

**CENTRAL STATISTICAL AUTHORITY  
ETHIOPIAN DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION	
REGION _____ ZONE _____ WOREDA _____ TOWN _____ KEBELE _____ ENUMERATION AREA _____ CLUSTER NUMBER ..... URBAN/RURAL: URBAN .....1 RURAL.....2 TYPE OF PLACE: LARGE CITY .....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4 HOUSEHOLD NUMBER ..... NAME OF HEAD OF HOUSEHOLD _____ HOUSEHOLD SELECTED FOR MALE INTERVIEW? YES = 1                      NO = 2	<div style="text-align: center;">REGION</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 10px;">CLUSTER NUMBER</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>URBAN/ RURAL</span> <span>TYPE OF PLACE</span> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">HOUSEHOLD NUMBER</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">MALE <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div>
INTERVIEWER'S NAME				INTERVIEWER
RESULT*				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center; margin-top: 5px;">RESULT <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div>
NEXT VISIT:      DATE				TOTAL NO. OF VISITS
TIME				<span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span>
<b>* RESULT CODES:</b> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">1</div> <div>COMPLETED</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">2</div> <div>NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">3</div> <div>ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">4</div> <div>POSTPONED</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">5</div> <div>REFUSED</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">6</div> <div>DWELLING VACANT OR ADDRESS NOT A DWELLING</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">7</div> <div>DWELLING DESTROYED</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">8</div> <div>DWELLING NOT FOUND</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 20px; text-align: center;">9</div> <div>OTHER</div> </div> <div style="text-align: right; margin-top: 10px;">(SPECIFY)</div>				<div style="margin-bottom: 10px;">TOTAL PERSONS IN HOUSEHOLD <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div> <div style="margin-bottom: 10px;">TOTAL ELIGIBLE WOMEN <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div> <div style="margin-bottom: 10px;">TOTAL ELIGIBLE MEN <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div> <div style="margin-bottom: 10px;">TOTAL ELIGIBLE CHILDREN <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div> <div>LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span>	NAME _____ <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span>	<span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span>	<span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span>
DATE _____	DATE _____		

# 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				
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?  FOR CODES, SEE BELOW.	Is (NAME) male or female?	YES	NO	YES	NO	IN YEARS			
01			M F	1 2	1 2	1 2	1 2		01	01	01
02				1 2	1 2	1 2	1 2		02	02	02
03				1 2	1 2	1 2	1 2		03	03	03
04				1 2	1 2	1 2	1 2		04	04	04
05				1 2	1 2	1 2	1 2		05	05	05
06				1 2	1 2	1 2	1 2		06	06	06
07				1 2	1 2	1 2	1 2		07	07	07
08				1 2	1 2	1 2	1 2		08	08	08
09				1 2	1 2	1 2	1 2		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  
☐ ENTER EACH IN TABLE

NO  
☐

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  
☐ ENTER EACH IN TABLE

NO  
☐

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

YES  
☐ ENTER EACH IN TABLE

NO  
☐

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	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE	<div><div></div><div></div></div>

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	YES NO	GRADE	YES NO	GRADE
1 └─ GO TO 19	2 └─ GO TO 20	<input type="text"/>	1 └─ NEXT LINE	<input type="text"/>
1 └─ GO TO 19	2 └─ GO TO 20	<input type="text"/>	1 └─ NEXT LINE	<input type="text"/>
1 └─ GO TO 19	2 └─ GO TO 20	<input type="text"/>	1 └─ NEXT LINE	<input type="text"/>
1 └─ GO TO 19	2 └─ GO TO 20	<input type="text"/>	1 └─ NEXT LINE	<input type="text"/>
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1 └─ GO TO 19	2 └─ GO TO 20	<input type="text"/>	1 └─ NEXT LINE	<input type="text"/>

GRADE FOR Q16, 19 AND 20A

00 = LESS THAN 1 YEAR COMPLETED  
 01-12 = GRADE CPMPLETED  
 13 = TECHNICAL/VOCATIONAL CERTIFICATE  
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	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?  FOR CODES, SEE BELOW.	Is (NAME) male or female?			How old is (NAME)?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F	YES NO	YES NO	IN YEARS			
10			1 2	1 2	1 2		10	10	10
11			1 2	1 2	1 2		11	11	11
12			1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2		18	18	18

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  
☐

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  
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NO  
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YES  
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NO  
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(10)	(11)	(12)	(13)	(14)	(15)	(16)
YES NO DK		YES NO DK		YES NO DK	YES NO	GRADE
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 8	1 2 NEXT LINE ↙	<div><div></div><div></div></div>

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(17)	(18)	(19)	(20)	20A
YES      NO	YES      NO	GRADE	YES      NO	GRADE
1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
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1 → GO TO 19      2 →	1 → GO TO 20      2 →	<input type="text"/> <input type="text"/>	1 → NEXT LINE      2 →	<input type="text"/> <input type="text"/>
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 98 = DON'T KNOW

