

IMPLEMENTING ORGANIZATION: PHCCO

IDENTIFICATION																									
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) ALTITUDE HOUSEHOLD SELECTED FOR MALE INTERVIEW? (YES= 1, NO = 2)	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>																					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																					
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																					
TIME	_____	_____																							
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																					
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT: <input type="checkbox"/> LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6 TRANSLATOR USED: <input type="checkbox"/> (YES = 1, NO = 2)																									
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"></table>	KEYED BY <table border="1" style="width: 40px; height: 20px;"></table>																						

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?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER PAGE. IF HOUSEHOLD SELECTED FOR MALE INTERVIEW: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10

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

SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION	LINE NO.
IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	
Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s biological father alive?	Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest grade (NAME) completed? ***	Did (NAME) attend school at any time during the 1997 E.C. school year?	During this/that school year, what grade [is/was] (NAME) attending? ****	Did (NAME) attend school at any time during the previous school year, that is, 1996 E.C.?	During that school year, what grade did (NAME) attend?****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the municipality/local authorities? ****	
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	YES NO 1 2 ↓ GO TO 18	GRADE <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	1 2 3 8	01
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	02
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	03
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	04
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	05
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	06
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	07
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	08
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	09
1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 3 8	10

**Qs. 11 AND 13
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
00=LESS THAN 1 YEAR COMPLETED
(FOR Q. 15 ONLY, THIS CODE IS
NOT ALLOWED FOR Qs. 17 AND 19)
01-12=GRADE COMPLETED
13=TECHNICAL/VOCATIONAL CERTIFICATE
14=UNIVERSITY/COLLEGE DIPLOMA
15=UNIVERSITY/COLLEGE DEGREE OR HIGHER
98=DON'T KNOW

****CODES FOR Q.20
1 = CERTIFICATE
2 = REGISTRATION
3 = NEITHER
8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER PAGE. IF HOUSEHOLD SELECTED FOR MALE INTERVIEW: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20	

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**Qs. 11 AND 13 RECORD '00' IF PARENT NOT LISTED IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17, AND 19 EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 17 AND 19)
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13=TECHNICAL/VOCATIONAL CERTIFICATE
14=UNIVERSITY/COLLEGE DIPLOMA
15=UNIVERSITY/COLLEGE DEGREE OR HIGHER
98=DON'T KNOW

****CODES FOR Q. 20
1 = CERTIFICATE
2 = REGISTRATION
3 = NEITHER
8 = DON'T KNOW

SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION	LINE NO.
IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	
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(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Y N DK 1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ GO TO 18	GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ NEXT LINE	GRADE <input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	11
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	12
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	13
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	14
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	15
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	16
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	17
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	18
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	19
1 2 8 ↓ GO TO 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8 ↓ GO TO 14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8	20

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete household listing:

- Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 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
- 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO COMPOUND 12 PIPED OUTSIDE COMPOUND 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 26 → 23 → 26 → 23 → 23
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO COMPOUND 12 PIPED OUTSIDE COMPOUND 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 26 → 26
23	Where is that water source located?	IN OWN DWELLING 1 IN OWN COMPOUND 2 ELSEWHERE 3	→ 26
24	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	→ 26
25	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 27A
27	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY)	
27A	How does your household primarily dispose of household waste?	COLLECTED BY MUNICIPALITY 1 COLLECTED BY PRIVATE ESTABLISHMENT 2 DUMPED IN STREET/OPEN SPACE . 3 DUMPED IN RIVER 4 BURNED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
28	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 31
29	Do you share this toilet facility with other households?	YES 1 NO 2	<input type="checkbox"/> → 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW 98	
31	Does your household have:	YES NO ELECTRICITY 1 2 A watch? 1 2 A radio? 1 2 A television? 1 2 A mobile telephone? 1 2 A non-mobile telephone? ... 1 2 A refrigerator? 1 2 A table? 1 2 A chair? 1 2 A bed? 1 2 An electric mitad? 1 2 A kerosene lamp/pressure lamp? 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 11 OTHER 96 (SPECIFY)	→ 34
33	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD 2 CLOSED STOVE WITH CHIMNEY ... 3 OTHER 6 (SPECIFY)	
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 36
35	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
36	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 REED/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL 32 CERAMIC TILES 33 CEMENT/BRICKS 34 CARPET 35 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
37	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING THATCH/LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT/PLASTIC SHEETS . 21 REED/BAMBOO 22 WOOD PLANKS 23 FINISHED ROOFING CORRUGATED IRON 31 WOOD 32 CALAMINE/CEMENT FIBER ... 33 CEMENT/CONCRETE 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
38	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/TRUNKS/BAMBOO/REED . 12 RUDIMENTARY WALLS BAMBOO/WOOD WITH 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARTON 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT ... 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES ... 36 OTHER _____ 96 (SPECIFY)																						
39	TYPE OF WINDOWS. RECORD OBSERVATION.	<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>ANY WINDOWS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS</td> <td></td> <td></td> </tr> <tr> <td>OR SHUTTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS ...	1	2	WINDOWS WITH SCREENS .	1	2	WINDOWS WITH CURTAINS			OR SHUTTERS	1	2				
	YES	NO																						
ANY WINDOWS	1	2																						
WINDOWS WITH GLASS ...	1	2																						
WINDOWS WITH SCREENS .	1	2																						
WINDOWS WITH CURTAINS																								
OR SHUTTERS	1	2																						
40	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																						
41	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat without a motor? A boat with a motor?	<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>ANIMAL-DRAWN CART</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>BOAT WITHOUT MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</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	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITHOUT MOTOR	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER ...	1	2																						
ANIMAL-DRAWN CART	1	2																						
CAR/TRUCK	1	2																						
BOAT WITHOUT MOTOR	1	2																						
BOAT WITH MOTOR	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	→ 44
43	How many (LOCAL UNITS) of agricultural land do members of this household own? IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	LOCAL UNITS <input type="text"/> <input type="text"/> _____ (SPECIFY)	
44	Does this household own any livestock, herds, or farm animals?	YES 1 NO 2	→ 46
45	How many of the following animals does this household own? Cattle? Milk cows, oxen, or bulls? Horses, donkeys, or mules? Camels? Goats? Sheep? Chickens? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	CATTLE <input type="text"/> <input type="text"/> COWS/OXEN/BULLS <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> CAMELS <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/>	
46	Does any member of this household have an account with a bank/credit association/micro finance?	YES 1 NO 2	
48	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 48K
48A	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

MALARIA

		NET # 1	NET # 2	NET # 3
48B	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2
48C	How long ago did your household obtain the mosquito net?	MOS. <input type="text"/> <input type="text"/> AGO.... MORE THAN 3 YEARS AGO ... 95	MOS. <input type="text"/> <input type="text"/> AGO..... MORE THAN 3 YEARS AGO ... 95	MOS. <input type="text"/> <input type="text"/> AGO..... MORE THAN 3 YEARS AGO ... 95
48D	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA 3 OTHER 6 UNSURE 8	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA 3 OTHER 6 UNSURE 8	PERMANENT NET PERMANET 2 . 1 <input type="checkbox"/> (SKIP TO 48H) ← PRETREATED NET SIAM DUTCH THAILAND ... 2 <input type="checkbox"/> (SKIP TO 48F) ← UNTREATED NET A TO Z TANZANIA . 3 OTHER 6 UNSURE 8
48E	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE 8
48F	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 48H) ← NOT SURE 8
48G	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS. <input type="text"/> <input type="text"/> AGC..... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98	MOS. <input type="text"/> <input type="text"/> AGO... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98	MOS. <input type="text"/> <input type="text"/> AGO.... MORE THAN 2 YEARS AGO . 95 NOT SURE ... 98
48H	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 48J) ← NOT SURE ... 8

	QUESTIONS AND FILTERS	NET #1	NET#2	NET #3
48I	Who slept under this mosquito net last night?	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>	NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/> NAME _____ LINE NO. . . . <input type="text"/> <input type="text"/>
48J		GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.	GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.	GO BACK TO Q.48B FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q.48K.
48K	Has your house ever been sprayed with insecticide for malaria prevention by spraymen from the District Health Office?	YES 1 NO 2 NOT SURE 8		<input type="text"/> → 49
48L	How many months ago was your house sprayed? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> NOT SURE 98		
48M	OBSERVE THE INNER WALLS OF THE ROOMS USUALLY USED FOR SLEEPING FOR VISIBLE WHITE INSECTICIDE POWDER.	VISIBLE 1 NOT VISIBLE 2		
49	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 LESS THAN 15 PPM 2 MORE THAN 15 PPM 3 NO SALT IN HH 4 SALT NOT TESTED 5 (SPECIFY REASON)		

