

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	
			M F	YES NO	YES NO	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES NO
 ENTER EACH IN TABLE

2) In addition, 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 NO
 ENTER EACH IN TABLE

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?

YES NO
 ENTER EACH IN TABLE

CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OF AGE				LITERACY	EDUCATION	
Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER.	Is (NAME) able to read and write a simple sentence?	Has (NAME) ever had any formal education?	What is the highest grade (NAME) completed? SEE CODES FOR GRADE BELOW.
(10)	(11)	(12)	(13)	(14)	(15)	(16)
YES NO DK		YES NO DK		YES NO DK	YES NO	GRADE
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>
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1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 NEXT LINE ↙ ↘	<input type="text"/>

Q.10 THROUGH Q.13:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

CURRENT SCHOOL ATTENDANCE

IF AGE 5-24 YEARS

Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what grade [is/was] (NAME) attending? SEE CODES FOR GRADE BELOW.	During the previous school year, did (NAME) attend school at any time?	During that school year, what grade did (NAME) attend? SEE CODES FOR GRADE BELOW.
(17)	(18)	(19)	(20)	20A
YES NO 1 GO TO 2 19	YES NO 1 GO TO 2 20	GRADE <input type="text"/> <input type="text"/>	YES NO 1 NEXT LINE 2	GRADE <input type="text"/> <input type="text"/>
1 GO TO 2 19	1 GO TO 2 20	<input type="text"/> <input type="text"/>	1 NEXT LINE 2	<input type="text"/> <input type="text"/>
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GRADE FOR Q16, 19 AND 20A

00 = LESS THAN 1 YEAR COMPLETED
 01-12 = GRADE CPMPLETED
 13 = TECHNICAL/VOCATIONAL CERTIFICATE
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15			1 2	1 2	1 2							
16			1 2	1 2	1 2							
17			1 2	1 2	1 2							
18			1 2	1 2	1 2							

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES ENTER EACH IN TABLE
NO

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YES NO	YES NO	GRADE	YES NO	GRADE
1 └─ GO TO 19 2	1 └─ GO TO 20 2	[][]	1 NEXT LINE 2	[][]
1 └─ GO TO 19 2	1 └─ GO TO 20 2	[][]	1 NEXT LINE 2	[][]
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
21	What is the main source of drinking water for members of your household?	PIPED (TAP) PIPED INTO DWELLING11 → 23 PIPED INTO COMPOUND.....12 → 23 PIPED OUTSIDE COMPOUND13 OPEN WELL/SPRING OPEN WELL.....22 OPEN SPRING.....23 COVERED WELL/SPRING COVERED WELL.....31 COVERED SPRING32 SURFACE WATER RIVER42 POND/LAKE/DAM43 RAINWATER51 → 23 OTHER 96 (SPECIFY)																									
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ONE DAY OR LONGER995 ON PREMISES.....996																									
23	What kind of toilet facility do most members of your household use?	FLUSH TOILET11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE (VIP).....22 NO FACILITY/BUSH/FIELD31 → 25 OTHER 96 (SPECIFY)																									
24	Do you share this facility with other households?	YES1 NO2																									
25	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td>ELECTRICITY1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>RADIO1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>TELEVISION1</td> <td>2</td> </tr> <tr> <td>A telephone?</td> <td>TELEPHONE.....1</td> <td>2</td> </tr> <tr> <td>An electric mitad?</td> <td>ELECTRIC MITAD.....1</td> <td>2</td> </tr> <tr> <td>A kerosene lamp / pressure lamp?</td> <td>KEROSENE LAMP1</td> <td>2</td> </tr> <tr> <td>A bed/ table?</td> <td>BED/TABLE.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY1	2	A radio?	RADIO1	2	A television?	TELEVISION1	2	A telephone?	TELEPHONE.....1	2	An electric mitad?	ELECTRIC MITAD.....1	2	A kerosene lamp / pressure lamp?	KEROSENE LAMP1	2	A bed/ table?	BED/TABLE.....1	2	
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25A	Does your household:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Own the house it is living in?</td> <td>OWN HOUSE1</td> <td>2</td> </tr> <tr> <td>Have crop land?</td> <td>CROP LAND.....1</td> <td>2</td> </tr> <tr> <td>Have cattle/camels?</td> <td>CATTLE/CAMELS1</td> <td>2</td> </tr> <tr> <td>Have horse/mule/donkey?</td> <td>HAVE HORSE/MULE/DONKEY1</td> <td>2</td> </tr> <tr> <td>Have sheep/goats?</td> <td>SHEEP/GOATS.....1</td> <td>2</td> </tr> <tr> <td>Grow cash crops?</td> <td>CASH CROPS.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Own the house it is living in?	OWN HOUSE1	2	Have crop land?	CROP LAND.....1	2	Have cattle/camels?	CATTLE/CAMELS1	2	Have horse/mule/donkey?	HAVE HORSE/MULE/DONKEY1	2	Have sheep/goats?	SHEEP/GOATS.....1	2	Grow cash crops?	CASH CROPS.....1	2				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS.....03 KEROSENE.....04 CHARCOAL.....05 FIREWOOD, STRAW.....06 DUNG07 OTHER _____ 96 (SPECIFY)																						
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND11 DUNG12 WOOD PLANKS.....21 REED/BAMBOO.....22 PARQUET OR POLISHED WOOD31 VINYL SHEETS/TILES.....32 CEMENT33 CEMENT TILES/BRICK34 CARPET35 OTHER _____ 96 (SPECIFY)																						
27A	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	CORRUGATED IRON01 CEMENT/CONCRETE02 WOOD AND MUD03 THATCH04 REED/BAMBOO.....05 PLASTIC SHEET.....06 MOBILE ROOFS OF NOMADS07 OTHER _____ 96 (SPECIFY)																						
27B	How many rooms in your house are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A horse or mule for human transport only?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/MULE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	HORSE/MULE.....	1	2							
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29	Has any member of your household received any of the following services at a health facility at any time in the past 12 months: Treatment for a sick child? Immunization? Family planning education or services? Prenatal/postnatal/delivery care? Information on prevention of STD/HIV/AIDS? Information on breast feeding and infant feeding practices?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>TREATMENT FOR A SICK CHILD....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMMUNIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY PLANNING</td> <td>1</td> <td>2</td> </tr> <tr> <td>PRENATAL/POSTNATAL/ DELIVERY CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INFORMATION ON STD/HIV/ADIS</td> <td>1</td> <td>2</td> </tr> <tr> <td>INFORMATION ON BREAST FEEDING AND INFANT FEEDING PRACTICES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	TREATMENT FOR A SICK CHILD....	1	2	IMMUNIZATION.....	1	2	FAMILY PLANNING	1	2	PRENATAL/POSTNATAL/ DELIVERY CARE.....	1	2	INFORMATION ON STD/HIV/ADIS	1	2	INFORMATION ON BREAST FEEDING AND INFANT FEEDING PRACTICES.....	1	2	
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29A	CHECK 29: AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/>	→ 29C																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29B	<p>From what facilities have members received these services? PROBE: Anywhere else?</p> <p>RECORD BELOW TYPE AND/OR LOCATION OF ALL FACILITIES VISITED BY HOUSEHOLD MEMBERS IN PAST 12 MONTHS. THEN CIRCLE CODE FOR EACH TYPE OF FACILITY MENTIONED.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>GOVERNMENT HOSPITAL..... A HEALTH CENTER B HEALTH STATION/CLINIC C HEALTH POST..... D COMMUNITY-BASED OUTLET..... E OTHER GOVERNMENT _____ F (SPECIFY)</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) HEALTH FACILITY..... G COMMUNITY-BASED OUTLET..... H OTHER NGO _____ I (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL J PRIVATE DOCTOR/CLINIC..... K OTHER PRIVATE _____ L (SPECIFY)</p> <p>OTHER SOURCE _____ X (SPECIFY)</p>	
29C	<p>Has any member of your household bought any drugs during the last 12 months?</p>	<p>YES 1 NO 2</p>	<p>→ 29F</p>
29D	<p>Where were the drugs mainly bought?</p>	<p>PHARMACY/OTHER MEDICAL FACILITY A NON MEDICAL FACILITY B</p>	
29F	<p>Does your household have any bednets that can be used while sleeping?</p>	<p>YES 1 NO 2</p>	<p>→ 35</p>
29G	<p>Was the bednet ever treated with a product to kill mosquitoes?</p>	<p>YES 1 NO 2</p>	
35	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).</p>	<p>0 PPM (NO IODINE)..... 1 7 PPM..... 2 15 PPM..... 3 30 PPM..... 4</p>	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMN (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 IN Q. 36 TO Q. 38 IN THE HEIGHT AND WEIGHT GRID FOR WOMEN BELOW. THEN CHECK COLUMN (9) AND RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6 IN CLOUMNS Q. 44 - Q. 46 IN THE HEIGHT AND WEIGHT GRID FOR CHILDREN.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
□□		□□		□□□□ . □	□□□□ . □		□
□□		□□		□□□□ . □	□□□□ . □		□
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CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN MESKEREM 1987 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURE D 2 NOT PRESENT 3 REFUSED 4 OTHER
			DAY MONTH YEAR			LYING STAND.	
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□□		□□	□□ □□ □□□□	0 □□□ . □	□□□□ . □	1 2	□
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TICK HERE IF CONTINUATION SHEET USED