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 DWELLING ..... 11 PIPED INTO COMPOUND..... 12 PIPED OUTSIDE COMPOUND ..... 13 OPEN WELL/SPRING OPEN WELL.....22 OPEN SPRING.....23 COVERED WELL/SPRING COVERED WELL .....31 COVERED SPRING .....32 SURFACE WATER RIVER .....42 POND/LAKE/DAM .....43 RAINWATER .....51 OTHER .....96 (SPECIFY)	→ 23 → 23 → 23
22	How long does it take you to go there, get water, and come back?	MINUTES ..... ONE DAY OR LONGER .....995 ON PREMISES.....996	
23	What kind of toilet facility do most members of your household use?	FLUSH TOILET ..... 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE (VIP) .....22 NO FACILITY/BUSH/FIELD .....31 OTHER .....96 (SPECIFY)	→ 25
24	Do you share this facility with other households?	YES .....1 NO .....2	
25	Does your household have:	<div style="text-align: right;">YES    NO</div> Electricity? ELECTRICITY .....1    2 A radio? RADIO .....1    2 A television? TELEVISION .....1    2 A telephone? TELEPHONE .....1    2 An electric mitad? ELECTRIC MITAD .....1    2 A kerosene lamp / pressure lamp? KEROSENE LAMP .....1    2 A bed/ table? BED/TABLE .....1    2	
25A	Does your household:	<div style="text-align: right;">YES    NO</div> Own the house it is living in? OWN HOUSE .....1    2 Have crop land? CROP LAND.....1    2 Have cattle/camels? CATTLE/CAMELS .....1    2 Have horse/mule/donkey? HAVE HORSE/MULE/DONKEY .....1    2 Have sheep/goats? SHEEP/GOATS .....1    2 Grow cash crops? CASH CROPS.....1    2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....01 LPG/NATURAL GAS .....02 BIOGAS.....03 KEROSENE.....04 CHARCOAL.....05 FIREWOOD, STRAW .....06 DUNG .....07 OTHER ..... 96 (SPECIFY)																						
27	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	EARTH/SAND .....11 DUNG .....12 WOOD PLANKS.....21 REED/BAMBOO.....22 PARQUET OR POLISHED WOOD ....31 VINYL SHEETS/TILES .....32 CEMENT .....33 CEMENT TILES/BRICK .....34 CARPET .....35 OTHER ..... 96 (SPECIFY)																						
27A	MAIN MATERIAL OF THE ROOF  RECORD OBSERVATION.	CORRUGATED IRON .....01 CEMENT/CONCRETE .....02 WOOD AND MUD .....03 THATCH .....04 REED/BAMBOO .....05 PLASTIC SHEET .....06 MOBILE ROOFS OF NOMADS .....07 OTHER ..... 96 (SPECIFY)																						
27B	How many rooms in your house are used for sleeping?	ROOMS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
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 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>BICYCLE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>CAR/TRUCK.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>HORSE/MULE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	CAR/TRUCK.....	1	2	HORSE/MULE.....	1	2							
	YES	NO																						
BICYCLE .....	1	2																						
MOTORCYCLE/SCOOTER .....	1	2																						
CAR/TRUCK.....	1	2																						
HORSE/MULE.....	1	2																						
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 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>TREATMENT FOR A SICK CHILD....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>IMMUNIZATION .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>FAMILY PLANNING .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>PRENATAL/POSTNATAL/ DELIVERY CARE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>INFORMATION ON STD/HIV/ADIS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>INFORMATION ON BREAST FEEDING AND INFANT FEEDING PRACTICES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">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	
	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																						
29A	CHECK 29:  AT LEAST ONE "YES" <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> <div style="text-align: center;">↓</div>		NOT A SINGLE "YES" <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 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</p> <p>HOSPITAL..... A</p> <p>HEALTH CENTER ..... B</p> <p>HEALTH STATION/CLINIC ..... C</p> <p>HEALTH POST..... D</p> <p>COMMUNITY-BASED OUTLET..... E</p> <p>OTHER GOVERNMENT ..... F</p> <p>(SPECIFY)</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO)</p> <p>HEALTH FACILITY..... G</p> <p>COMMUNITY-BASED OUTLET..... H</p> <p>OTHER NGO ..... I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL ..... J</p> <p>PRIVATE DOCTOR/CLINIC..... K</p> <p>OTHER PRIVATE ..... L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE ..... X</p> <p>(SPECIFY)</p>	
29C	Has any member of your household bought any drugs during the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 29F
29D	Where were the drugs mainly bought?	<p>PHARMACY/OTHER MEDICAL FACILITY ..... A</p> <p>NON MEDICAL FACILITY ..... B</p>	
29F	Does your household have any bednets that can be used while sleeping?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 35
29G	Was the bednet ever treated with a product to kill mosquitoes?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
35	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION).</p>	<p>0 PPM (NO IODINE)..... 1</p> <p>7 PPM..... 2</p> <p>15 PPM..... 3</p> <p>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.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL. (8)	FROM COL. (2)	FROM COL. (7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN MESKEREM 1987 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

☐

IDENTIFICATION			
REGION _____	ZONE _____	<div>REGION</div> <div><div></div><div></div></div>	
WOREDA _____	TOWN _____	<div>CLUSTER NUMBER</div> <div><div></div><div></div><div></div></div>	
KEBELE _____	ENUMERATION AREA _____		
CLUSTER NUMBER.....			
URBAN/RURAL: URBAN .....1	RURAL.....2	<div>URBAN/RURAL</div> <div><div></div></div>	
TYPE OF PLACE: LARGE CITY .....1	SMALL CITY.....2	<div>TYPE OF PLACE</div> <div><div></div></div>	
TOWN.....3	COUNTRYSIDE.....4		
HOUSEHOLD NUMBER.....		<div>HOUSEHOLD NUMBER</div> <div><div></div><div></div><div></div></div>	
NAME OF HOUSEHOLD HEAD _____		<div>LINE NUMBER OF WOMAN</div> <div><div></div><div></div></div>	
NAME AND LINE NUMBER OF WOMAN _____			

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"/>	<input type="text"/>
						<input type="text"/>	<input type="text"/>
INTERVIEWER'S NAME					INTERVIEWER	<input type="text"/>	<input type="text"/>
RESULT*						<input type="text"/>	<input type="text"/>
					RESULT	<input type="text"/>	
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			TRANSLATOR USED DURING INTERVIEW
QUESTIONNAIRE	INTERVIEW	RESPONDENT'S NATIVE LANGUAGE	
AMARIGNA .....1	AMARIGNA ..... 1	AMARIGNA..... 1	YES ..... 1
OROMIGNA .....2	OROMIGNA ..... 2	OROMIGNA..... 2	NO ..... 2
TIGRIGNA .....3	TIGRIGNA ..... 3	TIGRIGNA ..... 3	
SOMALIGNA .....4	SOMALIGNA ..... 4	SOMALIGNA ..... 4	
AFARIGNA .....5	AFARIGNA ..... 5	AFARIGNA ..... 5	
OTHER ..... 6	OTHER ..... 6	OTHER ..... 6	
(SPECIFY)	(SPECIFY)	(SPECIFY)	

<p style="text-align: center;">SUPERVISOR</p> <p>NAME _____ <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DATE _____</p>			<p style="text-align: center;">FIELD EDITOR</p> <p>NAME _____ <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DATE _____</p>			<p style="text-align: center;">OFFICE EDITOR</p> <p><input type="text"/> <input type="text"/></p>		<p style="text-align: center;">KEYED BY</p> <p><input type="text"/> <input type="text"/></p>	
--	--	--	--	--	--	---	--	--	--

