR			HepB 1				HepB 1			HepB 1			HepB 2				HepB 2			HepB 2			HepB 3				HepB 3			HepB 3			VITAMIN A (MOST RECENT)				VIT A			VIT A			VITAMIN A (2nd MOST RECENT)				VIT A			VIT A			VITAMIN A (3rd MOST RECENT)				VIT A			VIT A		
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NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.																																																																																																																																																																																																																				
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/>		BCG TO MEASLES ALL RECORDED <input type="checkbox"/>		BCG TO MEASLES ALL RECORDED <input type="checkbox"/>																																																																																																																																																																																																														
		(GO TO 512) <input type="checkbox"/>		(GO TO 512) <input type="checkbox"/>		(GO TO 512) <input type="checkbox"/>																																																																																																																																																																																																														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) 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 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER 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 NO 2 (SKIP TO 509G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509G	A measles injection or an MMR 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 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509H	A Hepatitis vaccine, which is an injection in the thigh?	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8
509 I	How many times was the Hepatitis vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE NO CARD/ FOR BLANK/ MOST CODE '44' RECENT FOR MOST VITAMIN RECENT A DOSE VITAMIN A DOSE A DOSE (SKIP TO 514) ↓	DATE NO CARD/ FOR BLANK/ MOST CODE '44' RECENT FOR MOST VITAMIN RECENT A DOSE VITAMIN A DOSE A DOSE (SKIP TO 514) ↓	DATE NO CARD/ FOR BLANK/ MOST CODE '44' RECENT FOR MOST VITAMIN RECENT A DOSE VITAMIN A DOSE A DOSE (SKIP TO 514) ↓
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 (SKIP TO 515) NO 2 (SKIP TO 516) DON'T KNOW 8	YES 1 (SKIP TO 515) NO 2 (SKIP TO 516) DON'T KNOW 8	YES 1 (SKIP TO 515) NO 2 (SKIP TO 516) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 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? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER NITY HOME . . F PRV. CLINICA/WOMAN'S CONSULTATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA M TRADITIONAL HEALER N OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER NITY HOME . . F PRV. CLINICA/WOMAN'S CONSULTATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA M TRADITIONAL HEALER N OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER NITY HOME . . F PRV. CLINICA/WOMAN'S CONSULTATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA M TRADITIONAL HEALER N OTHER X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523A	Last time you sought advice for (NAME) diarrhea, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE 99999994 DON'T KNOW 99999998	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE 99999994 DON'T KNOW 99999998	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE 99999994 DON'T KNOW 99999998
524	CHECK 523:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 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: a) A fluid made from a special packet called Regidron or Regidrin? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. 1 2 8 ORS LIQUID HOMEMADE FLUID ... 1 2 8	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. 1 2 8 ORS LIQUID HOMEMADE FLUID ... 1 2 8	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. 1 2 8 ORS LIQUID HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
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 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← 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 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)
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? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
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? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE 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>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ MATERNITY</p> <p>HOME A</p> <p>POLIKLINICA/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/CABINED OTHER GOV.</p> <p>MED. E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER NITY HOME .. F</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR .. H</p> <p>PRV.FAMILY PLANNING CENTER/CABINEI</p> <p>NGO J</p> <p>OTHER PRV.</p> <p>MED. K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ... L</p> <p>APTEKA M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ MATERNITY</p> <p>HOME A</p> <p>POLIKLINICA/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/CABINED OTHER GOV.</p> <p>MED. E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER NITY HOME .. F</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR .. H</p> <p>PRV.FAMILY PLANNING CENTER/CABINEI</p> <p>NGO J</p> <p>OTHER PRV.</p> <p>MED. K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ... L</p> <p>APTEKA M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ MATERNITY</p> <p>HOME A</p> <p>POLIKLINICA/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/CABINED OTHER GOV.</p> <p>MED. E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/MATER NITY HOME .. F</p> <p>PRV. CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR .. H</p> <p>PRV.FAMILY PLANNING CENTER/CABINEI</p> <p>NGO J</p> <p>OTHER PRV.</p> <p>MED. K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ... L</p> <p>APTEKA M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X (SPECIFY)</p>
541A	<p>Last time you sought advice for (NAME) fever/cough, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL NUMERIC VALUE IN OLD MANAT</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</p>	<p>ENTER TOTAL NUMERIC VALUE IN OLD MANAT</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</p>	<p>ENTER TOTAL NUMERIC VALUE IN OLD MANAT</p> <p>FREE 99999994</p> <p>DON'T KNOW 99999998</p>
542	CHECK 541:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p><input type="checkbox"/> CODES CODE</p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 544)</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p><input type="checkbox"/> CODES CODE</p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 544)</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p><input type="checkbox"/> CODES CODE</p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 544)</p>
543	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 541.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
545	<p>Is (NAME) still sick with a (fever/ cough)?</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>
546	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW Z	
548	CHECK 547: ANY CODE A-E CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)	
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE . B PREMAKHIN . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y	
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A.	
572A PLEASE RECORD MOTHER'S AND CHILD'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT					
	MOTHER'S FULL NAME	CHILD'S FULL NAME	CHILD DATE OF BIRTH	CHILD'S HOME ADDRESS	NAME AND ADDRESS OF MEDICAL FACILITY
LAST BIRTH	FIRST NAME LAST NAME	FIRST NAME LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
NEXT-TO-LAST BIRTH	FIRST NAME LAST NAME	FIRST NAME LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
SECOND-TO-LAST BIRTH	FIRST NAME LAST NAME	FIRST NAME LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 12.					