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="checkbox"/> <input type="checkbox"/> HOUR <input type="checkbox"/> <input type="checkbox"/> MINUTES <input type="checkbox"/> <input type="checkbox"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF WOREDA OR TOWN)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> <input type="checkbox"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="checkbox"/> <input type="checkbox"/>	
107	Have you ever attended formal school?	YES 1 NO 2	111
109	What is the highest grade you completed?	GRADE <input type="checkbox"/> <input type="checkbox"/> TECHNICAL / VOCATIONAL CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA 14 UNIVERSITY/COLLEGE DEGREE 15	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 109: CODES 00-06 <input type="checkbox"/> CODES 07 AND ABOVE <input type="checkbox"/>		114
111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE..... 2 ABLE TO READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	115
114	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	
115	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	
116	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	
117	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MOSLEM 4 TRADITIONAL..... 5 OTHER _____ 6 (SPECIFY)	
118	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP.	_____ <input type="checkbox"/> <input type="checkbox"/>	

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" data-bbox="1271 453 1364 499"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1271 506 1364 552"><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" data-bbox="1271 741 1364 787"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1271 793 1364 840"><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 survived only a few hours or days?	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" data-bbox="1271 1092 1364 1138"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1271 1144 1364 1190"><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" data-bbox="1271 1228 1364 1274"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? 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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	
09	SING... 1 MULT.. 2	BOY... 1 GIRL.. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS3 <input type="text"/> <input type="text"/>	YES..... 1 NO 2	
10	SING... 1 MULT.. 2	BOY... 1 GIRL.. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS3 <input type="text"/> <input type="text"/>	YES..... 1 NO 2	
11	SING... 1 MULT.. 2	BOY... 1 GIRL.. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS3 <input type="text"/> <input type="text"/>	YES..... 1 NO 2	
12	SING... 1 MULT.. 2	BOY... 1 GIRL.. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS3 <input type="text"/> <input type="text"/>	YES..... 1 NO 2	
13	SING... 1 MULT.. 2	BOY... 1 GIRL.. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS3 <input type="text"/> <input type="text"/>	YES..... 1 NO 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES: PROBE AND CORRECT Q212-Q221 AND IF NECESSARY Q202-209						YES..... 1 NO..... 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1987 E.C. OR LATER. IF NONE, RECORD '0'.								<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you?	MONTHS <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 234
230A	When did the last such pregnancy end?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> DON'T KNOW YEAR 9998	→ 230C
230B	How many months/years ago did the last such pregnancy end?	MONTHS AGO 1 <input type="text"/> YEARS AGO 2 <input type="text"/>	
230C	How many months pregnant were you when the last such pregnancy ended?	MONTHS <input type="text"/>	
230D	CHECK 230A OR 230B: LAST PREGNANCY ENDED IN MESKEREM 1987 OR LATER OR 0-59 MONTHS AGO OR 0-4 YEARS AGO <input type="checkbox"/> ↓ LAST PREGNANCY ENDED BEFORE MESKEREM 1987 OR 60 MONTHS AGO OR EARLIER or 5 OR MORE YEARS AGO <input type="checkbox"/>		→ 234
230E	Have you had any other pregnancies in the last five years, which did not end in a live birth?	YES 1 NO 2	→ 234
230F	How many other pregnancies did you have in the last five years that did not end in a live birth?	NUMBER OF OTHER NON LIVE PREGNANCIES <input type="text"/>	

SECTION 3. CONTRACEPTION

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.

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.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had an operation to avoid having any (more) children? YES1 NO.....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had a partner who had an operation to avoid having any (more) children? YES1 NO.....2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO2	YES1 NO.....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2	YES1 NO.....2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for one or more months.	YES.....1 NO2	YES1 NO.....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2	YES1 NO.....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2	YES1 NO.....2
08	DIAPHRAGM/FOAM/JELLY Women can place a diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2	YES1 NO.....2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2	YES1 NO.....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2	YES1 NO.....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO2	YES.....1 NO2	YES1 NO.....2 YES1 NO.....2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		▶ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	→ 328
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"/>		→ 328
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	→ 328
311	Which method are you using? 311A CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G DIAPHRAGM/FOAM/JELLY H PERIODIC ABSTINENCE I WITHDRAWAL J OTHER X (SPECIFY)	→ 319C → 319A → 319B
312	What is the brand name of the pill you last used? RECORD NAME OF BRAND. _____ (BRAND NAME)	BRAND <input type="text"/> <input type="text"/> NO BRAND NAME95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	In the last 12 months, were you visited by a field worker who talked to you about family planning?	YES1 NO 2	
331	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES1 NO 2	→ 401
332	Did any staff member at the health facility speak to you about family planning methods?	YES1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401 CHECK 224:

ONE OR MORE BIRTHS IN MESKEREM 1987 OR LATER

NO BIRTHS IN MESKEREM 1987 OR LATER → 486

402 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1987 E.C. OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL SHEETS).

Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)

403 LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>
--------------------------	--	---

404 FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
----------------------	--	--

405 At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ←	THEN 1 (SKIP TO 422) ← LATER 2 NOT AT ALL 3 (SKIP TO 422) ←
---	---	---

406 How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
--	---	---

406A During this pregnancy did you stop eating specific types of food that you normally eat, for cultural reasons?	YES 1 NO 2 (SKIP TO 407) ←	
--	--	--

406B What did you stop eating? Anything else? RECORD ALL MENTIONED	MILK A CHEESE, BUTTER B ANY KIND OF MEAT C ANY KIND OF VEGETABLE D ANY KIND OF FRUIT E OTHER X (SPECIFY)	
--	--	--

407 Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT B UNTRAINED TRADITIONAL BIRTH ATTENDANT C OTHER X (SPECIFY) NO ONE Y (SKIP TO 415) ←	
---	--	--

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98																			
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98																			
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> (SKIP TO 412) ↓																			
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98																			
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT.....	1	2	HEIGHT.....	1	2	BLOOD PRESSURE.....	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO																			
WEIGHT.....	1	2																			
HEIGHT.....	1	2																			
BLOOD PRESSURE.....	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← DON'T KNOW 8																			
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8																			
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8																			
415A	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8																			
418	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8																			
419	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8																			
420	During this pregnancy, were you given or did you buy any drugs in order to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8																			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
421	Which drug was that? RECORD ALL MENTIONED.	FANSIDAR.....A CHLOROQUINEB PROGUANILC OTHER _____X (SPECIFY) DON'T KNOWZ	
422	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
423	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425) ← DON'T KNOW 8
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT B UNTRAINED TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND/ NEIGHBOUR D OTHER _____X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT B UNTRAINED TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND/ NEIGHBOUR D OTHER _____X (SPECIFY) NO ONE Y
426	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 428) ← OTHER HOME 12 GOVERNMENT HOSPITAL 21 HEALTH CENTER 22 HEALTH STATION/CLINIC 23 OTHER GOV'T 26 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY 31 PRIVATE MEDICAL PVT. HOSPITAL 41 PVT. DOCTOR/CLINIC 42 OTHER PVT. 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428) ←	HOME YOUR HOME 11 (SKIP TO 428) ← OTHER HOME 12 GOVERNMENT HOSPITAL 21 HEALTH CENTER 22 HEALTH STATION/CLINIC 23 OTHER GOV'T 26 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY 31 PRIVATE MEDICAL PVT. HOSPITAL 41 PVT. DOCTOR/CLINIC 42 OTHER PVT. 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____											
427	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 432) ← NO 2	YES 1 (SKIP TO 434) ← NO 2											
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 432) ←	YES 1 NO 2 (SKIP TO 434) ←											
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998												
430	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL 1 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT 2 UNTRAINED TRADITIONAL BIRTH ATTENDANT 3 OTHER 6 (SPECIFY)												
431	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 GOVERNMENT HOSPITAL 21 HEALTH CENTER 22 HEALTH STATION/CLINIC 23 HEALTH POST 24 OTHER GOV'T 25 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY 31 PRIVATE MEDICAL PVT. HOSPITAL 41 PVT. DOCTOR/CLINIC 42 OTHER PVT. 46 (SPECIFY) OTHER 96 (SPECIFY)												
432	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2												
432A	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 433) ←												
432C	How many days after birth did you start exposing NAME to sunlight?	NOT STARTED 000 DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
433	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 435) ← NO 2 (SKIP TO 436) ←	
434	Did your period return between the birth of (NAME) and your next pregnancy? NOTE: IF BORN AT SAME TIME AS LAST BIRTH, RESPONSE SHOULD BE THE SAME AS Q 433 FOR THE LAST BIRTH.		YES 1 NO 2 (SKIP TO 438) ←
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT ↓ OR UNSURE (SKIP TO 438) ←	
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439) ←	
438	For how many days or months after the birth of (NAME) did you <u>not</u> have sexual relations?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
440A	Did you squeeze out and throw away the first milk?	YES 1 NO 2	YES 1 NO 2
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443) ←

442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445) ← NO 2	YES 1 (SKIP TO 445) ← NO 2
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442A	Why did you stop breastfeeding?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP ... 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 SPECIFY	
443	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 447)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)
445	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 <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
446	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>
447	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

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
448	<p>Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during last seven days was [NAME] given each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many times yesterday during the day or at night was [NAME] given [ITEM]?</p> <p>A Plain water?</p> <p>B Milk other than breast milk?</p> <p>C Fruit juice?</p> <p>D Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>E Any food made from grains e.g. millet, sorghum, maize, rice, wheat, barely, teff, oats?</p> <p>F Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya?</p> <p>G Any other food made from roots or tubers [e.g. white potatoes, cassava, enset or other local roots/tubers]?</p> <p>H Any other fruits and vegetables [e.g. bananas, apples, avocados, tomatoes]?</p> <p>I Meat, poultry, fish, egg, cheese, or yoghurt?</p> <p>J Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>K Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>
449	<p>How many times was (NAME) fed mashed or pureed food or solid or semi-solid food yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES..... <input type="text"/></p> <p>DON'T KNOW 8</p>	<p>NUMBER OF TIMES..... <input type="text"/></p> <p>DON'T KNOW 8</p>		
450		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.</p>	<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.</p>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
458	Has (NAME) received any vaccinations that are not recorded on this card/paper, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDANT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: (SKIP TO 461) ← NO2 (SKIP TO 461) ← DON'T KNOW8	YES1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: (SKIP TO 461) ← NO2 (SKIP TO 461) ← DON'T KNOW8
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES1 NO2 (SKIP TO 463) ← DON'T KNOW8	YES1 NO2 (SKIP TO 463) ← DON'T KNOW8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
460B	Polio vaccine, that is, drops in the mouth?	YES1 NO2 (SKIP TO 460E) ← DON'T KNOW8	YES1 NO2 (SKIP TO 460E) ← DON'T KNOW8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH1 LATER2	JUST AFTER BIRTH1 LATER2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES1 NO2 (SKIP TO 460G) ← DON'T KNOW8	YES1 NO2 (SKIP TO 460G) ← DON'T KNOW8
460F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460G	An injection to prevent measles?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
461	Were any of the vaccinations (NAME) received during the last three years given as a part of a national immunization day campaign?	YES1 NO2 (SKIP TO 463) ← DON'T KNOW8	YES1 NO2 (SKIP TO 463) ← DON'T KNOW8
462	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	TIKEMT/HIDAR 1990 CAMPAIGNA TIKEMT/HIDAR 1991 CAMPAIGNB TIKEMT/HIDAR 1992 CAMPAIGNC	TIKEMT/HIDAR 1990 CAMPAIGNA TIKEMT/HIDAR 1991 CAMPAIGNB TIKEMT/HIDAR 1992 CAMPAIGNC