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"/> HOUR..... <input type="checkbox"/> MINUTES ..... <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"/> 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"/> DON'T KNOW MONTH ..... 98 YEAR..... <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"/>	
107	Have you ever attended formal school?	YES ..... 1 NO ..... 2	111
109	What is the highest grade you completed?	GRADE..... <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="text"/> <input type="text"/>	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
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	218	219	220	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"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS .... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS .... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS .... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS .... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS .... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 <input type="checkbox"/> OR 0-59 MONTHS AGO OR 0-4 YEARS AGO  LAST PREGNANCY ENDED BEFORE MESKEREM 1987 <input type="checkbox"/> OR 60 MONTHS AGO OR EARLIER or 5 OR MORE YEARS AGO		→ 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"/>	

RECORD ALL PREGNANCIES IN MESKEREM 1987 OR LATER, OR 0-59 MONTHS AGO OR 0-4 YEARS AGO. COPY THE MONTH AND YEAR OF BIRTH OF THE LATEST PREGNANCY FROM 230A IN LINE 01 OF Q 231A, AND IF YEAR IS NOT KNOWN, THE NUMBER OF MONTHS OR YEARS AGO THE LATEST PREGNANCY ENDED FROM Q 230B IN Q 231B, AND THE NUMBER OF MONTHS PREGNANT FROM Q 230C IN Q 231C. THEN PROCEED TO Q 231A – Q 231C FOR EACH OF THE EARLIER NON LIVE BIRTH PREGNANCY. CHECK TO MAKE SURE THAT THE DURATION OF EACH PREGNANCY LISTED BELOW IS CONSISTENT WITH INFORMATION IN Q.215, 217 AND 220. IF THERE ARE MORE THAN 5 SUCH PREGNANCIES USE EXTRA QUESTIONNAIRE. THE TOTAL NUMBER OF PREGNANCIES RECORDED IN THIS PAGE SHOULD EQUAL THE NUMBER OF NON – LIVE PREGNANCIES RECORDED IN Q230F + 1.

LINE NUMBER	231A When did the next pregnancy end?	231B How many months or years ago did this pregnancy end?	231C How many months pregnant were you when this pregnancy ended?
01	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
02	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
03	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
04	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
05	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
234	Have you ever received an injection in the arm to prevent against tetanus toxoid?	YES .....1 NO .....2	→ 236																								
234A	Do you have a vaccination card/ paper where tetanus toxoid injection (TT) have been recorded?  IF YES: May I see it please?	YES SEEN .....1 YES, NOT SEEN .....2 NO CARD/PAPER .....3	→ 234C																								
234B	(1) COPY VACCINATION DATE FOR EACH TETANUS TOXOID INJECTION GIVEN  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A TT VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr> <td>TT1</td><td></td><td></td><td></td></tr> <tr> <td>TT2</td><td></td><td></td><td></td></tr> <tr> <td>TT3</td><td></td><td></td><td></td></tr> <tr> <td>TT4</td><td></td><td></td><td></td></tr> <tr> <td>TT5</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	TT1				TT2				TT3				TT4				TT5				
	DAY	MONTH	YEAR																								
TT1																											
TT2																											
TT3																											
TT4																											
TT5																											
234C	How many times have you received a tetanus toxoid (TT) injection in your entire life?	NO. OF TIMES..... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW .....98																									
236	When did your last menstrual period start?  _____  (DATE, IF GIVEN)	DAYS AGO .....1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .....2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .....3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .....4 <table border="1"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY .....994 BEFORE LAST BIRTH .....995 NEVER MENSTRUATED .....996																									
237	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES .....1 NO .....2 DON'T KNOW .....8	→ 301																								
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS .....1 DURING HER PERIOD .....2 RIGHT AFTER HER PERIOD HAS ENDED .....3 HALF WAY BETWEEN PERIODS .....4 OTHER .....6 (SPECIFY) DON'T KNOW .....8																									

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 NO .....2	Have you ever had an operation to avoid having any (more) children?  YES .....1 NO .....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO .....2	Have you ever had a partner who had an operation to avoid having any (more) children?  YES .....1 NO .....2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO .....2	YES .....1 NO .....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO .....2	YES .....1 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 NO .....2	YES .....1 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 NO .....2	YES .....1 NO .....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO .....2	YES .....1 NO .....2
08	DIAPHRAGM/FOAM/JELLY Women can place a diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO .....2	YES .....1 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 NO .....2	YES .....1 NO .....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO .....2	YES .....1 NO .....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  _____ (SPECIFY)  _____ (SPECIFY)  NO .....2	YES.....1      NO .....2	YES .....1 NO .....2  YES .....1 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?	YES .....1 NO .....2	→ 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):  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">WOMAN NOT STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">WOMAN STERILIZED <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -20px;">→ 311A</div>		
309	CHECK 226:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div style="text-align: center;">PREGNANT <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -20px;">→ 328</div>		
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .....1 NO .....2	→ 328
311	Which method are you using?	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
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
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 NAME .....95 DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319A	Where did you obtain (CURRENT METHOD) when you started using it the last time?	GOVERNMENT HOSPITAL .....11 HEALTH CENTER .....12 HEALTH STATION/CLINIC .....13 HEALTH POST .....14 COMMUNITY-BASED OUTLET .....15 OTHER GOVERNMENT .....16 (SPECIFY)	
319B	Where did you learn to use (CURRENT METHOD)?	NONGOVERNMENTAL (NGO) HEALTH FACILITY .....21 COMMUNITY-BASED OUTLETS .....22 OTHER NGO .....26 (SPECIFY)	
319C	Where did the sterilization take place?  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.  _____ (NAME AND/LOCATION OF PLACE)	PRIVATE MEDICAL PRIVATE HOSPITAL .....31 PRIVATE DOCTOR/CLINIC .....32 PHARMACY .....33 OTHER PRIVATE MEDICAL .....36 (SPECIFY)  OTHER SOURCE DRUG VENDOR .....41 SHOP .....42 FRIEND/RELATIVE .....43 OTHER .....46 (SPECIFY)  DID NOT CONSULT SOURCE .....95 DON'T KNOW .....98	330
319D	How long does it take to go to this place?	MINUTES ..... DON'T KNOW .....98	330
328	Do you know of a place where you can obtain a method of family planning?	YES .....1 NO .....2	330
329	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME AND/OR LOCATION OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND/OR LOCATION OF PLACE)	GOVERNMENT HOSPITAL .....11 HEALTH CENTER .....12 HEALTH STATION/CLINIC .....13 HEALTH POST .....14 COMMUNITY-BASED OUTLET .....15 OTHER GOVERNMENT .....16 (SPECIFY) NONGOVERNMENTAL (NGO) HEALTH FACILITY .....21 COMMUNITY-BASED OUTLETS .....22 OTHER NGO .....26 (SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL .....31 PRIVATE DOCTOR/CLINIC .....32 PHARMACY .....33 OTHER PRIVATE MEDICAL .....36 (SPECIFY) OTHER SOURCE DRUG VENDOR .....41 SHOP .....42 FRIEND/RELATIVE .....43 OTHER .....46 (SPECIFY)	