573

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 214 AND 221, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		576
573B	When a child is sick, which signs of illness would tell you that he/she should be taken immediately to a health facility? CIRCLE ALL MENTIONED	VOMITING EVERYTHING A DIARRHEA WITH BLOOD IN STOOL B UNABLE TO DRINK C COUGH OR COLD WITH DIFFICULT/ RAPID BREATHING D HIGH TEMPERATURE E LOW TEMPERATURE F POOR BREASTFEEDING OR UNABLE TO BREASTFEED G CHILD CONTINUING TO GET SICKER H CONVULSIONS I UNCONSCIOUSNESS J OTHER X (SPECIFY)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>		577
576	Have you ever heard of a special product called Regidron or Regidrin or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES 1 NO 2	
577	CHECK 214 AND 221, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		581A
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat): Plain water? Commercially produced infant formula(Nan, Nestle, Malysh, including s detskoy kukhni)? Any commercially fortified baby food, cereal (kasha, ne fruktovoye pyure)? Any (other) porridge or gruel?	YES NO DK PLAIN WATER 1 2 8 FORMULA 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL... 1 2 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, or other foods made from grains?</p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>f) Potatoes, beets, radishes or any other foods made from roots?</p> <p>g) Any dark green, leafy vegetables (spinach)? (Do not include lettuce or cabbage)</p> <p>h) Cantaloupes, dried peaches or apricots?</p> <p>i) Any other fruits or vegetables, such as apples, pears, eggplants, tomatoes, onions or cabbage?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, lamb, goat, chicken, turkey, rabbit 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, kefir, ice-cream 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, or biscuits?</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	
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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>	581A																																																																																																																																												
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="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																													
581A	<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.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PULSE 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 9994</p> <p>BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:</p> <p>TECHNICAL PROBLEMS 9995</p> <p>OTHER 9996</p> <p>SPECIFY</p>																																																																																																																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 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 need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621
619	CHECK 107: AGE <input type="text"/> 15-24 AGE <input type="text"/> 25-49		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	<input type="checkbox"/> → 641
621	CHECK 107: AGE <input type="text"/> 15-24 AGE <input type="text"/> 25-49		→ 626
622	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 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"/> DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER 8	<input type="checkbox"/> → 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 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3	
626	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST 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 other person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> 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 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (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 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (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 YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH 3
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 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 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> 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	Do you know of a place where a person can get condoms?	<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>GOVT. HOSPITAL/MATERNITY ...</p> <p>HOME A</p> <p>GOV.POLICLINICS/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/ CABINET D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY</p> <p>HOME F</p> <p>PRV.CLINIC/WOMAN'S CONSULTATION G</p> <p>PRIVATE DOCTOR H</p> <p>PRV.FAMILY PLANNING CENTER/ CABINET I</p> <p>NGO J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>(SPECIFY)</p> <p>SHOP/MARKET L</p> <p>APTEKA M</p> <p>FRIEND/RELATIVE N</p> <p>SAN-PROSVET RABOTNIK O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
643	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <input type="checkbox"/> </div> </div> <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>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>INFERTILITY 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 (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING</p> <input type="checkbox"/> </div> </div>		→ 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>	<p>→ 711</p> <p>→ 713</p>
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>SPERMICIDIES/FOAM/JELLY 08</p> <p>DIAPHRAGM/CAP 09</p> <p>RING 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96 (SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>NO, NOT IN UNION <input type="checkbox"/></div> </div>		→ 801
718	CHECK 311/311A: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>CODE B, G, OR M CIRCLED <input type="checkbox"/></div> <div>→ 720</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>NO CODE CIRCLED <input type="checkbox"/></div> <div>→ 722</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>OTHER <input type="checkbox"/></div> <div></div> </div>		
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 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 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY) _____	
721	CHECK 311/311A: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 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 MORE CHILDREN 2 FEWER CHILDREN 3 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: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, basic secondary or other secondary, or PTU, Technicum, Institut or Universitet?	PRIMARY 1 BASIC SECONDARY 2 COMPLETE SECONDARY 3 PTU 4 TECHNICUM 5 HIGHER 6 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 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 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 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div> </div>	
812	CHECK 811: <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>	→ 814	
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 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 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 SEASONALLY/PART OF THE YEAR 2 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 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 827		
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> → 822		
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)	
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 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 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 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
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 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
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)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.					
		CHILDREN < 10	.....	1	2	3	
		HUSBAND	.....	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:	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	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 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 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 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 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
905A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of kissing?	YES 1 NO 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY H... HOME A GOV.POLICLINICS/WOMAN'S CONSULTATION B FAP/DAC/PH C GOV.FAMILY PLANNING CENTER/ CABINET D NATIONAL AIDS CENTER(NAC) .. E NAC REGIONAL LABS F KOZHNO-VENEROLOGICHESK. DISPANSER G OTHER PUBLIC MEDICAL H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME I PRV.CLINIC/WOMAN'S CONSULTATION J PRIVATE DOCTOR K PRV.FAMILY PLANNING CENTER/ CABINET L NGO M OTHER PRIVATE MEDICAL N (SPECIFY) OTHER SOURCE SHOP O APTEKA P OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
932	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?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 951		
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ 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 NO 2 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 NO 2 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 NO 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ 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 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>GOVT. HOSPITAL/MATERNITY H... A</p> <p>HOME A</p> <p>GOV.POLICLINICS/WOMAN'S</p> <p>CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOV.FAMILY PLANNING CENTER/</p> <p>CABINET D</p> <p>NATIONAL AIDS CENTER(NAC) .. E</p> <p>NAC REGIONAL LABS F</p> <p>KOZHNO-VENEROLOGICHESK.</p> <p>DISPANSER G</p> <p>OTHER PUBLIC</p> <p>MEDICAL H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY</p> <p>HOME I</p> <p>PRV.CLINIC/WOMAN'S</p> <p>CONSULTATION J</p> <p>PRIVATE DOCTOR K</p> <p>PRV.FAMILY PLANNING CENTER/</p> <p>CABINET L</p> <p>NGO M</p> <p>OTHER PRIVATE</p> <p>MEDICAL N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>APTEKA P</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
951	<p>Husbands and wives do not always agree on everything.</p> <p>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>	
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>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1004A	If a member of your family got tuberculosis and completed the hospital treatment for TB, would you be willing to take care of him or her at home during further treatment?	YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1013
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1013
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY H... HOME 11 GOV.POLICLINICS/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 GOV.FAMILY PLANNING CENTER/ CABINET 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME 21 PRV.CLINIC/WOMAN'S CONSULTATION 22 PRIVATE DOCTOR 23 PRV.FAMILY PLANNING CENTER/ CABINET 24 NGO 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER PLACE AT HOME 31 APTEKA 32 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8																												
1013	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? Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	<table><tr><td></td><td>BIG PROB- LEM</td><td>NOT A BIG PROB- LEM</td></tr><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></table>		BIG PROB- LEM	NOT A BIG PROB- 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	
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NO PROVIDER ...	1	2																												
NO DRUGS ...	1	2																												
1014	Are you covered by any health insurance?	YES 1 NO 2	→ 1017																											
1015	What type of health insurance? RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER X (SPECIFY)																												
1017	These next questions are about blood pressure. Has your blood pressure ever been checked?	YES 1 NO 2	→ 1026																											
1018	Who took your blood pressure?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 OTHER 6 (SPECIFY) DON'T KNOW 8																												
1019	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																												
1020	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	→ 1026																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	
1022	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→ 1026
1023	Who told you this?	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
1024	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS 1 2 (SPECIFY)	
1025	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
1026	Have you ever heard of an illness called anemia, or "thin blood"?	YES 1 NO 2	→ 1029
1027	Other than during pregnancy, has a doctor or other health professional ever told you that you had anemia, or "thin blood"?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 1029
1028	Did a doctor or other health professional recommend that you take iron tablets or eat iron rich foods?	RECOMMENDED TABLETS 1 RECOMMENDED FOODS 2 BOTH 3 NO RECOMMENDATION 4 OTHER 6 (SPECIFY)	
1029	Have you ever heard of an illness called diabetes or high sugar?	YES 1 NO 2	→ 1035
1030	Other than during pregnancy, has a doctor or other health professional ever told you that you had diabetes?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1035	Have you ever heard of an illness called goiter?	YES 1 NO 2	→ 1037
1036	Have you ever been diagnosed by a doctor or other health professional with goiter?	YES 1 NO 2	
1037	Check Q106 and Q107 to see if respondent was born in 1965 or earlier or 40 years old or older Yes, born in 1965 or earlier or is 40 years old or older <input type="checkbox"/> No <input type="checkbox"/>		→ 1100
1038	Have you ever been diagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES 1 NO 2	
1039	Have you ever been diagnosed by a doctor or other health professional with a stroke?	YES 1 NO 2	