WEIGHT AND HEIGHT MEASUREMENT

CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/>	HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/>	SKIP TO INTERVIEWER'S OBSERVATION ON LAST PAGE
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CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
<input type="text"/>	<input type="text"/>	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"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1992 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<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"/>	<input type="text"/>	1 2	<input type="text"/>
<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"/>	<input type="text"/>	1 2	<input type="text"/>
<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"/>	<input type="text"/>	1 2	<input type="text"/>
TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>			

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

HEMOGLOBIN MEASUREMENT

<p>CHECK COVER PAGE:</p> <p>HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/></p>	↓	<p>HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/></p>	→	<p>SKIP TO INTERVIEWER'S OBSERVATION ON LAST PAGE</p>
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HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (52):	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(58)	(59)	(60)	(61)	(62)	(63)
AGE 15-17 AGE 18-49 1 2 GO TO 60 ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	YES NO/DK 1 2	<input style="width: 30px; height: 20px;" type="text"/>
1 2 GO TO 60 ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2	<input style="width: 30px; height: 20px;" type="text"/>
1 2 GO TO 60 ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2	<input style="width: 30px; height: 20px;" type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1992 E.C. OR LATER					
CHECK COLUMN (53): BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS OTHER	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
1 2 ↙ NEXT CHILD ↘	<input style="width: 30px; height: 20px;" type="text"/>	1 2 SIGN _____ NEXT LINE ← ↙ ↘	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>

2005 Ethiopia Demographic and Health Survey
Informed Consent
Anemia Testing

Hello, my name is _____ and I am from the Population and Housing Census Commission Office, which, in collaboration with the Federal Ministry of Health is currently carrying out Demographic and Health Survey, all over the country, in scientifically, sampled enumeration areas. As part of this survey we are collecting information on Anemia prevalence among women and children in the sampled households by conducting Anemia testing.

Anemia is a serious health problem that results from poor nutrition. The Anemia testing is being done to help the government to find out how common it is. This enables the government to develop programs to prevent and treat anemia. But to do this it needs reliable information. That is why we are now collecting a few drops of blood from a finger from women and from children under six years of age for the test. The instruments I use for taking the blood are completely clean, sterile and safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions?

May I now ask that you and your child _____ participate in the anemia test? However, if you decide not to have the test done, it is your right and I will respect your decision. Now please tell me if you agree to have the test done.

Yes _____ No _____

Signature of interviewer _____

64	<p>CHECK 61 AND 62:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 65.**</p> </div> <div style="text-align: center;"> <p>NONE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END INTERVIEW.</p> </div> </div>		
65	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>		
	NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49			
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
WOMEN AGE 15-17 AND CHILDREN			
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2
			YES 1 NO 2

* The cutoff point is 9 g/dl for pregnant women and ____ g/dl for children and for women who are not pregnant (or who don't know if they are pregnant), based on the altitude from the coverpage and the adjustment factor in the Editor's and Supervisor's Manual.

** If more than one woman or child is below the cutoff point, read the statement in Q.65 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

HIV TESTING - WOMEN AND MEN

CHECK COVER PAGE:

HOUSEHOLD SELECTED FOR MALE SURVEY

HOUSEHOLD NOT SELECTED FOR MALE SURVEY

SKIP TO INTERVIEWER'S OBSERVATION ON LAST PAGE

CHECK COLUMNS (8) AND (8A); RECORD THE LINE NUMBER, SEX AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-59. THIS PAGE WILL BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL. (8) OR (8A)	SEX FROM COL. (4)	AGE FROM COL. (7)	CHECK AGE FROM COL. (68): AGE 15-17 1 GO TO 72	LINE NO. OF PARENT/RESPONSIBLE ADULT RECORDED '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO WOMAN/MAN CIRCLE CODE (AND SIGN)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M 1	F 2	AGE 15-17 1 GO TO 72	<input type="checkbox"/>	GRANTED 1 SIGN NEXT LINE	REFUSED 2 NEXT LINE	REFUSED	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

2005 Ethiopia Demographic and Health Survey
Informed Consent
HIV testing

Hello, my name is _____ and I am from the Population and Housing Census Commission Office, which, in collaboration with the Federal Ministry of Health, is currently carrying out the Demographic and Health Survey, all over the country, in scientifically, sampled enumeration areas. As part of this survey we are collecting information on HIV prevalence among women and men in the sampled households by collecting blood for conducting an HIV test.