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?	YES .....1 NO ..... 2	
331	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .....1 NO ..... 2	→ 401
332	Did any staff member at the health facility speak to you about family planning methods?	YES .....1 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	<div>LAST BIRTH</div> <div>LINE NUMBER.....</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>NEXT-TO-LAST BIRTH</div> <div>LINE NUMBER.....</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div>
404	FROM 212 AND 216	<div>NAME .....</div> <div> <div>ALIVE <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>	<div>NAME .....</div> <div> <div>ALIVE <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>
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</u> want to have any (more) children at all?	<div>THEN.....1</div> <div>(SKIP TO 406A) ←</div> <div>LATER.....2</div> <div>NOT AT ALL.....3</div> <div>(SKIP TO 406A) ←</div>	<div>THEN.....1</div> <div>(SKIP TO 422) ←</div> <div>LATER.....2</div> <div>NOT AT ALL.....3</div> <div>(SKIP TO 422) ←</div>
406	How much longer would you like to have waited?	<div>MONTHS.....1</div> <div>YEARS.....2</div> <div>DON'T KNOW.....998</div>	<div>MONTHS.....1</div> <div>YEARS.....2</div> <div>DON'T KNOW.....998</div>
406A	During this pregnancy did you stop eating specific types of food that you normally eat, for cultural reasons?	<div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO 407) ←</div>	
406B	<div>What did you stop eating?</div> <div>Anything else?</div> <div>RECORD ALL MENTIONED</div>	<div>MILK.....A</div> <div>CHEESE, BUTTER.....B</div> <div>ANY KIND OF MEAT.....C</div> <div>ANY KIND OF VEGETABLE.....D</div> <div>ANY KIND OF FRUIT.....E</div> <div>OTHER.....X</div> <div>(SPECIFY)</div>	
407	<div>Did you see anyone for antenatal care for this pregnancy?</div> <div>IF YES: Whom did you see?</div> <div>Anyone else?</div> <div>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</div>	<div>HEALTH PROFESSIONAL.....A</div> <div>OTHER PERSON</div> <div>TRAINED TRADITIONAL BIRTH ATTENDANT.....B</div> <div>UNTRAINED TRADITIONAL BIRTH ATTENDANT.....C</div> <div>OTHER.....X</div> <div>(SPECIFY)</div> <div>NO ONE.....Y</div> <div>(SKIP TO 415) ←</div>	

		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> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE .....</td> <td>1</td> <td>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 CHLOROQUINE .....B PROGUANIL .....C OTHER.....X (SPECIFY) DON'T KNOW .....Z	
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"><tr><td></td><td></td></tr></table> WEEKS AFTER DEL .....2 <table border="1"><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"><tr><td></td><td></td></tr></table> WEEKS .....2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS .....3 <table border="1"><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"/> NANT ↓ PREGNANT OR UNSURE <input type="checkbox"/> (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>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p>
	A Plain water?	A <input type="text"/>	A <input type="text"/>	A <input type="text"/>	A <input type="text"/>
	B Milk other than breast milk?	B <input type="text"/>	B <input type="text"/>	B <input type="text"/>	B <input type="text"/>
	C Fruit juice?	C <input type="text"/>	C <input type="text"/>	C <input type="text"/>	C <input type="text"/>
	D Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?	D <input type="text"/>	D <input type="text"/>	D <input type="text"/>	D <input type="text"/>
	E Any food made from grains e.g. millet, sorghum, maize, rice, wheat, barely, teff, oats?	E <input type="text"/>	E <input type="text"/>	E <input type="text"/>	E <input type="text"/>
	F Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya?	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>	F <input type="text"/>
	G Any other food made from roots or tubers [e.g. white potatoes, cassava, enset or other local roots/tubers]?	G <input type="text"/>	G <input type="text"/>	G <input type="text"/>	G <input type="text"/>
	H Any other fruits and vegetables [e.g. bananas, apples, avocados, tomatoes]?	H <input type="text"/>	H <input type="text"/>	H <input type="text"/>	H <input type="text"/>
	I Meat, poultry, fish, egg, cheese, or yoghurt?	I <input type="text"/>	I <input type="text"/>	I <input type="text"/>	I <input type="text"/>
	J Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?	J <input type="text"/>	J <input type="text"/>	J <input type="text"/>	J <input type="text"/>
	K Any food made with oil, fat, or butter?	K <input type="text"/>	K <input type="text"/>	K <input type="text"/>	K <input type="text"/>
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.				
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?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</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		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	

## SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1987 E.C OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL SHEETS).											
452	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>			NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>							
453	FROM 212 AND 216	NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around;"><div>↓</div><div>(GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</div></div>			NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around;"><div>↓</div><div>(GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</div></div>							
454	Did (NAME) receive a Vitamin A dose like this during the last 6 months? SHOW CAPSULE.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
455	Do you have a card/paper where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 457) ← YES, NOT SEEN ..... 2 (SKIP TO 459) ← NO CARD/PAPER ..... 3			YES, SEEN ..... 1 (SKIP TO 457) ← YES, NOT SEEN ..... 2 (SKIP TO 459) ← NO CARD/PAPER ..... 3							
456	Did you ever have a vaccination card/paper for (NAME)?	YES ..... 1 (SKIP TO 459) ← NO ..... 2			YES ..... 1 (SKIP TO 459) ← NO ..... 2							
457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD/PAPER.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		DAY MONTH YEAR			DAY MONTH YEAR							
	BCG	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 0	POLIO 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		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).	YES .....1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: _____ (SKIP TO 461) ← NO .....2 (SKIP TO 461) ← DON'T KNOW .....8	YES .....1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: _____ (SKIP TO 461) ← NO .....2 (SKIP TO 461) ← DON'T KNOW .....8
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8
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?	YES .....1 NO .....2 DON'T KNOW .....8	YES .....1 NO .....2 DON'T KNOW .....8
460B	Polio vaccine, that is, drops in the mouth?	YES .....1 NO .....2 (SKIP TO 460E) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 460E) ← DON'T KNOW .....8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH .....1 LATER .....2	JUST AFTER BIRTH .....1 LATER .....2
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?	YES .....1 NO .....2 (SKIP TO 460G) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 460G) ← DON'T KNOW .....8
460F	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
460G	An injection to prevent measles?	YES .....1 NO .....2 DON'T KNOW .....8	YES .....1 NO .....2 DON'T KNOW .....8
461	Were any of the vaccinations (NAME) received during the last three years given as a part of a national immunization day campaign?	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8
462	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL MENTIONED.	TIKEMT/HIDAR 1990 CAMPAIGN .....A TIKEMT/HIDAR 1991 CAMPAIGN .....B TIKEMT/HIDAR 1992 CAMPAIGN .....C	TIKEMT/HIDAR 1990 CAMPAIGN .....A TIKEMT/HIDAR 1991 CAMPAIGN .....B TIKEMT/HIDAR 1992 CAMPAIGN .....C