SECTION 11: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1100	CHECK COVER PAGE OF THE QUESTIONNAIRE: WOMAN SELECTED <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		GO TO 1134A																												
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1134																												
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Azerbaijan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																														
1102	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		1114																												
1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY	1	2	8	
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WHERE YOU ARE ...	1	2	8																												
MONEY	1	2	8																												
1104	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question. A (Does/did) your (last) husband/partner ever:	<div> CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW How often did this happen during the last 12 months: often, only sometimes, or not at all? </div> <table> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself?</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	1	2	3	b) threaten to hurt or harm you or someone close to you?	1	2	3	c) insult you or make you feel bad about yourself?	1	2	3													
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1105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>1105A</th><th>1105B</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> <tr> <th></th><th></th><th>OFTEN</th><th></th><th></th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you or beat you up?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) force you to perform any sexual acts you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		1105A	1105B	SOME-TIMES	NOT AT ALL			OFTEN			a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b) slap you?	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	<p>CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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1107	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																								
1108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																								
1109	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES 1 NO 2</p>	→ 1112																																																							
1110	<p>CHECK 603:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/></p>		→ 1112																																																							
1111	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN 1 SOMETIMES 2 NOT AT ALL 3</p>																																																								
1112	<p>Does (did) your husband/partner drink alcohol?</p>	<p>YES 1 NO 2</p>	→ 1114																																																							
1113	<p>How often does (did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN 1 SOMETIMES 2 NEVER 3</p>																																																								