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463	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
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN <input type="checkbox"/> OTHER <input type="checkbox"/> 463 OR 464 ↓ (SKIP TO 472)	"YES" IN <input type="checkbox"/> OTHER <input type="checkbox"/> 463 OR 464 ↓ (SKIP TO 472)
467	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	GOVERNMENT HOSPITAL A HEALTH CENTER B HEALTH STATION/CLINIC C HEALTH POST D COMMUNITY-BASED OUTLET .. E OTHER GOV'T F (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY G COMMUNITY-BASED OUTLET .. H OTHER NGO I (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL J PVT. DOCTOR/CLINIC K PHARMACY L OTHER PVT. MEDICAL M (SPECIFY) OTHER SOURCE DRUG VENDOR N SHOP O TRAD. PRACTITIONER P OTHER X (SPECIFY)	GOVERNMENT HOSPITAL A HEALTH CENTER B HEALTH STATION/CLINIC C HEALTH POST D COMMUNITY-BASED OUTLET .. E OTHER GOV'T F (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY G COMMUNITY-BASED OUTLET .. H OTHER NGO I (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL J PVT. DOCTOR/CLINIC K PHARMACY L OTHER PVT. MEDICAL M (SPECIFY) OTHER SOURCE DRUG VENDOR N SHOP O TRAD. PRACTITIONER P OTHER X (SPECIFY)
469	CHECK 463: HAD FEVER?	"YES" IN 463 <input type="checkbox"/> "NO"/"DK" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 <input type="checkbox"/> "NO"/"DK" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)
470	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 472) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 472) ← DON'T KNOW 8

		LAST BIRTH	NEXT-TO-LAST BIRTH																
		NAME _____	NAME _____																
471	<p>What drugs did (NAME) take? RECORD ALL MENTIONED.</p> <p>IF THE RESPONDANT HAS GIVEN A DRUG FOR THE CHILD BUT DOESN'T KNOW THE NAME OF THE DRUG, ASK TO SEE THE PACKET OF DRUGS SHE GAVE THE CHILD. BUT IF SHE DOESN'T HAVE ANY SAMPLE LEFT, THE INTERVIEWER HAS TO SHOW THE SAMPLES SHE HAS TO THE RESPONDANT IN ORDER TO HELP IDENTIFY.</p>	FANSIDARA CHLOROQUINE.....B QUININEC ASPIRIN/PARACETAMOL.....D IBUPROFEN/ACETAMINOPHEN ...E ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIUM, ETC...)...F OTHER _____ X (SPECIFY) DON'T KNOWZ	FANSIDARA CHLOROQUINE.....B QUININE.....C ASPIRIN/PARACETAMOL.....D IBUPROFEN/ACETAMINOPHEN ...E ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIUM, ETC...)...F OTHER _____ X (SPECIFY) DON'T KNOWZ																
472	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8																
473	<p>Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?</p>	LESS 1 ABOUT THE SAME 2 MORE 3 NOTHING TO DRINK..... 4 DON'T KNOW 8	LESS 1 ABOUT THE SAME 2 MORE 3 NOTHING TO DRINK..... 4 DON'T KNOW 8																
474	<p>When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?</p>	LESS 1 ABOUT THE SAME 2 MORE 3 STOPPED FOOD..... 4 NEVER GAVE FOOD..... 5 DON'T KNOW 8	LESS 1 ABOUT THE SAME 2 MORE 3 STOPPED FOOD 4 NEVER GAVE FOOD 5 DON'T KNOW 8																
475	<p>Was he/she given any of the following to drink:</p> <p>Fluid from ORS packet?</p> <p>Home made sugar and salt solution?</p> <p>Other home made fluid?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES NO DK</td> </tr> <tr> <td>Fluid from ORS packet</td> <td style="text-align: center;">1 2 8</td> </tr> <tr> <td>Home made sugar and salt solution</td> <td style="text-align: center;">1 2 8</td> </tr> <tr> <td>Other home made fluid</td> <td style="text-align: center;">1 2 8</td> </tr> </table>		YES NO DK	Fluid from ORS packet	1 2 8	Home made sugar and salt solution	1 2 8	Other home made fluid	1 2 8	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES NO DK</td> </tr> <tr> <td>Fluid from ORS packet</td> <td style="text-align: center;">1 2 8</td> </tr> <tr> <td>Home made sugar and salt solution</td> <td style="text-align: center;">1 2 8</td> </tr> <tr> <td>Other home made fluid</td> <td style="text-align: center;">1 2 8</td> </tr> </table>		YES NO DK	Fluid from ORS packet	1 2 8	Home made sugar and salt solution	1 2 8	Other home made fluid	1 2 8
	YES NO DK																		
Fluid from ORS packet	1 2 8																		
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	YES NO DK																		
Fluid from ORS packet	1 2 8																		
Home made sugar and salt solution	1 2 8																		
Other home made fluid	1 2 8																		
476	<p>Was anything (else) given to treat the diarrhea?</p>	YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8																
477	<p>What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	PILL OR SYRUPA INJECTIONB (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)																
478	<p>Did you seek advice or treatment for the diarrhea?</p>	YES 1 NO 2 (SKIP TO 480) ←	YES..... 1 NO 2 (SKIP TO 480) ←																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	CHECK 453, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1987 E.C OR LATER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→ 486
482	The last time you fed your child(ren) using your hands, did you wash your hands immediately before feeding (him/her/them)?	YES1 NO2	
483	The last time you had to clean (your child/one of your children) after he/she defecated, did you wash your hands immediately afterwards?	YES1 NO2	
484	What usually happens with your (youngest) child's stools when he/she does not use any toilet facility?	ALWAYS USE TOILET/LATRINE01 THROW IN THE TOILET/LATRINE02 THROW OUTSIDE THE DWELLING03 THROW OUTSIDE THE YARD04 BURY IN THE YARD05 RINSED AWAY06 NOT DISPOSED OF07 OTHER96 (SPECIFY)	
485	CHECK 475, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET/ NOT ASKED <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→ 487
486	Have you ever heard of a special product called ORS in a packet you can get for the treatment of diarrhea?	YES1 NO2	
487	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER/ NOT ASKED <input type="checkbox"/>		→ 488A
488	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment?	YES1 NO2 DEPENDS3	
488A	The last time you prepared a meal for your family, before starting did you wash your hands?	YES1 NO2 NEVER PREPARED MEALS3	
489	The last time you were sick did you seek medical treatment?	YES1 NO2	→ 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
489A	Why did you not seek medical treatment? Any other reasons? RECORD ALL MENTIONED	DON'T KNOW WHERE TO GO.....A DID NOT GET PERMISSION TO GO..... B NO MONEY FOR TREATMENT C NO HEALTH FACILITY NEARBY D NO TRANSPORT.....E DID NOT WANT TO GO ALONE..... F CONCERN THAT THERE MAY NOT BE A FEMALE HEALTH PROVIDER..... G OTHER REASONS _____ X (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	CURRENTLY MARRIED 1 LIVING WITH A MAN 2 NOT IN UNION 3	→ 505
502	Have you ever been married or lived with a man?	FORMERLY MARRIED 1 LIVED WITH A MAN 2 NEVER MARRIED 3	→ 507 → 601
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 507
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	ASK NAME OF HUSBAND. THEN GO BACK TO THE HOUSEHOLD QUESTIONNAIRE AND COPY THE LINE NUMBER. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO..... <input type="text"/> <input type="text"/>	
506A	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2	→ 507
506B	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 507
506C	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
508	CHECK 507: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ </div> </div> In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 601
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		<p>→ 614</p>
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE..... 2 → 604</p> <p>SAYS SHE CAN'T GET PREGNANT..... 3 → 609</p> <p>UNDECIDED/DON'T KNOW..... 8 → 608</p>	
603	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT.... 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>→ 609</p>
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		<p>→ 610</p>
605	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 608</p>
606	<p>CHECK 603:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 2 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEARS <input type="checkbox"/></p>		<p>→ 610</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p style="text-align: center;"> WANTS <input type="checkbox"/> WANTS NO (MORE) <input type="checkbox"/> A/ANOTHER CHILD CHILDREN </p> <p> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? </p> <p> You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? </p> <p>RECORD ALL MENTIONED.</p>	<p>NOT MARRIEDA</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECOND.....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>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWZ</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT.....4</p>	
609	<p>CHECK 310: USING A METHOD?</p> <p style="text-align: center;"> NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING USING </p>		→ 614
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3																			
617	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? Pamphlet/Poster Community events	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLET/POSTER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY EVENTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	PAMPHLET/POSTER	1	2	COMMUNITY EVENTS	1	2	
	YES	NO																			
RADIO	1	2																			
TELEVISION	1	2																			
NEWSPAPER OR MAGAZINE	1	2																			
PAMPHLET/POSTER	1	2																			
COMMUNITY EVENTS	1	2																			
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 621																		
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)																			
621	CHECK 501 CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 701																		
621A	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 622																		
621B	You have told me that you are currently using contraception. 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)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	<p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p>	
623	<p>How often have you talked to your husband/partner about family planning in the past year?</p>	<p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN..... 3</p>	
624	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 703</p> <p>→ 708</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
702A	Is your husband able to read and write a simple sentence?	YES 1 NO 2 DON'T KNOW 8	
703	Did your (last) husband/partner ever attend formal school?	YES 1 NO 2	→ 706
705	What was the highest grade he completed?	GRADE..... <input type="text"/> <input type="text"/> TECHNICAL/VOCATIONAL CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA 14 UNIVERSITY/COLLEGE DEGREE 15 DON'T KNOW 98	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <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> <p>DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HIM.</p> <p>MEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".</p>	<input type="text"/> <input type="text"/> _____ _____	
708	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. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 710
709	Aside from housework, have you done any work in the last 12 months?	YES 1 NO 2	→ 720
710	What is your usual occupation, that is, what kind of work do you mainly do? DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HER. MOMEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".	<input type="text"/> <input type="text"/> _____ _____ _____	
711	<p>CHECK 710::</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>	→ 713	
712	Do you work mainly on your own land, on family land or do you work on land belonging to a relative, on land that you rent from someone else, or do you work on someone else's land?	OWN LAND/FAMILY LAND 1 RELATIVE'S LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
712A	Do you usually work throughout the agricultural season, or do you work only part of the agricultural season?	THROUGHOUT THE AGRICULTURAL SEASON1 PART OF THE AGRICULTURAL SEASON2 ONCE IN A WHILE.....3	→714																								
713	Do you usually work throughout the year, or do you work only part of the year?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3																									
714	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3																									
715	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	→718																								
716	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5																									
718	Do you usually work at home or away from home?	HOME1 AWAY2																									
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES/ LISTEN.</th> <th>PRES/ NOT LISTEN.</th> <th>NOT PRS</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <101</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSBAND1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER MALES1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER FEMALES....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	CHILDREN <101		2	8	HUSBAND1		2	8	OTHER MALES1		2	8	OTHER FEMALES....1		2	8					
	PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS																								
CHILDREN <101		2	8																								
HUSBAND1		2	8																								
OTHER MALES1		2	8																								
OTHER FEMALES....1		2	8																								
721	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN..1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT1		2	8	NEGL. CHILDREN..1		2	8	ARGUES.....1		2	8	REFUSES SEX.....1		2	8	BURNS FOOD.....1		2	8	
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SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with her, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>	
802	CHECK 801: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>		→ 901
803	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>	