		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 463 <input type="checkbox"/> OR 464 <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 <input type="checkbox"/> OR 464 <input type="checkbox"/> ↓ (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>	<p>FANSIDAR .....A</p> <p>CHLOROQUINE.....B</p> <p>QUININE .....C</p> <p>ASPIRIN/PARACETAMOL.....D</p> <p>IBUPROFEN/ACETAMINOPHEN ....E</p> <p>ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIM, ETC...).....F</p> <p>OTHER _____X</p> <p>(SPECIFY)</p> <p>DON'T KNOW .....Z</p>	<p>FANSIDAR .....A</p> <p>CHLOROQUINE .....B</p> <p>QUININE .....C</p> <p>ASPIRIN/PARACETAMOL .....D</p> <p>IBUPROFEN/ACETAMINOPHEN ....E</p> <p>ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIM, ETC...)...F</p> <p>OTHER _____X</p> <p>(SPECIFY)</p> <p>DON'T KNOW .....Z</p>
472	Has (NAME) had diarrhea in the last 2 weeks?	<p>YES ..... 1</p> <p>NO .....2</p> <p>(SKIP TO 480) ←</p> <p>DON'T KNOW .....8</p>	<p>YES ..... 1</p> <p>NO .....2</p> <p>(SKIP TO 480) ←</p> <p>DON'T KNOW .....8</p>
473	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</p> <p>ABOUT THE SAME ..... 2</p> <p>MORE ..... 3</p> <p>NOTHING TO DRINK.....4</p> <p>DON'T KNOW ..... 8</p>	<p>LESS ..... 1</p> <p>ABOUT THE SAME ..... 2</p> <p>MORE ..... 3</p> <p>NOTHING TO DRINK .....4</p> <p>DON'T KNOW ..... 8</p>
474	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</p> <p>ABOUT THE SAME ..... 2</p> <p>MORE ..... 3</p> <p>STOPPED FOOD .....4</p> <p>NEVER GAVE FOOD.....5</p> <p>DON'T KNOW ..... 8</p>	<p>LESS ..... 1</p> <p>ABOUT THE SAME ..... 2</p> <p>MORE ..... 3</p> <p>STOPPED FOOD .....4</p> <p>NEVER GAVE FOOD .....5</p> <p>DON'T KNOW ..... 8</p>
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>	<p>YES NO DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Home made sugar and salt solution 1 2 8</p> <p>Other home made fluid 1 2 8</p>	<p>YES NO DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Home made sugar and salt solution 1 2 8</p> <p>Other home made fluid 1 2 8</p>
476	Was anything (else) given to treat the diarrhea?	<p>YES ..... 1</p> <p>NO .....2</p> <p>(SKIP TO 478) ←</p> <p>DON'T KNOW .....8</p>	<p>YES ..... 1</p> <p>NO .....2</p> <p>(SKIP TO 478) ←</p> <p>DON'T KNOW .....8</p>
477	<p>What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL OR SYRUP .....A</p> <p>INJECTION .....B</p> <p>(I.V.) INTRAVENOUS.....C</p> <p>HOME REMEDIES/ HERBAL MEDICINES .....D</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>	<p>PILL OR SYRUP .....A</p> <p>INJECTION.....B</p> <p>(I.V.) INTRAVENOUS .....C</p> <p>HOME REMEDIES/ HERBAL MEDICINES .....D</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>
478	Did you seek advice or treatment for the diarrhea?	<p>YES .....1</p> <p>NO .....2</p> <p>(SKIP TO 480) ←</p>	<p>YES .....1</p> <p>NO .....2</p> <p>(SKIP TO 480) ←</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
479	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)
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

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  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">ONE OR MORE <input type="checkbox"/></div> <div style="text-align: center;">NONE <input type="checkbox"/></div> </div>		→ 486
482	The last time you fed your child(ren) using your hands, did you wash your hands immediately before feeding (him/her/them)?	YES .....1 NO .....2	
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?	YES .....1 NO .....2	
484	What usually happens with your (youngest) child's stools when he/she does not use any toilet facility?	ALWAYS USE TOILET/LATRINE .....01 THROW IN THE TOILET/LATRINE .....02 THROW OUTSIDE THE DWELLING .....03 THROW OUTSIDE THE YARD .....04 BURY IN THE YARD .....05 RINSED AWAY .....06 NOT DISPOSED OF .....07 OTHER .....96 (SPECIFY)	
485	CHECK 475, ALL COLUMNS:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NO CHILD RECEIVED FLUID FROM ORS PACKET/ NOT ASKED <input type="checkbox"/></div> <div style="text-align: center;">ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></div> </div>		→ 487
486	Have you ever heard of a special product called ORS in a packet you can get for the treatment of diarrhea?	YES .....1 NO .....2	
487	CHECK 218:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/></div> <div style="text-align: center;">HAS NO CHILDREN LIVING WITH HER/ NOT ASKED <input type="checkbox"/></div> </div>		→ 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?	YES .....1 NO .....2 DEPENDS .....3	
488A	The last time you prepared a meal for your family, before starting did you wash your hands?	YES .....1 NO .....2 NEVER PREPARED MEALS .....3	
489	The last time you were sick did you seek medical treatment?	YES .....1 NO .....2	→ 501

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

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; align-items: center;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 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	CHECK 311/311A:  <div> NOT ASKED <input type="checkbox"/> NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> </div>		614
602	CHECK 226:  <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> 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? </div> <div> 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? </div>	HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE .....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW .....8	604 609 608
603	CHECK 226:  <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> How long would you like to wait from now before the birth of (a/another) child? </div> <div> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div>	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT.... 994 AFTER MARRIAGE..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	609
604	CHECK 226:  <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>		610
605	CHECK 310: USING A METHOD?  <div> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div>		608
606	CHECK 603:  <div> NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 2 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEARS <input type="checkbox"/> </div>		610