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1114	<p>CHECK 601 AND 602:</p> <table border="0"> <tr> <td>EVER MARRIED/LIVED WITH A MAN</td><td>NEVER MARRIED/ NEVER LIVED WITH A MAN</td></tr> <tr> <td>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</td><td>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</td></tr> </table>	EVER MARRIED/LIVED WITH A MAN	NEVER MARRIED/ NEVER LIVED WITH A MAN	From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?	From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td><td>3</td></tr> </table>	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	<div> <div></div> <div>1117</div> </div>																						
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1115	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<table border="0"> <tr><td>MOTHER/STEP-MOTHER</td><td>A</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>B</td></tr> <tr><td>SISTER/BROTHER</td><td>C</td></tr> <tr><td>DAUGHTER/SON</td><td>D</td></tr> <tr><td>OTHER RELATIVE</td><td>E</td></tr> <tr><td>FORMER HUSBAND/PARTNER ..</td><td>F</td></tr> <tr><td>CURRENT BOYFRIEND</td><td>G</td></tr> <tr><td>FORMER BOYFRIEND</td><td>H</td></tr> <tr><td>MOTHER-IN-LAW</td><td>I</td></tr> <tr><td>FATHER-IN-LAW</td><td>J</td></tr> <tr><td>OTHER IN-LAW</td><td>K</td></tr> <tr><td>MALE TEACHER</td><td>L</td></tr> <tr><td>MALE EMPLOYER/SOMEONE AT WORK</td><td>M</td></tr> <tr><td>MALE POLICE/SOLDII</td><td>N</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td></tr> </table>	MOTHER/STEP-MOTHER	A	FATHER/STEP-FATHER	B	SISTER/BROTHER	C	DAUGHTER/SON	D	OTHER RELATIVE	E	FORMER HUSBAND/PARTNER ..	F	CURRENT BOYFRIEND	G	FORMER BOYFRIEND	H	MOTHER-IN-LAW	I	FATHER-IN-LAW	J	OTHER IN-LAW	K	MALE TEACHER	L	MALE EMPLOYER/SOMEONE AT WORK	M	MALE POLICE/SOLDII	N	OTHER _____ (SPECIFY)	X			
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1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	<table border="0"> <tr><td>OFTEN</td><td>1</td></tr> <tr><td>SOMETIMES</td><td>2</td></tr> <tr><td>NOT AT ALL</td><td>3</td></tr> </table>	OFTEN	1	SOMETIMES	2	NOT AT ALL	3																											
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1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	1120																												
YES	1																																		
NO	2																																		
1119	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<table border="0"> <tr><td>CURRENT HUSBAND/PARTNER ..</td><td>A</td></tr> <tr><td>MOTHER/STEP-MOTHER</td><td>B</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>C</td></tr> <tr><td>SISTER/BROTHER</td><td>D</td></tr> <tr><td>DAUGHTER/SON</td><td>E</td></tr> <tr><td>OTHER RELATIVE</td><td>F</td></tr> <tr><td>FORMER HUSBAND/PARTNER ..</td><td>G</td></tr> <tr><td>CURRENT BOYFRIEND</td><td>H</td></tr> <tr><td>FORMER BOYFRIEND</td><td>I</td></tr> <tr><td>MOTHER-IN-LAW</td><td>J</td></tr> <tr><td>FATHER-IN-LAW</td><td>K</td></tr> <tr><td>MALE OTHER IN-LAW</td><td>L</td></tr> <tr><td>MALE TEACHER</td><td>M</td></tr> <tr><td>MALE EMPLOYER/SOMEONE AT WORK</td><td>N</td></tr> <tr><td>MALE POLICE/SOLDII</td><td>O</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td></tr> </table>	CURRENT HUSBAND/PARTNER ..	A	MOTHER/STEP-MOTHER	B	FATHER/STEP-FATHER	C	SISTER/BROTHER	D	DAUGHTER/SON	E	OTHER RELATIVE	F	FORMER HUSBAND/PARTNER ..	G	CURRENT BOYFRIEND	H	FORMER BOYFRIEND	I	MOTHER-IN-LAW	J	FATHER-IN-LAW	K	MALE OTHER IN-LAW	L	MALE TEACHER	M	MALE EMPLOYER/SOMEONE AT WORK	N	MALE POLICE/SOLDII	O	OTHER _____ (SPECIFY)	X	
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1120	<p>CHECK 618: EVER HAD SEX?</p> <table border="0"> <tr> <td>HAS EVER HAD SEX <input type="checkbox"/></td> <td>NEVER HAD SEX <input type="checkbox"/></td> </tr> </table>	HAS EVER HAD SEX <input type="checkbox"/>	NEVER HAD SEX <input type="checkbox"/>		1125																														
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1121	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	<table border="0"> <tr><td>WANTED TO</td><td>1</td></tr> <tr><td>FORCED TO</td><td>2</td></tr> <tr><td>REFUSED TO ANSWER/ NO RESPONSE</td><td>3</td></tr> </table>	WANTED TO	1	FORCED TO	2	REFUSED TO ANSWER/ NO RESPONSE	3																											
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1122	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?	NEVER MARRIED/ NEVER LIVED WITH A MAN In the last 12 months has anyone forced you to have sexual intercourse against your will? YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1123	CHECK 1121 AND 1122: 1121 ='1' OR '3' <input type="checkbox"/> AND 1122 ='2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/>		1126
1124	CHECK 1105(h) and 1105(i): 1105(h) IS NOT '1' <input type="checkbox"/> AND 1105(i) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/>		1125A
1125	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1128
1125A	At any time in your life, as a child or as an adult, has anyone else (other than your current/last husband) <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1128
1126	Now I would like to talk to you about <u>the first time</u> you ever were forced to have sexual intercourse or perform other sexual acts. How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
1127	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER .. 02 CURRENT/FORMER BOYFRIEND . 03 FATHER 04 STEP FATHER 05 OTHER MALE RELATIVE..... 06 MALE IN-LAW. 07 MALE OWN FRIEND/ACQUAINTANCE .. 08 MALE FAMILY FRIEND. 09 MALE TEACHER. 10 MALE EMPLOYER/SOMEONE AT WORK 11 MALE POLICE/SOLDIER 12 MALE PRIEST/RELIGIOUS LEADER 13 MALE STRANGER. 14 OTHER 96 (SPECIFY)	
1128	CHECK 1105A (a-i), 1114, 1118, 1122 AND 1125: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		1132
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	1131