HIV is the virus that causes AIDS. The HIV test is being done to help the government to find out how common it is and its rate of spreading. This enables the government to devise means of controlling and preventing the spread of the disease and also provide care and support for those who have it. But to do this it needs reliable information. That is why we are now collecting a few drops of blood from a finger for the HIV test.

The instruments I use for taking the blood are completely clean, sterile and safe. The samples will be coded so that all the information will be kept anonymous.

The blood sample will be sent to the Ethiopian Health and Nutrition Research Institute (EHNRI) Laboratory, in Addis Ababa. No identifiers such as names will be attached to the test. So we will not be able to tell you the test result. No one else will be able to know your test results either.

If you want to know whether you have HIV, I can provide a voucher for you to go to the nearest health institution, which provides VCT, that is, counseling and a test for HIV.

Do you have any questions so far?

May I now ask you to participate in the test? You can say yes to the test or you can say no. It is up to you to decide.

Will you take the test?

Yes _____ No _____

Signature of interviewer _____

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

IMPLEMENTING ORGANIZATION:
PHCCO

IDENTIFICATION																												
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____ HOUSEHOLD SELECTED FOR MALE INTERVIEW? (YES= 1, NO = 2)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																											
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*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																												
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT <input type="checkbox"/> LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6 TRANSLATOR USED: <input type="checkbox"/> (YES = 1, NO = 2)																												
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			KEYED BY <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																							

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

Hello. My name is _____ and I am working with the Population and Housing Census Commission Office (PHCCO). We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes about 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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"/>	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	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	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/>	
106	Have you ever attended school?	YES 1 NO 2	→ 110
108	What is the highest grade you completed?	GRADE <input type="checkbox"/> TECH./VOC. CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA ... 14 UNIVERSITY/COLLEGE DEGREE OR HIGHER 15	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: GRADE 00-06 <input type="checkbox"/> GRADE 07 AND ABOVE <input type="checkbox"/> ↓		→ 113
110	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
111	Have you ever participated in a Basic Education Program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
112	CHECK 110: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> ↓		→ 114
113	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	
114	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	
115	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	
115A	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 116
115B	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
116	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MOSLEM 4 TRADITIONAL 5 OTHER _____ 6 (SPECIFY)	
117	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" data-bbox="1230 348 1328 457" 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" data-bbox="1230 422 1328 531" 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" data-bbox="1230 617 1328 726" 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" data-bbox="1230 690 1328 800" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1230 961 1328 1071" 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" data-bbox="1230 1035 1328 1144" 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" data-bbox="1230 1148 1328 1257" 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.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