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> </div> <div style="text-align: center;"> <p>WANTS NO (MORE) CHILDREN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> </div> </div> <p>RECORD ALL MENTIONED.</p>	<p>NOT MARRIED .....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY. ....D</p> <p>SUBFECUND/INFECUND .....E</p> <p>POSTPARTUM AMENORRHEIC .....F</p> <p>BREASTFEEDING .....G</p> <p>FATALISTIC .....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION .....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE .....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS .....P</p> <p>LACK OF ACCESS/TOO FAR .....Q</p> <p>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 KNOW .....Z</p>	
608	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>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> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NOT CURRENTLY USING</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>CURRENTLY USING</p> <p><input type="checkbox"/></p> <p>→ 614</p> </div> </div>		
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8 → 612</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Which method would you prefer to use?  FOR WOMAN WHO MENTIONS MORE THAN ONE METHOD RECORD METHOD SHE PEREFERS MOST	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTIONS ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 DIAPHRAGM/FOAM/JELLY ..... 08 PERIODIC ABSTINENCE ..... 09 WITHDRAWAL ..... 10  OTHER ..... 96 (SPECIFY) UNSURE ..... 98	→ 614
612	What is the main reason that you think you will not use a method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ..... 22 MENOPAUSAL/HYSTERECTOMY ..... 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND OPPOSED ..... 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 614
613	Would you ever use a method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
614	CHECK 216:  HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NUMBER ..... <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	→ 616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS GIRLS EITHER NUMBER ..... <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/> OTHER ..... 999996 (SPECIFY)	

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>YES</td><td>NO</td></tr> <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 EVENTS .....</td><td>1</td><td>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> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p style="text-align: right;">→ 703</p> <p style="text-align: right;">→ 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> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p> <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"/> <hr/> <hr/>	
708	<p>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.</p> <p>Are you currently doing any of these things or any other work?</p>	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	<p>What is your usual occupation, that is, what kind of work do you mainly do?</p> <p>DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HER.</p> <p>MOMEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".</p>	<input type="text"/> <input type="text"/> <hr/> <hr/> <hr/>	
711	<p>CHECK 710::</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div> <p style="text-align: right;">→ 713</p>		
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 SEASON .....1 PART OF THE AGRICULTURAL SEASON .....2 ONCE IN A WHILE.....3																									
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 MEMBER .....1 FOR SOMEONE ELSE .....2 SELF-EMPLOYED .....3																									
715	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY.....1 CASH AND KIND .....2 IN KIND ONLY .....3 NOT PAID .....4																									
716	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .....3 SOMEONE ELSE .....4 RESPONDENT AND SOMEONE ELSE JOINTLY .....5																									
718	Do you usually work at home or away from home?	HOME.....1 AWAY .....2																									
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table> <thead> <tr> <th></th><th>PRES/ LISTEN.</th><th>PRES/ NOT LISTEN.</th><th>NOT PRS</th></tr> </thead> <tbody> <tr> <td>CHILDREN &lt;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					
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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> <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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BURNS FOOD.....	1	2	8																								

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	What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]
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 [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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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 [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	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	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	YES..... 1 (GO TO 813) ← NO..... 2	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"/>	<input type="text"/> <input type="text"/>	<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?	[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)?	<table border="1"><tr><td></td><td></td></tr></table> GO TO [7]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [8]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [9]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [10]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [11]		
808	How many years ago did (NAME) die?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
809	How old was (NAME) when he/she died?	<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]			<table border="1"><tr><td></td><td></td></tr></table> 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	YES ..... 1 (GO TO 813) ← NO ..... 2	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	YES ..... 1 (GO TO 813) ← NO ..... 2	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)?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
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	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 [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)?	<table border="1"><tr><td></td><td></td></tr></table> GO TO [12]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [13]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [14]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [15]			<table border="1"><tr><td></td><td></td></tr></table> GO TO [16]		
808	How many years ago did (NAME) die?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
809	How old was (NAME) when he/she died?	<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]			<table border="1"><tr><td></td><td></td></tr></table> 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	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	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	YES..... 1 (GO TO 813) ← NO..... 2	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)?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
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.	RADIO .....A TELEVISION .....B NEWSPAPERS/MAGAZINES .....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E CHURCHES/MOSQUES.....F 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 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	
1004	CHECK 1003:  NEITHER CODE 'C' <input type="checkbox"/> NOR CODE 'D' <input type="checkbox"/> CIRCLED 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:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>  DID NOT MENTION  USE OF CONDOMS  DURING SEX  (CODE 'B' NOT CIRCLED) </div> <div style="text-align: center;"> <input type="checkbox"/>  MENTIONED USE OF  CONDOMS DURING SEX  (CODE 'B' CIRCLED) </div> </div>	→ 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:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>  CURRENTLY MARRIED/  LIVING WITH A MAN </div> <div style="text-align: center;"> <input type="checkbox"/>  NOT IN UNION </div> </div>	→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1018	<p>CHECK 1001:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>KNOWS AIDS</p> <p><input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about (other) infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>DOES NOT KNOW AIDS</p> <p><input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	YES ..... 1 NO ..... 2 → 1101	
1019	<p>In a man, what signs and symptoms would lead you to think that he has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J IMPOTENCE ..... K NO SYMPTOMS ..... L OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1020	<p>In a woman, what signs and symptoms would lead you to think that she has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J INABILITY TO GIVE BIRTH ..... K NO SYMPTOMS ..... L OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

SECTION 11. SEXUAL ACTIVITY

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



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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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: URBAN .....1 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 <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> CLUSTER NUMBER <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> URBAN/ RURAL      TYPE OF PLACE <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> HOUSEHOLD NUMBER <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> LINE NUMBER OF MAN <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE  INTERVIEWER'S NAME  RESULT*				DAY <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div> MONTH <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div> YEAR <div style="border: 1px solid black; width: 30px; height: 20px; float: right; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; float: right; text-align: center;">9</div> <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div> INTERVIEWER <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> RESULT <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
NEXT VISIT:      DATE TIME				TOTAL NO. OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>

\*RESULT CODES:

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

LANGUAGE			TRANSLATOR USED DURING INTERVIEW
QUESTIONNAIRE	INTERVIEW	RESPONDENT'S NATIVE LANGUAGE	
AMARIGNA .....1	AMARIGNA .....1	AMARIGNA.....1	YES ..... 1  NO ..... 2
OROMIGNA .....2	OROMIGNA.....2	OROMIGNA.....2	
TIGRIGNA .....3	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 _____ <div style="border: 1px solid black; width: 40px; height: 20px; float: right;"></div>	NAME _____ <div style="border: 1px solid black; width: 40px; height: 20px; float: right;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; float: right;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; float: right;"></div>
DATE _____	DATE _____		

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M101	RECORD THE TIME.  MORNING = 1 EVENING = 2	MORNING/EVENING ..... HOUR ..... MINUTES .....	
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 ..... 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 ..... DON'T KNOW MONTH ..... 98 YEAR ..... 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 ....	
M107	Have you ever attended formal school?	YES ..... 1 NO ..... 2	→ 111
M109	What is the highest grade you completed?	GRADE ..... 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.	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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".	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____			

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? <b>IF HE HAS NOT HAD CHILDREN (M208 IS '00')</b> 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 → M301 WANTED LATER ..... 2 DID NOT WANT AT ALL ..... 3 → 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 NO .....2 ↓	Have you ever had a partner who had an operation to avoid having any (more) children? YES .....1 NO, DOES NOT KNOW.....2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO .....2 ↓	Have you ever had an operation to avoid having any (more) children? YES .....1 NO .....2	
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO .....2 ↓	YES .....1 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 NO .....2 ↓	YES .....1 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 NO .....2 ↓	YES .....1 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 NO .....2 ↓	YES .....1 NO, DOES NOT KNOW.....2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO .....2 ↓	Have you ever used a condom? YES .....1 NO .....2	
08	DIAPHRAGM/FOAM/JELLY Women can place a sponge, diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO .....2 ↓	YES .....1 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 NO .....2 ↓	YES .....1 NO, DOES NOT KNOW.....2	
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO .....2 ↓	YES .....1 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) NO .....2 ↓	YES .....1 NO, DOES NOT KNOW.....2  YES .....1 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?	YES .....1 NO .....2	→ M312
M305	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
M306	CHECK M302 (02):  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> RESPONDENT NOT STERILIZED (CODE '1' NOT CIRCLED) <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> <div style="margin: 0 5px;">↓</div> </div> </div> <div style="text-align: center;"> RESPONDENT STERILIZED (CODE '1' CIRCLED) <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> <div style="margin: 0 5px;">→</div> </div> </div> </div>		→ 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?	YES .....1 NO, DOES NOT KNOW .....2	→ M312
M308	Which method are you using?	FEMALE STERILIZATION .....A MALE STERILIZATION .....B PILL .....C IUD .....D INJECTIONS .....E IMPLANTS .....F CONDOM .....G DIAPHRAGM/FOAM/JELLY .....H RHYTHM/PERIODIC ABSTINENCE .....I WITHDRAWAL .....J OTHER .....X (SPECIFY)	→ M401
M308A	CIRCLE 'B' FOR MALE STERILIZATION.  IF REPENDENT USES CONDOM, FOLLOW SKIP INSTRUCTION FOR CONDOM.		→ M401
M309	What is the brand name of the condom you last used? RECORD NAME OF BRAND.  _____ (BRAND NAME)	BRAND ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> NO BRAND NAME .....95 DON'T KNOW .....98	
M310	Do you use more condoms now than a year ago, about the same number, or fewer?	MORE .....1 SAME .....2 FEWER .....3	→ M401
M311	What is the main reason you use more condoms now than a year ago?	FEAR OF GETTING AIDS .....1 FEAR OF GETTING OTHER STDs .....2 FAMILY PLANNING .....3 LESS EXPENSIVE NOW .....4 MORE AVAILABLE NOW .....5 INCREASED SEXUAL ACTIVITY .....6 OTHER .....7 (SPECIFY) DON'T KNOW .....8	→ M401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M312	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED .....11  FERTILITY-RELATED REASONS NOT HAVING SEX .....21 INFREQUENT SEX .....22 WIFE/PARTNER MENOP./HYST. ....23 COUPLE SUBFECUND/INFECUND ..24 WIFE/PARTNER POSTP./BREASTF. 25 WANTS (MORE) CHILDREN .....26  OPPOSITION TO USE RESPONDENT OPPOSED .....31 WIFE/PARTNER OPPOSED .....32 OTHERS OPPOSED .....33 RELIGIOUS PROHIBITION .....34  LACK OF KNOWLEDGE KNOWS NO METHOD .....41 KNOWS NO SOURCE.....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS .....52 LACK OF ACCESS/TOO FAR .....53 COST TOO MUCH .....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES .....56  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