RECORD NAMES OF ALL SIBLINGS

804		[1]	[2]	[3]	[4]	[5]
	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2				
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [2]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [3]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [4]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [5]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [6]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>				
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2				
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2				
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2				
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>				
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

804	What was the name given to your oldest (next oldest) brother or sister?	[6] _____	[7] _____	[8] _____	[9] _____	[10] _____
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [7]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [8]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [9]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [10]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [11]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2			
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2			
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

804	What was the name given to your oldest (next oldest) brother or sister?	[11] _____	[12] _____	[13] _____	[14] _____	[15] _____
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2				
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [12]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [13]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [14]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [15]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [16]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>				
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [16]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2				
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2				
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2				
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>				
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

SECTION 9: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision? IF NO PROBE: Have you ever heard of the practice in which a girl may have parts of her genitals cut?	YES 1 NO 2	→1001
902	Have you yourself ever been circumcised?	YES 1 NO 2	→ 904
903	In some parts of Ethiopia, there is a type of circumcision, where the genital area is sewn closed. Was this done to you?	YES 1 NO 2 DON'T KNOW 8	
904	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ 910
905	Have any of your daughters had been circumcised? IF YES: How many?	NUMBER CIRCUMCISED <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED 95	→ 910
906	To which of your daughters did this happen most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER	DAUGHTER'S LINE NUMBER FROM Q212 <input type="text"/> <input type="text"/>	
907	Was (NAME OF THE DAUGHTER FROM Q.906) genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
908	How old was (NAME) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DURING INFANCY 95 DON'T KNOW 98	
909	Who did the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 1 TRAD. BIRTH ATTENDANT 2 OTHER TRADITIONAL _____ 3 (SPECIFY) HEALTH PROFESSIONAL 4 DON'T KNOW 8	
910	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 10: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of the virus HIV or an illness called AIDS?	YES 1 NO 2	→ 1018
1001A	From which sources of information have you heard about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIOA TELEVISIONB NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS..... D HEALTH WORKERSE CHURCHES/MOSQUESF SCHOOLS/TEACHERS G COMMUNITY EVENT H FRIENDS/RELATIVES I WORK PLACE..... J DRAMA/PERFORMANCE.....K OTHER _____ X (SPECIFY)	
1002	Is there anything a person can do to avoid getting infected with HIV which is the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 1010
1003	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEXA USE CONDOMSB LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTESE AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS WITH UNCLEAN NEEDLES J AVOID KISSING.....K AVOID MOSQUITO BITESL SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
1004	CHECK 1003: NEITHER CODE 'C' <input type="checkbox"/> NOR CODE 'D' CIRCLED <input type="checkbox"/>	CODE 'C' AND/OR CODE 'D' CIRCLED <input type="checkbox"/>	→ 1007
1005	In your view, is a person's chance of getting AIDS influenced by the number of sexual partners he or she has?	YES 1 NO 2 DON'T KNOW 8	→ 1007