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 HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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), including any children who died after birth?
01	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"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	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	YES 1 NO 2
03	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	YES 1 NO 2
04	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	YES 1 NO 2
05	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	YES 1 NO 2
06	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	YES 1 NO 2
07	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	YES 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
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	YES 1 NO 2
09	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	YES 1 NO 2
10	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	YES 1 NO 2
11	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	YES 1 NO 2
12	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	YES 1 NO 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					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 IN Q.215.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN Q.217.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN Q.220.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1992 E.C. OR LATER. IF NONE, RECORD '0'.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE MESKEREM 1992, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> MESKEREM 1992 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> MESKEREM 1992		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since Meskerem 1992, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO MESKEREM 1992. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1992 E.C. that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 1992 E.C. end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1230 149 1328 369"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 239A								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									
239A	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
239B	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
239C	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		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 avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside their uterus by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANTS (or NORPLANTS) Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for five 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 sheath and/or a suppository/tablet/jelly/cream in their vagina before intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
09	STANDARD DAYS METHOD Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.	YES 1 NO 2 ↘	YES 1 NO 2
10	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
11	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
13	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 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	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 331
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G DIAPHRAGM/FOAM/JELLY H STANDARD DAYS METHOD I LACTATIONAL AMEN. METHOD J RHYTHM METHOD K WITHDRAWAL L OTHER _____ X (SPECIFY)	→ 319 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of (pills/condoms) you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 1 BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98	
314	How many (pill cycles/packages of condoms) did you get the last time?	NUMBER OF CYCLES/PACKAGES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
315	The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
319	In what month and year was the sterilization performed?								
319A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
321	<p>CHECK 319/319A:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 1992 E.C. OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 322.</p> </div> <div style="width: 45%;"> <p>YEAR IS 1991 E.C. OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO MESKEREM 1992.</p> <p>THEN SKIP TO → 329</p> </div> </div>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MESKEREM 1992. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM or rhythm]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																														
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF NO CODE CIRCLED IN 311/311A, CIRCLE '00'.</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>IMPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>DIAPHRAGM/FOAM/JELLY</td><td>08</td></tr> <tr><td>STANDARD DAYS METHOD</td><td>09</td></tr> <tr><td>LACTATIONAL AMEN. METHOD ...</td><td>10</td></tr> <tr><td>RHYTHM METHOD</td><td>11</td></tr> <tr><td>WITHDRAWAL</td><td>12</td></tr> <tr><td>OTHER METHOD</td><td>96</td></tr> </table>	NO CODE CIRCLED	00	FEMALE STERILIZATION	01	MALE STERILIZATION	02	PILL	03	IUD	04	INJECTABLES	05	IMPLANTS	06	CONDOM	07	DIAPHRAGM/FOAM/JELLY	08	STANDARD DAYS METHOD	09	LACTATIONAL AMEN. METHOD ...	10	RHYTHM METHOD	11	WITHDRAWAL	12	OTHER METHOD	96	<p>→ 331</p> <p>→ 333</p> <p>→ 330</p> <p>→ 327</p> <p>→ 333</p>
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RHYTHM METHOD	11																														
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OTHER METHOD	96																														
324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 326																								
YES	1																														
NO	2																														
325	<p>Were you ever told by a health facility/family planning worker/ reproductive health agent about side effects or problems you might have with the method?</p>	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 327																								
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326	<p>Were you told what to do if you experienced side effects or problems?</p>	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																									
YES	1																														
NO	2																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>CHECK 324:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	→ 329
328	<p>Were you ever told by a health facility/family planning worker/ reproductive health agent about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>DIAPHRAGM/FOAM/JELLY 08</p> <p>STANDARD DAYS METHOD 09</p> <p>LACTATIONAL AMEN. METHOD ... 10</p> <p>RHYTHM METHOD 11</p> <p>WITHDRAWAL 12</p> <p>OTHER METHOD 96</p>	<p>→ 333</p> <p>→ 333</p>
330	<p>Where did you obtain (CURRENT METHOD) the last time?</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>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>GOVT. HEALTH STATION/CLINIC 14</p> <p>CBD 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY 21</p> <p>CBD/CBRHA 22</p> <p>OTHER NGO _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ DOCTOR 31</p> <p>PHARMACY 32</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR 41</p> <p>SHOP 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 333
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	→ 333

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where is that?</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>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO _____ I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
333	<p>In the last 12 months, were you visited by a community based health agent/distributor who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
334	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY, DELIVERY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN MESKEREM 1992 OR LATER <input type="checkbox"/>	NO BIRTHS IN MESKEREM 1992 OR LATER <input type="checkbox"/> → 550		
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1992 E.C. OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	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"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←
406	How much longer would you have liked to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROF. ... A OTHER PERSON TRAINED TRAD BIRTH ATTEN. ... B UNTRAINED TRAD. BIRTH ATTEN. ... C COMM. HEALTH AGENT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ←		

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</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>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ CLINIC C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY G</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC H</p> <p>OTHER PRIVATE MED. _____ I</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT ... 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD ... 1 2</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 414) ←</p> <p>DON'T KNOW 8</p>		
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>		
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 421)	OTHER <input type="checkbox"/>	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 422A) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
422A	During this pregnancy, did you receive any drug for intestinal parasites?	YES 1 NO 2 DON'T KNOW 8		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8		