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1130	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND/PARTNER'S FAMILY B</p> <p>CURRENT/LAST/LATE</p> <p>HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND . D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL . H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION . K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>1132</p>																
1131	Have you ever told any one else about this?	<p>YES 1</p> <p>NO 2</p>																	
1132	As far as you know, did your father ever beat your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																			
1133	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT.....</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT.....	1	2	3	
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1134	<p>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE</p> <p>_____</p> <p>_____</p> <p>_____</p>																		

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1134A	<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.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC 1 <input type="text"/><input type="text"/><input type="text"/></p> <p>DIASTOLIC 2 <input type="text"/><input type="text"/><input type="text"/></p> <p>PULSE 3 <input type="text"/><input type="text"/><input type="text"/></p> <p>REFUSED 9994</p> <p>BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:</p> <p>TECHNICAL PROBLEMS 9995</p> <p>OTHER 9996</p> <p>SPECIFY</p>																																																																									
1134B	<p>AVERAGE THE SYSTOLIC AND AVERAGE THE DIASTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 581A AND 1134A.</p> <table border="0"> <tr> <td>Q581A BLOOD PRESSURE</td><td>Q1134A BLOOD PRESSURE</td><td>AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS</td></tr> <tr> <td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td><td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td><td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td><td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td><td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td></tr> </table> <p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p>ADULT BLOOD PRESSURE VALUE BOX:</p> <table border="0"> <tr> <td></td><td colspan="6">DIASTOLIC</td></tr> <tr> <td></td><td><84</td><td>85-89</td><td>90-99</td><td>100-109</td><td>110-119</td><td>>=120</td></tr> <tr> <td>SYSTOLIC</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><129</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>130-139</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr> <td>140-159</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr> <td>160-179</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr> <td>180-209</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr> <td>>=210</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </table> <p>COMPLETE THE BLOOD PRESSURE REPORTING FORM ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. AND GIVE IT TO THE RESPONDENT</p>	Q581A BLOOD PRESSURE	Q1134A BLOOD PRESSURE	AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>		DIASTOLIC							<84	85-89	90-99	100-109	110-119	>=120	SYSTOLIC							<129	1	1	1	1	1	1	130-139	2	2	2	2	2	2	140-159	3	3	3	3	3	3	160-179	4	4	4	4	4	4	180-209	5	5	5	5	5	5	>=210	6	6	6	6	6	6		
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180-209	5	5	5	5	5	5																																																																					
>=210	6	6	6	6	6	6																																																																					
1135	RECORD THE TIME.	<p>HOUR <input type="text"/><input type="text"/></p> <p>MINUTES <input type="text"/><input type="text"/></p>																																																																									

SECTION 12. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION.