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS..... 1 LESSER CHANCE OF AIDS..... 2	
1007	CHECK 1003: DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>		1010
1008	Do you think that by using condoms during sexual intercourse a person decreases his/her chances of getting AIDS, increases his/her chances of getting AIDS, or does not make a difference?	DECREASES HIS CHANCES..... 1 INCREASES HIS CHANCES..... 2 DOESN'T MAKE A DIFFERENCE..... 3 DON'T KNOW/UNSURE..... 8	
1010	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
1011	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES..... 1 NO..... 2 UNSURE/ DON'T KNOW..... 8	
1012	Can the virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO..... 2 DON'T KNOW..... 8	1014
1013	When can the virus that causes AIDS be transmitted from a mother to a child? Any others times? RECORD ALL RESPONSES.	DURING PREGNANCY..... A AT DELIVERY..... B DURING BREASTFEEDING..... C OTHER TIMES..... D DON'T KNOW..... Z	
1014	CHECK 501: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		1016
1015	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband/the man you are living with?	YES..... 1 NO..... 2	
1016	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE..... 1 AVAILABLE TO COMMUNITY..... 2 DK/NOT SURE..... 8	

SECTION 11. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER..... 00</p> <p>AGE IN YEARS..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 96</p> <p>DON'T KNOW 98</p>	<p>▶ 1114</p>
1102	<p>In order to know your risk of pregnancy we need to know about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	<p>DAYS AGO1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO4 <input type="text"/> <input type="text"/></p>	<p>▶ 1111</p>
1103	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
1104	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '1'. IF NO, RECORD '2'.</p>	<p>WIFE/COHABITING PARTNER 1</p> <p>GIRLFRIEND/FIANCEE 2</p> <p>OTHER FRIEND 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>RELATIVE..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>▶ 1106</p>
1105	<p>For how long have you had a sexual relationship with this man?</p>	<p>DAYS1 <input type="text"/> <input type="text"/></p> <p>WEEKS2 <input type="text"/> <input type="text"/></p> <p>MONTHS3 <input type="text"/> <input type="text"/></p> <p>YEARS4 <input type="text"/> <input type="text"/></p>	
1106	<p>Have you had sex with anyone else in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>▶ 1111</p>
1107	<p>The last time you had sexual intercourse with this other man, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
1108	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '1'. IF NO, RECORD '2'.</p>	<p>WIFE/COHABITING PARTNER 1</p> <p>GIRLFRIEND/FIANCEE 2</p> <p>OTHER FRIEND 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>RELATIVE..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>▶ 1110</p>

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

**CENTRAL STATISTICAL AUTHORITY
ETHIOPIAN DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE**

IDENTIFICATION	
REGION _____ ZONE _____ WOREDA _____ TOWN _____ KEBELE _____ ENUMERATION AREA _____ CLUSTER NUMBER URBAN/RURAL: URBAN1 RURAL.....2 TYPE OF PLACE: LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4 NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD NUMBER NAME AND LINE NUMBER OF MAN _____	REGION <input type="text"/> <input type="text"/> CLUSTER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> URBAN/ RURAL TYPE OF PLACE <input type="checkbox"/> <input type="checkbox"/> HOUSEHOLD NUMBER <input type="text"/> <input type="text"/> <input type="text"/> LINE NUMBER OF MAN <input type="text"/> <input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER <input type="text"/> <input type="text"/> <input type="text"/>
RESULT*	_____	_____	_____	RESULT <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input type="text"/>
	TIME	_____	_____	

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____
 3 POSTPONED 6 INCAPACITATED (SPECIFY)

LANGUAGE			
QUESTIONNAIRE	INTERVIEW	RESPONDENT'S NATIVE LANGUAGE	TRANSLATOR USED DURING INTERVIEW
AMARIGNA1	AMARIGNA 1	AMARIGNA..... 1	YES 1
OROMIGNA2	OROMIGNA..... 2	OROMIGNA..... 2	NO 2
TIGRIGNA3	TIGRIGNA 3	TIGRIGNA 3	
SOMALIGNA 4	SOMALIGNA 4	SOMALIGNA 4	
AFARIGNA 5	AFARIGNA 5	AFARIGNA 5	
OTHER 6 (SPECIFY)	OTHER 6 (SPECIFY)	OTHER 6 (SPECIFY)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="checkbox"/> HOUR <input type="checkbox"/> MINUTES <input type="checkbox"/>	
M102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
M103	How long have you been living continuously in (NAME OF WOREDA OR TOWN)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> ALWAYS 95 VISITOR 96	→ 105
M104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
M105	In what month and year were you born?	MONTH <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> DON'T KNOW YEAR 9998	
M106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/>	
M107	Have you ever attended formal school?	YES 1 NO 2	→ 111
M109	What is the highest grade you completed?	GRADE <input type="checkbox"/> TECHNICAL / VOCATIONAL CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA 14 UNIVERSITY/COLLEGE DIGREE 15	
M110	CHECK 109: 00-06 <input type="checkbox"/> 07 AND HIGHER <input type="checkbox"/>		→ 114
M111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M114	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	
M115	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	
M116	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	
M117	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MOSLEM 4 TRADITIONAL 5 OTHER 6 (SPECIFY)	
M118	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP.	_____ <input type="checkbox"/> <input type="checkbox"/>	
M119	Are you currently working?	YES 1 NO 2	→ 122
M120	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
M122	What is your occupation, that is, what kind of work do you mainly do? DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HIM. MEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→ M207
M203	Are any of your children living with you now? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN AT HOME <input type="text"/> <input type="text"/> NONE 00	
M205	Do you have any children who are alive but not living with you? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN AWAY <input type="text"/> <input type="text"/> NONE 00	
M207	Do you have any children who have died? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN DEAD <input type="text"/> <input type="text"/> NONE 00	
M208	SUM ANSWERS TO M203, M205, AND M207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
M209	CHECK M208: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? IF HE HAS NOT HAD CHILDREN (M208 IS '00') Just to make sure I have this right: you have not had any children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT M201-M208 AS NECESSARY.		
M210	CHECK M208: HAS HAD CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ M301
M211	In what month and year was your last child born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M212	What is the name of your last child?	_____ (NAME OF LAST CHILD)	
M213	When (NAME OF LAST CHILD)'s mother became pregnant with (him/her), did you want to have a child <u>then</u> , did you want to have a child but wanted to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	WANTED THEN 1 WANTED LATER 2 DID NOT WANT AT ALL 3	→ M301 → M301
M214	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> UNDECIDED/DON'T KNOW 998	

SECTION 3. CONTRACEPTION

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.