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR/SP A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z		
427	CHECK 426: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE CIRCLED A' NOT <input type="checkbox"/> CIRCLED (SKIP TO 429) ←		
428	How many times did you take Fansidar/SP during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
428A	CHECK 407: ANTENATAL CARE FROM A HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY	CODE 'A', OTHER CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 429) ←		
428B	Did you get the Fansidar/SP during an antenatal visit to a health facility or from some other source?	ANTENATAL VISIT . 1 ANOTHER FACILITY . VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW ... 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW ... 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW ... 8
430	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8
431	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
432	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	HEALTH PROF. ... A OTHER PERSON TRAINED TRAD BIRTH ATTEN. ... B UNTRAINED TRAD. BIRTH ATTEN. ... C COMM. HEALTH AGENT D RELATIVE/FRIEND .. E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROF. ... A OTHER PERSON TRAINED TRAD BIRTH ATTEN. ... B UNTRAINED TRAD. BIRTH ATTEN. ... C COMM. HEALTH AGENT D RELATIVE/FRIEND .. E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROF. ... A OTHER PERSON TRAINED TRAD BIRTH ATTEN. ... B UNTRAINED TRAD. BIRTH ATTEN. ... C COMM. HEALTH AGENT D RELATIVE/FRIEND .. E OTHER _____ X (SPECIFY) NO ONE Y																																				
433	<p>Where did you give birth to (NAME)?</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>_____ (NAME OF PLACE)</p>	HOME YOUR HOME ... 11 (SKIP TO 440) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL/ CLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 440) ←	HOME YOUR HOME ... 11 (SKIP TO 441) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL/ CLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 441) ←	HOME YOUR HOME ... 11 (SKIP TO 441) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL/ CLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 441) ←																																				
434	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998												
435	<p>Was (NAME) delivered by caesarean section?</p>	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
436	<p>Before you were discharged after (NAME) was born, did a health professional check on your health?</p>	YES 1 NO 2 (SKIP TO 439) ←	YES 1 (SKIP TO 451) ← NO 2	YES 1 (SKIP TO 451) ← NO 2																																				

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
437	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
438	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROF. ... 11 OTHER PERSON TRAINED TRAD. BIRTH ATTEN. 12 UNTRAINED TRAD. BIRTH ATTEN. 13 COMM. HEALTH AGENT 15 OTHER _____ 96 (SPECIFY) (SKIP TO 449) ←														
439	After you were discharged, did a health professional or a traditional birth attendant check on your health?	YES 1 (SKIP TO 442) ← NO 2 (SKIP TO 449) ←	YES 1 (SKIP TO 451) ← NO 2	YES 1 (SKIP TO 451) ← NO 2												
440	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER _____ X (SPECIFY) X														
441	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 445) ←			YES 1 NO 2	YES 1 NO 2										
442	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														

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443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROF. . . . 11 OTHER PERSON TRAINED TRAD. BIRTH ATTEN. 12 UNTRAINED TRAD. BIRTH ATTEN. 13 COMM. HEALTH AGENT 15 OTHER _____ 96 (SPECIFY)														
444	Where did this first check 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 OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL/ CLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY . . 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)														
444A	CHECK 439: <input type="checkbox"/> NOT ASKED OR NO ↓ <input type="checkbox"/> YES ↓ (SKIP TO 449)															
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8														
446	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW . . . 998														

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447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROF. . . . 11 OTHER PERSON . . . TRAINED TRAD. BIRTH ATTEN. . 12 UNTRAINED TRAD. BIRTH ATTEN. . 13 COMM. HEALTH AGENT 15 OTHER _____ 96 (SPECIFY)		
448	Where did this first check of (NAME) 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 OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL/ CLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)		
449	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2		
450	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 452) ← NO 2 (SKIP TO 453) ←		
451	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 455) ←	YES 1 NO 2 (SKIP TO 455) ←
452	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	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 455) ←		