1201A	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE SURVIVAL STATUS OF EACH CHILD, BORN IN 2001 OR LATER, EXACTLY AS IN QUES.502 AND 503. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).												
1201	CHECK 502:	LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>				NEXT-TO-LAST-BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>				SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>			
1202	CHECK 503:	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)				NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)				NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 1207)			
1203	CHECK 572A ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 (SKIP TO 1207) ←			
1204	WAS THE MEDICAL CENTER VISITED?	YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 (SKIP TO 1207) ←			
1205	ARE THERE IMMUNIZATION RECORDS IN THE MEDICAL CENTER (NAME)?	YES, SEEN 1 YES, HAVEN'T SEEN... 2 NEXT CHILD ← NO RECORD 3				YES, SEEN 1 YES, HAVEN'T SEEN... 2 NEXT CHILD ← NO RECORD 3				YES, SEEN 1 YES, HAVEN'T SEEI... 2 (SKIP TO 1207) ← NO RECORD 3			
1206	(1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED												
		LAST BIRTH				NEXT-TO-LAST-BIRTH				SECOND-FROM-LAST BIRTH			
		DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR	
	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (2nd MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (3rd MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.													
1207	END												

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

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

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 SPERMICIDIES/FOAM/JELLY
J DIAPHRAGM/CAP
K RING
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM/CALENDAR/TEMPERATURE METHOD/
CYCLE BEADS
N WITHDRAWAL
X OTHER _____
(SPECIFY)

NOTE: In case of a multiple birth which ended
with live and non-live birth outcomes
record BIRTH to the calendar

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

			1	3	
12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
0	06	JUN	07		0
6	05	MAY	08		6
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		

12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
0	06	JUN	19		0
5	05	MAY	20		5
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		

12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
4	05	MAY	32		4
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		

12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
3	05	MAY	44		3
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		

12	DEC	49			
11	NOV	50			
10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
2	05	MAY	56		2
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		

12	DEC	61			
11	NOV	62			
10	OCT	63			
09	SEP	64			
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
1	05	MAY	68		1
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN

REPUBLIC OF AZERBAIJAN

IDENTIFICATION																						
<p>LOCATION NAME _____</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>CLUSTER NUMBER</p> <p>HOUSEHOLD NUMBER</p> <p>ECONOMIC REGION</p> <p>RAYON</p> <p>BAKU/CITY/TOWN/RURAL</p> <p>(BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)</p> <p>NAME AND LINE NUMBER OF MAN _____</p>	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	<p>DAY</p> <p>MONTH</p> <p>YEAR</p> <p>INT. NUMBER</p> <p>RESULT</p>																		
INTERVIEWER'S NAME	_____	_____	_____																			
RESULT*	_____	_____	_____																			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																		
TIME	_____	_____		<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>																		
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)									
1 COMPLETED	4 REFUSED																					
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____																				
3 POSTPONED	6 INCAPACITATED	(SPECIFY)																				
<p>QUESTIONNAIRE LANGUAGE: <table border="1" style="width: 30px; height: 20px;"></table></p> <p>CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)</p>			<p>LANGUAGE OF INTERVIEW: <table border="1" style="width: 30px; height: 20px;"></table></p> <p>NATIVE LANGUAGE OF RESPONDENT <table border="1" style="width: 30px; height: 20px;"></table></p> <p>TRANSLATOR USED (YES = 1, NO = 2)</p> <p style="text-align: center;"> <table border="1" style="width: 30px; height: 20px;"> <tr><td> </td></tr> </table> </p>																			
<p style="text-align: center;">SUPERVISOR</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">FIELD EDITOR</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">OFFICE EDITOR</p> <p>_____</p>	<p style="text-align: center;">KEYED BY</p> <p>_____</p>																			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
101A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DIASTOLIC 2 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> PULSE 3 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO TECHNICAL PROBLEMS 9995 OTHER 9996 SPECIFY _____	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ALWAYS 95 VISITOR 96	→ 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW MONTH 98 YEAR <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Have you ever attended school?	YES 1 NO 2	→ 115
109	What is the highest level of school you attended: primary, basic secondary or complete secondary, or PTU, Technicum, Institut or Universitet?	PRIMARY 1 BASIC SECONDARY 2 COMPLETE SECONDARY 3 PTU 4 TECHNICUM 5 HIGHER 6	
110	What is the highest (grade/form) you completed at that level?	GRADE/FORM/CLASS <input type="text"/> <input type="text"/>	
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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK ... 3 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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 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 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	MUSLIM 1 CHRISTIAN 2 NO RELIGION 3 OTHER 6 (SPECIFY)	
119	What is your ethnicity?	AZERBAIJANIAN 1 TALISH 2 RUSSIAN 3 LESGIN 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