CIRCLE CODE 1 IN M301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN M301, 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 M301, ASK M302.

M301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	M302	Have you ever had a partner who used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had a partner who had an operation to avoid having any (more) children? YES1 NO, DOES NOT KNOW.....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had an operation to avoid having any (more) children? YES1 NO.....2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for one or more months.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2	Have you ever used a condom? YES1 NO.....2
08	DIAPHRAGM/FOAM/JELLY Women can place a sponge, diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO, DOES NOT KNOW.....2 YES1 NO, DOES NOT KNOW.....2
M303	CHECK M302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		M306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M304	Have you or any of your sex partners ever used anything or tried in any way to delay or avoid pregnancy?	YES1 NO2	→ M312
M305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
M306	CHECK M302 (02): RESPONDENT NOT STERILIZED (CODE '1' NOT CIRCLED) <input type="checkbox"/> RESPONDENT STERILIZED (CODE '1' CIRCLED) <input type="checkbox"/>		→ M308A
M307	Are you, your wife (wives), or any other partner with whom you have sex currently doing something or using any method to delay or avoid a pregnancy?	YES1 NO, DOES NOT KNOW2	→ M312
M308 M308A	Which method are you using? CIRCLE 'B' FOR MALE STERILIZATION. IF REPENDENT USES CONDOM, FOLLOW SKIP INSTRUCTION FOR CONDOM.	FEMALE STERILIZATIONA MALE STERILIZATIONB PILLC IUDD INJECTIONSE IMPLANTSF CONDOMG DIAPHRAGM/FOAM/JELLYH RHYTHM/PERIODIC ABSTINENCEI WITHDRAWALJ OTHER _____ X (SPECIFY)	→ M401 → M401
M309	What is the brand name of the condom you last used? RECORD NAME OF BRAND. _____ (BRAND NAME)	BRAND <input type="text"/> <input type="text"/> NO BRAND NAME95 DON'T KNOW98	
M310	Do you use more condoms now than a year ago, about the same number, or fewer?	MORE1 SAME2 FEWER3	→ M401
M311	What is the main reason you use more condoms now than a year ago?	FEAR OF GETTING AIDS1 FEAR OF GETTING OTHER STDS2 FAMILY PLANNING3 LESS EXPENSIVE NOW4 MORE AVAILABLE NOW5 INCREASED SEXUAL ACTIVITY6 OTHER _____ 7 (SPECIFY) DON'T KNOW8	→ M401

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ M404 → M406
M402	How many wives do you have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
M403	Besides your wife / wives, do you have any other women with whom you live as if married?	YES 1 NO 2	→ M405
M404	<p>CHECK M401:</p> <p align="center"> <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN </p> <p>How many other women are you living with as if you were married? How many women are you living with as if you were married?</p>	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
M405	<p>WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE / WIVES AND PARTNER(S). IF A WIFE / PARTNER DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES PLUS NUMBER OF LIVE-IN PARTNERS.</p> <p>Please tell me the name(s) of your wife/wives and live-in partner(s)</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p>	<p align="center">LINE NUMBER</p> <p>..... <input type="text"/> <input type="text"/></p>	→ M409
M406	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
M407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ M409 → M501
M408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
M409	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M410	<p>CHECK M409:</p> <p>MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH.....<input type="text"/><input type="text"/></p> <p>DON'T KNOW MONTH..... 98</p> <p>YEAR.....<input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW YEAR.....9998</p>	<p>→ M501</p>
M411	<p>How old were you when you started living with her?</p>	<p>AGE.....<input type="text"/><input type="text"/></p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M501	<p>CHECK M401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>NOT CURRENTLY IN UNION <input type="checkbox"/></p>		<p>M506</p>
M502	<p>CHECK M402, and M404</p> <p>HAS ONE WIFE/WOMAN HE IS LIVING WITH <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/WOMAN HE IS LIVING WITH <input type="checkbox"/></p> <p>Is your wife/the woman you are living with currently pregnant?</p> <p>Is one of your wives (the women you are living with) pregnant?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DOES NOT KNOW/UNSURE..... 3</p>	<p>M504</p>
M503	<p>When she became pregnant, did you want her to become pregnant then, did you want her to have a child but wanted to wait or did you not want her to have a child at all?</p>	<p>THEN 1</p> <p>WANTED TO WAIT 2</p> <p>NOT AT ALL 3</p>	
M504	<p>CHECK M502</p> <p>WIFE/PARTNER NOT PREGNANT/ NOT SURE <input type="checkbox"/></p> <p>WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>Now I have some questions about the future. After the child your wife/partner is expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE 2</p> <p>SAYS WIFE CAN'T GET PREGNANT 3</p> <p>SAYS HE CAN'T HAVE ANY MORE..... 4</p> <p>UNDECIDED/DOESN'T KNOW 8</p>	<p>M506</p>
M505	<p>CHECK M502:</p> <p>WIFE/PARTNER NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child your wife/partner is expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS..... 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS WIFE CAN'T GET PREGNANT .. 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW..... 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
M511	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3																									
M512	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a pamphlet/poster? At a community event?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>PAMPHLET/POSTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	PAMPHLET/POSTER	1	2	COMMUNITY EVENT	1	2							
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RADIO	1	2																									
TELEVISION	1	2																									
NEWSPAPER OR MAGAZINE	1	2																									
PAMPHLET/POSTER	1	2																									
COMMUNITY EVENT	1	2																									
M518	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES/ LISTEN.</th> <th>PRES/ NOT LISTEN.</th> <th>NOT PRS</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <10</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	CHILDREN <10	1	2	8	HUSBAND	1	2	8	OTHER MALES	1	2	8	OTHER FEMALES	1	2	8					
	PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS																								
CHILDREN <10	1	2	8																								
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OTHER MALES	1	2	8																								
OTHER FEMALES	1	2	8																								
M519	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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SECTION 6. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M601	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER00</p> <p>AGE <input type="text"/> <input type="text"/></p> <p>WHEN FIRST UNION STARTED96</p>	→ M701
M602	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	<p>DAYS AGO1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO4 <input type="text"/> <input type="text"/></p>	
M603	<p>The last time you had sexual intercourse, did you use a condom?</p>	<p>YES1</p> <p>NO2</p> <p>DOES NOT KNOW CONDOMS3</p>	→ M605
M604	<p>What was the main reason you used a condom on that occasion?</p>	<p>TO PREVENT STD/HIV1</p> <p>TO PREVENT PREGNANCY2</p> <p>TO PREVENT BOTH STD/HIV AND PREGNANCY3</p> <p>DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS4</p> <p>PARTNER INSISTED5</p> <p>OTHER6 (SPECIFY)</p> <p>DON'T KNOW8</p>	→ M607
M605	<p>The last time you had sexual intercourse, did you or your partner do something or use some method to avoid a pregnancy?</p>	<p>YES1</p> <p>NO2</p> <p>UNSURE/DOES NOT KNOW3</p>	→ M607
M606	<p>What did you do or what did you use?</p>	<p>FEMALE STERILIZATIONA</p> <p>MALE STERILIZATIONB</p> <p>PILLC</p> <p>IUDD</p> <p>INJECTIONSE</p> <p>IMPLANTSF</p> <p>CONDOMG</p> <p>DIAPHRAGM/FOAM/JELLYH</p> <p>PERIODIC ABSTINENCEI</p> <p>WITHDRAWALJ</p> <p>OTHERX (SPECIFY)</p> <p>DON'T KNOWZ</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
M607	What is your relationship to the woman with whom you last had sex? IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	SPOUSE/LIVE-IN PARTNER..... 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE..... 3 RELATIVE 4 PROSTITUTE..... 5 OTHER 8 (SPECIFY)	→ M609								
M608	How long have you had a sexual relationship with this woman you last had sex with?	DAYS..... 1 <table border="1" data-bbox="1271 527 1362 705"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS..... 2 MONTHS 3 YEARS 4									
M609	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→ M617								
M610	The last time you had sexual intercourse with this other woman, did you use a condom?	YES 1 NO 2 DOES NOT KNOW CONDOMS 3	→ M612								
M611	What was the main reason you used a condom on that occasion?	TO PREVENT STD/HIV 1 TO PREVENT PREGNANCY 2 TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER 6 (SPECIFY) DON'T KNOW 8	→ M614								
M612	The last time you had sexual intercourse with this woman, did you or your partner do something or use some method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DOES NOT KNOW 3	→ M614								
M613	What did you do or what did you use?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G DIAPHRAGM/FOAM/JELLY H PERIODIC ABSTINENCE I WITHDRAWAL J OTHER X (SPECIFY) DON'T KNOW Z									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
M614	What is your relationship to this woman? IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	SPOUSE/LIVE-IN PARTNER..... 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE..... 3 RELATIVE 4 WOMAN IS A PROSTITUTE..... 5 OTHER 6 (SPECIFY)	→ M616								
M615	How long have you maintained a sexual relationship with this woman?	DAYS..... 1 <table border="1" data-bbox="1271 470 1362 506"><tr><td></td><td></td></tr></table> WEEKS..... 2 <table border="1" data-bbox="1271 516 1362 552"><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" data-bbox="1271 562 1362 598"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1271 609 1362 644"><tr><td></td><td></td></tr></table>									
M616	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <table border="1" data-bbox="1271 690 1362 726"><tr><td></td><td></td></tr></table>									
M617	Have you ever paid for sex?	YES 1 NO 2	→ M701								
M618	How long ago was the last time you paid for sex?	DAYS AGO..... 1 <table border="1" data-bbox="1271 921 1362 957"><tr><td></td><td></td></tr></table> WEEKS AGO..... 2 <table border="1" data-bbox="1271 968 1362 1003"><tr><td></td><td></td></tr></table> MONTHS AGO..... 3 <table border="1" data-bbox="1271 1014 1362 1050"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1271 1060 1362 1096"><tr><td></td><td></td></tr></table> DOES NOT REMEMBER 998									
M619	The last time you paid for sex, did you use a condom?	YES 1 NO 2									