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	CHECK M401:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED</p> <p><input type="checkbox"/></p> <p>↓</p> <p>How many other women are you living with as if you were married?</p> </div> <div style="text-align: center;"> <p>LIVING WITH A WOMAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>How many women are you living with as if you were married?</p> </div> </div>	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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Please tell me the name(s) of your wife/wives and live-in partner(s)</th><th style="width: 40%;">LINE NUMBER</th></tr> </thead> <tbody> <tr><td>1 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>2 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>3 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>4 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>5 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>6 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> <tr><td>7 _____</td><td>..... <input type="text"/> <input type="text"/></td></tr> </tbody> </table>			Please tell me the name(s) of your wife/wives and live-in partner(s)	LINE NUMBER	1 _____	..... <input type="text"/> <input type="text"/>	2 _____	..... <input type="text"/> <input type="text"/>	3 _____	..... <input type="text"/> <input type="text"/>	4 _____	..... <input type="text"/> <input type="text"/>	5 _____	..... <input type="text"/> <input type="text"/>	6 _____	..... <input type="text"/> <input type="text"/>	7 _____	..... <input type="text"/> <input type="text"/>
Please tell me the name(s) of your wife/wives and live-in partner(s)	LINE NUMBER																		
1 _____	..... <input type="text"/> <input type="text"/>																		
2 _____	..... <input type="text"/> <input type="text"/>																		
3 _____	..... <input type="text"/> <input type="text"/>																		
4 _____	..... <input type="text"/> <input type="text"/>																		
5 _____	..... <input type="text"/> <input type="text"/>																		
6 _____	..... <input type="text"/> <input type="text"/>																		
7 _____	..... <input type="text"/> <input type="text"/>																		
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> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A WOMAN ONLY ONCE</p> <input type="checkbox"/> <p>↓</p> <p>In what month and year did you start living with your wife/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A WOMAN MORE THAN ONCE</p> <input type="checkbox"/> <p>↓</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p> </div> </div>	<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"/> → M501</p> <p>DON'T KNOW YEAR .....9998</p>	
M411	How old were you when you started living with her?	<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> <div> <div> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN</p> <input type="checkbox"/> </div> <div> <p>NOT CURRENTLY IN UNION</p> <input type="checkbox"/> </div> </div>		M506
M502	<p>CHECK M402, and M404</p> <div> <div> <p>HAS ONE WIFE/ WOMAN HE IS LIVING WITH</p> <input type="checkbox"/> </div> <div> <p>MORE THAN ONE WIFE/WOMAN HE IS LIVING WITH</p> <input type="checkbox"/> </div> </div> <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>	M504
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> <div> <div> <p>WIFE/PARTNER NOT PREGNANT/ NOT SURE</p> <input type="checkbox"/> </div> <div> <p>WIFE/PARTNER PREGNANT</p> <input type="checkbox"/> </div> </div> <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>	M506
M505	<p>CHECK M502:</p> <div> <div> <p>WIFE/PARTNER NOT PREGNANT OR UNSURE</p> <input type="checkbox"/> </div> <div> <p>WIFE/PARTNER PREGNANT</p> <input type="checkbox"/> </div> </div> <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</p> <p>YEARS..... 2</p> <p>SOON/NOW ..... 993</p> <p>SAYS WIFE CAN'T GET PREGNANT .. 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER ..... 996</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW..... 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M506	CHECK M308: USING A METHOD  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NOT ASKED <input type="checkbox"/> ↓</div> <div style="text-align: center;">NOT CURRENTLY USING <input type="checkbox"/> ↓</div> <div style="text-align: center;">CURRENTLY USING <input type="checkbox"/> →</div> </div>		M509
M507	Do you think you will use a method to avoid pregnancy at any time in the future?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	M509
M508	What is the main reason that you think you will never use a method at any time in the future?	NOT CURRENTLY MARRIED..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ..... 22 WIFE/PART. MENOP./HYSTEREC. .... 23 COUPLE SUBFECUND/INFECUND.... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED..... 31 WIFE/PARTNER OPPOSED ..... 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW..... 98	
M509	CHECK M203 AND M205:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.</div> <div style="text-align: center;">NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?</div> </div>	NUMBER ..... <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	M511
M510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">BOYS NUMBER ..... <input type="text"/> <input type="text"/></div> <div style="text-align: center;">GIRLS ..... <input type="text"/> <input type="text"/></div> <div style="text-align: center;">EITHER ..... <input type="text"/> <input type="text"/></div> </div> OTHER ..... 9 9 9 9 9 6 (SPECIFY)	

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?	YES NO 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)	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	
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?	YES NO DK GOES OUT ..... 1 2 8 NEGL. CHILDREN ..... 1 2 8 ARGUES ..... 1 2 8 REFUSES SEX ..... 1 2 8 BURNS FOOD ..... 1 2 8	

SECTION 6. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M601	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you first had sexual intercourse (if ever)?	NEVER .....00  AGE .....  WHEN FIRST UNION STARTED .....96	→ M701
M602	When was the last time you had sexual intercourse?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO .....1 WEEKS AGO .....2 MONTHS AGO .....3 YEARS AGO .....4	
M603	The last time you had sexual intercourse, did you use a condom?	YES .....1 NO .....2 DOES NOT KNOW CONDOMS .....3	→ M605
M604	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	→ M607
M605	The last time you had sexual intercourse, did you or your partner do something or use some method to avoid a pregnancy?	YES .....1 NO .....2 UNSURE/DOES NOT KNOW .....3	→ M607
M606	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
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 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 WEEKS..... 2 MONTHS ..... 3 YEARS ..... 4	
M616	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS .....	
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 WEEKS AGO..... 2 MONTHS AGO..... 3 YEARS AGO ..... 4 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 UNCLEAR 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	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             → M707           </div>
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:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>              DID NOT MENTION              USE OF CONDOMS              DURING SEX              (CODE 'B' NOT CIRCLED)           </div> <div style="text-align: center;"> <input type="checkbox"/>              MENTIONED USE OF              CONDOMS DURING SEX              (CODE 'B' CIRCLED)           </div> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             → M709           </div>
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	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             → M713           </div>
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:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>              CURRENTLY MARRIED/              LIVING WITH A WOMAN           </div> <div style="text-align: center;"> <input type="checkbox"/>              NOT IN UNION           </div> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             → M716           </div>
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
M716	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/DEPENDS..... 8	
M717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS..... 8	
M718	Have you ever been tested for AIDS?	YES ..... 1 NO ..... 2	→ M724
M719	Would you like to be tested for AIDS?	YES ..... 1 NO ..... 2	
M724	<p>CHECK M701:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>KNOWS AIDS</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT KNOW AIDS</p> <input type="checkbox"/> </div> </div> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ M727
M725	<p>In a man, what signs and symptoms would lead you to think that he has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>BLOOD IN URINE ..... I</p> <p>LOSS OF WEIGHT ..... J</p> <p>IMPOTENCE ..... K</p> <p>NO SYMPTOMS..... L</p> <p>OTHER ..... W</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M726	<p>In a woman, what signs and symptoms would lead you to think that she has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>BLOOD IN URINE ..... I</p> <p>LOSS OF WEIGHT ..... J</p> <p>INABILITY TO GIVE BIRTH ..... K</p> <p>NO SYMPTOMS ..... L</p> <p>OTHER ..... W</p> <p>(SPECIFY)</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
M727	<p>CHECK M601:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ M736</p>	
M728	<p>During the last twelve months, have you had a sexually-transmitted disease?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
M729	<p>Now I would like to ask you some questions about your health in the last twelve months. Sometimes, men experience a discharge from their penis. During the last twelve months, did you have a discharge from your penis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
M730	<p>Sometimes, men experience a sore or ulcer on or near their penis. During the last twelve months, did you have a sore or ulcer on your penis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
M731	<p>CHECK M728, M729, AND M730:</p> <p>HAS HAD AN INFECTION (AT LEAST ONE 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD ANY INFECTIONS (NOT A SINGLE YES) <input type="checkbox"/></p>	<p>→ M736</p>	
M732	<p>The last time you had the (sexually-transmitted disease/discharge from your penis/sore or ulcer on your penis) did you seek advice or treatment?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ M734</p>

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"> <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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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