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. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? 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> 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>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? 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> 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>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? 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> 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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. 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: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301										
210	Did all of the children you have fathered have the same biological mother?	YES 1 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: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> → 301										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-3 YEARS		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 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? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: 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, 12, AND 13, ASK 302 IF 301 HAS CODE 1 CIRCLED.</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 NO 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p> <p>YES 1 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 NO 2</p>	
05	<p>INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months.</p> <p>YES 1 NO 2</p>	
06	<p>IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> <p>YES 1 NO 2</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
08	<p>SPERMICIDES/FOAM/JELLY Can be inserted into the woman's vagina immediately before sexual intercourse</p> <p>YES 1 NO 2</p>	
09	<p>DIAPHRAGM/CAP A rubber cap can be put in their vagina before sexual intercourse.</p> <p>YES 1 NO 2</p>	
10	<p>RING Is a flexible, colorless ring that can be inserted in the vagina for 3 weeks each month, when it will slowly release a low dose of hormones that are needed to prevent pregnancy.</p> <p>YES 1 NO 2</p>	
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after birth.</p> <p>YES 1 NO 2</p>	
12	<p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 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 NO 2 ↘</p>	<p>YES 1 NO 2</p>
13	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
14	<p>EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p> <p>YES 1 NO 2</p>	
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>YES 1</p> <p align="center">_____ (SPECIFY)</p> <p>NO 2</p> <p align="center">_____ (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 BROCHURE 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 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 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 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 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. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	

309	CHECK 301 (07) KNOWS MALE CONDOM		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 401
310	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 401
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>GOVERNMENT HOSPITAL/ MATERNITY HOME A</p> <p>GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>GOVERNMENT FAMILY PLANNING CENTER/CABINET D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY HOME F</p> <p>PRIVATE CLINIC/WOMAN'S CONSULTATION G</p> <p>PRIVATE DOCTOR H</p> <p>PRIVATE FAMILY PLANNING CENTER/CABINET I</p> <p>NGO J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET L</p> <p>APTEKA M</p> <p>FRIEND/RELATIVE N</p> <p>PEER EDUCATOR O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
312	If you wanted to, could you yourself get a condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
407	Please tell me the name of your wife (the woman you are living with as if married). RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	
408	How old was (NAME) on her last birthday?	AGE IN COMPLETED YEARS <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your wife (partner)?	MONTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	
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 YEAR <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></div> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
413	CHECK FOR THE PRESENCE OF OTHERS. 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 issue. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95			 → 417 → 417						
415	CHECK 107: AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 15-24 AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 25-59				→ 501						
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 501								
417	CHECK 107: AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 15-24 AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 25-59				→ 419						
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8									
419	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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><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> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4									→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST 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 other person?		DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←																																																						
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																						
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)																																																						
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←																																																						
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 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 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←																																																							
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98																																																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>		432
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> OTHER <input type="checkbox"/>		434 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		442
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME <input type="text"/> (SPECIFY) DOES NOT HAVE/NOT SEEN 2	439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> (SPECIFY) DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total? Please, include the cost of the condom(s), any consultation you may have had and the cost of any gifts you may given to the provider.	<input type="text"/> ENTER TOTAL NUMERIC VALUE IN OLD MANATS FREE 99999994 DON'T KNOW 99999998	

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>GOVERNMENT HOSPITAL/ MATERNITY HOME 11</p> <p>GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION 12</p> <p>FAP/DAC/PH 13</p> <p>GOVERNMENT FAMILY PLANNING CENTER/CABINET 14</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MATERNITY HOME 21</p> <p>PRIVATE CLINIC/WOMAN'S CONSULTATION 22</p> <p>PRIVATE DOCTOR 23</p> <p>PRVIVATE FAMILY PLANNING CENTER/ CABINET 24</p> <p>NGO 25</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>SHOP/MARKET 31</p> <p>APTEKA 32</p> <p>FRIEND/RELATIVE 33</p> <p>PEER-EDUCATOR 35</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>→ 501</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>→ 501</p>
444	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>PILL C</p> <p>IUD D</p> <p>INJECTABLES E</p> <p>IMPLANTS F</p> <p>CONDOM G</p> <p>SPERMICIDIES/FOAM/JELLY H</p> <p>DIAPHRAGM/CAP I</p> <p>RING J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS L</p> <p>WITHDRAWAL M</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: HAS A WIFE/PARTNER <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 508
503	Is your wife (partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 508
508	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER OTHER 96 (SPECIFY)	→ 509A → 509A
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
509A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/> PULSE 3 <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 (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 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 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	
605	CHECK 604: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		→ 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 FAMILY LAND 2 RENTED LAND 3 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 FOR SOMEONE ELSE 2 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 SEASONALLY/PART OF THE YEAR 2 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 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
610	CHECK 407: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>HAS A WIFE/PARTNER <input type="checkbox"/></div> <div>QUESTION NOT ASKED <input type="checkbox"/></div> </div>		→ 613
611	CHECK 609: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE 1 OR 2 CIRCLED <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		→ 613
612	Who decides how the money you earn will be used: mainly you, mainly your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER 6 <div style="text-align: center; margin-top: 5px;">SPECIFY</div>	