SECTION 7: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ M724
M701A	From which sources of information have you heard about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY EVENTS H FRIENDS/RELATIVES I WORK PLACE J DRAMA/PERFORMANCE K OTHER _____ X (SPECIFY)	
M702	Is there anything a person can do to avoid getting AIDS, or the virus which causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ M704
M703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS WITH UNCLEAN NEEDLES J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
M704	CHECK M703: NEITHER CODE 'C' NOR CODE 'D' CIRCLED <input type="checkbox"/> CODE 'C' AND/OR CODE 'D' CIRCLED <input type="checkbox"/>		→ M707

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M705	In your view, is a person's chance of getting AIDS influenced by the number of sexual partners he or she has?	YES 1 NO 2 DON'T KNOW 8	→ M707
M706	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
M707	CHECK M703: DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>		→ M709
M708	Do you think that by using condoms during sexual intercourse a person decreases his/her chances of getting AIDS, increases his/her chances of getting AIDS, or it does not make a difference?	DECREASES HIS CHANCES 1 INCREASES HIS CHANCES 2 DOESN'T MAKE A DIFFERENCE 3 DON'T KNOW/UNSURE 8	
M709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
M710	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2 UNSURE/DON'T KNOW 8	
M711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ M713
M712	When can the virus that causes AIDS be transmitted from a mother to a child? Any others times? RECORD ALL RESPONSES.	DURING PREGNANCY A AT DELIVERY B DURING BREASTFEEDING C OTHER TIMES D DON'T KNOW Z	
M713	CHECK M501: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ M716
M714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife/ the woman you are living with?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
M733	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT</p> <p>HOSPITAL..... 11</p> <p>HEALTH CENTER 12</p> <p>HEALTH STATION/CLINIC 13</p> <p>HEALTH POST 14</p> <p>OTHER GOVERNMENT _____ 16</p> <p>(SPECIFY)</p> <p>NONGOVERNMENTAL (NGO)</p> <p>HEALTH FACILITY..... 21</p> <p>OTHER NGO _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE DOCTOR/CLINIC..... 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>							
M734	<p>When you had the (sexually-transmitted disease/discharge from your penis/sore or ulcer on your penis) did you inform the person or persons you were having sex with?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME, NOT ALL 3</p> <p>DID NOT HAVE SEX</p> <p>PARTNERS AT THAT TIME 4</p>							
M735	<p>When you had the (sexually transmitted disease/discharge from your penis/sore or ulcer on your penis) did you do something to avoid infecting the person or persons you were having sex with?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED..... 3</p> <p>NOT HAVING SEX AT THAT TIME 4</p>	<p>→ M736</p>						
M735A	<p>What did you do?</p> <p>Any thing else?</p> <p>RECORD ALL MENTIONED</p>	<p>USE CONDOM..... A</p> <p>STOPPED HAVING SEX B</p> <p>WASH PENIS BEFORE SEX..... C</p> <p>REDUCED THE FREQUENCY OF</p> <p>SEXUAL INTERCOURSE D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>							
M736	<p>RECORD THE TIME.</p> <p>MORNING = 1</p> <p>EVENING = 2</p>	<p>MORNING/EVENING.....</p> <p>HOUR.....</p> <p>MINUTES.....</p> <table border="1" data-bbox="1268 1461 1365 1598"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

THANK YOU

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____