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:	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
	a) making large household purchases?	a) 1	2	3	8	
	b) making small daily household purchases?	b) 1	2	3	8	
	c) deciding when to visit the wife's family or relatives?	c) 1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) 1	2	3	8	
	e) deciding how many children to have?	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.	DIS- AGREE AGREE DK				
	a) Childbearing is a woman's concern and there is no need for the father to get involved.	CHILDBEARING WOMAN'S CONCERN	1	2	8	
	b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DOCTOR/NURSE'S ASSISTANCE 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:	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...	DON'T KNOW/ DEPENDS				
	a) Get angry and reprimand her?	YES NO	1	2	8	
	b) Refuse to give her money or other means of support?	b) 1	2	8		
	c) Use force and have sex with her even if she doesn't want to?	c) 1	2	8		
	d) Go ahead and have sex with another woman?	d) 1	2	8		

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 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 NO 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 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 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
705A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of kissing?	YES 1 NO 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 720
719	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME A GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION/ARMY RECRUITMENT CENTER B FAP/DAC/PH C GOVERNMENT FAMILY PLANNING CENTER/CABINET D NATIONAL AIDS CENTER(NAC) .. E NAC REGIONAL LABS F KOZHNO-VENEROLOGICHESK. DISPANSER G OTHER PUBLIC MEDICAL H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME I PRIVATE CLINIC/WOMAN'S CONSULTATION J PRIVATE DOCTOR K PRIVATE FAMILY PLANNING CENTER/ CABINET L NGO M OTHER PRIVATE MEDICAL N (SPECIFY) OTHER SOURCE SHOP O APTEKA P OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	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?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> 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 NO 2 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 NO 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer on their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME A GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION/ARMY RECRUITMENT CENTER B FAP/DAC/PH C GOVERNMENT FAMILY PLANNING CENTER/CABINET D NATIONAL AIDS CENTER(NAC) .. E NAC REGIONAL LABS F KOZHNO-VENEROLOGICHESK. DISPANSER G OTHER PUBLIC MEDICAL H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME I PRIVATECLINIC/WOMAN'S CONSULTATION J PRIVATE DOCTOR K PRIVATE FAMILY PLANNING CENTER/ CABINET L NGO M OTHER PRIVATE MEDICAL N (SPECIFY) OTHER SOURCE SHOP O APTEKA P OTHER X (SPECIFY)	
742	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?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
810	Are you covered by any health insurance?	YES 1 NO 2	→ 812
811	What type of health insurance? RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE... C OTHER X (SPECIFY)	
812	Do you currently smoke cigarettes?	YES 1 NO 2	→ 814
813	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
814	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 816
815	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER X (SPECIFY)	
816	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS <input type="text"/> <input type="text"/> NO DRINKS 0 0	→ 821
817	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5	
818	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 816)	YES 1 NO 2	→ 821
819	In the past 3 months, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 816)	NUMBER OF DRINKS <input type="text"/> <input type="text"/>	
820	How often did you drink that amount?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5 1-2 TIMES IN THREE MONTHS 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	These next questions are about blood pressure. Has your blood pressure ever been checked?	YES 1 NO 2	→ 828
821A	Who took your blood pressure?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
821B	When was the last time you had your blood pressure checked ?	LESS THAN 1 6 - 11 MONT 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8	
822	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 3	→ 828
823	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 3	
824	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→ 828
825	Who told you this?	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
826	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS 1 2 (SPECIFY)	
827	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking?	YES NO NA TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
828	Have you ever heard of an illness called diabetes or "high sugar"?	YES 1 NO 2	→ 834
829	Has a doctor or other health professional ever told you that you had diabetes?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																															
834	Have you ever heard of an illness called goiter?	YES 1 NO 2	→ 836																																																															
835	Have you ever been diagnosed by a doctor or other health professional with goiter?	YES 1 NO 2																																																																
836	Check Q106 and Q107: Respondent was born in 1965 or earlier or 40 years old or older Yes, born in 1965 or earlier or is 40 years old or older <input type="checkbox"/> No <input type="checkbox"/> → 839																																																																	
837	Have you ever been diagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES 1 NO 2																																																																
838	Have you ever been diagnosed by a doctor or other health professional with a stroke?	YES 1 NO 2																																																																
839	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/> PULSE 3 <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 (SPECIFY)																																																																
840	AVERAGE THE DIASTOLIC AND AVERAGE THE SYSTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 509A AND 839. Q509A BLOOD PRESSURE Q839 BLOOD PRESSURE AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL. ADULT BLOOD PRESSURE VALUE BOX: <table border="1"> <thead> <tr> <th></th><th colspan="6">DIASTOLIC</th></tr> <tr> <th></th><th><84</th><th>85-89</th><th>90-99</th><th>100-109</th><th>110-119</th><th>>=120</th></tr> </thead> <tbody> <tr> <td>SYSTOLIC</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td><129</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>130-139</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr> <td>140-159</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr> <td>160-179</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr> <td>180-209</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr> <td>>=210</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table> COMPLETE THE BLOOD PRESSURE REPORTING FORM ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL AND GIVE IT TO THE RESPONDENT .		DIASTOLIC							<84	85-89	90-99	100-109	110-119	>=120	SYSTOLIC							<129	1	1	1	1	1	1	130-139	2	2	2	2	2	2	140-159	3	3	3	3	3	3	160-179	4	4	4	4	4	4	180-209	5	5	5	5	5	5	>=210	6	6	6	6	6	6		
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____