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 456) ←		
455	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
456	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 463) ←	YES 1 NO 2 (SKIP TO 463) ←	YES 1 NO 2 (SKIP TO 463) ←
457	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"/>		
457A	Did you squeeze out and throw away the first milk?	YES 1 NO 2		
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 460) ←		
459	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I FRESH BUTTER ... J FENUGREEK K OTHER _____ X (SPECIFY)		
460	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 462) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 462) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 462) ←
461	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 464) ← NO 2	YES 1 (SKIP TO 466) ← NO 2	YES 1 (SKIP TO 466) ← NO 2
462	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	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
463	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)
464	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"/>		
465	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"/>		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
468	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 1994 E.C. OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 469) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 1994 E.C. OR LATER <input type="checkbox"/> AND LIVING WITH HER	501																																																																																
469	Now I would like to ask you about liquids (NAME FROM 468) drank yesterday during the day or at night. Did (NAME FROM 468) drink:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COMMERCIALLY PRODUCED INFANT FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANY OTHER MILK SUCH AS POWDERED, OR FRESH ANIMAL MILK?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRUIT JUICE?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA OR COFFEE?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANY OTHER LIQUIDS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	COMMERCIALLY PRODUCED INFANT FORMULA	1	2	8	ANY OTHER MILK SUCH AS POWDERED, OR FRESH ANIMAL MILK?	1	2	8	FRUIT JUICE?	1	2	8	TEA OR COFFEE?	1	2	8	ANY OTHER LIQUIDS?	1	2	8																																																					
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470	Now I would like to ask you about the food (NAME FROM 468) ate yesterday during the day or at night, either separately or combined with other foods. Did (NAME FROM 468) eat:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. Any porridge or gruel (made from grains other than teff)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. Any Cerifam, Fafa, Milupa, Babylac, Mother's Choice or other commercially fortified baby food?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. Bread, pasta, rice, noodles, biscuits, cookies or any other food made from oats, maize, barley, wheat, sorghum, millet, or other grain?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. Any food made from teff, like injera, kita or porridge?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e. Any white potatoes, white yams, bulla, kocho, cassava, or any other foods made from roots?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g. Any dark green, leafy vegetables like kale, spinach or amaranth leaves?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h. Any ripe mangoes, papayas?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i. Any other fruits or vegetables?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j. Any liver, kidney, heart or other organ meats?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k. Any beef, pork, lamb, goat, rabbit [or wild game meat such as antelope or deer]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l. Any chicken, duck or other birds?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m. Any eggs?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n. Any fresh or dried fish or shellfish?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o. Any foods made from beans, peas, lentils or pulses?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p. Any nuts or seeds such as peanuts, sesame or sunflower seeds?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q. Any cheese or yogurt?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r. Any foods made with oil, fat, or butter?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s. Any other solid or semi-solid food?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. Any porridge or gruel (made from grains other than teff)?	1	2	8	b. Any Cerifam, Fafa, Milupa, Babylac, Mother's Choice or other commercially fortified baby food?	1	2	8	c. Bread, pasta, rice, noodles, biscuits, cookies or any other food made from oats, maize, barley, wheat, sorghum, millet, or other grain?	1	2	8	d. Any food made from teff, like injera, kita or porridge?	1	2	8	e. Any white potatoes, white yams, bulla, kocho, cassava, or any other foods made from roots?	1	2	8	f. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	1	2	8	g. Any dark green, leafy vegetables like kale, spinach or amaranth leaves?	1	2	8	h. Any ripe mangoes, papayas?	1	2	8	i. Any other fruits or vegetables?	1	2	8	j. Any liver, kidney, heart or other organ meats?	1	2	8	k. Any beef, pork, lamb, goat, rabbit [or wild game meat such as antelope or deer]?	1	2	8	l. Any chicken, duck or other birds?	1	2	8	m. Any eggs?	1	2	8	n. Any fresh or dried fish or shellfish?	1	2	8	o. Any foods made from beans, peas, lentils or pulses?	1	2	8	p. Any nuts or seeds such as peanuts, sesame or sunflower seeds?	1	2	8	q. Any cheese or yogurt?	1	2	8	r. Any foods made with oil, fat, or butter?	1	2	8	s. Any other solid or semi-solid food?	1	2	8	
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471	CHECK 470: AT LEAST ONE "YES" <input data-bbox="467 178 505 226" type="checkbox"/> 	NOT A SINGLE "YES" <input data-bbox="1062 153 1099 178" type="checkbox"/>	501
472	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input data-bbox="1219 296 1256 344" type="checkbox"/> DON'T KNOW 8	

SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1992 E.C. OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																											
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER																																																																																																																																																								
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 547)																																																																																																																																																								
504	Has (NAME) ever received a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2 (SKIP TO 507) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 507) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 507) ← DON'T KNOW 8																																																																																																																																																								
505	How many months ago did (NAME) take the last dose?	MONTHS AGO .. <input type="text"/> DON'T KNOW 98	MONTHS AGO .. <input type="text"/> DON'T KNOW 98	MONTHS AGO .. <input type="text"/> DON'T KNOW 98																																																																																																																																																								
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3																																																																																																																																																								
508	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 511) ← NO 2	YES 1 (SKIP TO 511) ← NO 2	YES 1 (SKIP TO 511) ← NO 2																																																																																																																																																								
509	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td>P0</td> <td></td><td></td><td></td> <td>P0</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 1</td> <td></td><td></td><td></td> <td>P1</td> <td></td><td></td><td></td> <td>P1</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 2</td> <td></td><td></td><td></td> <td>P2</td> <td></td><td></td><td></td> <td>P2</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 3</td> <td></td><td></td><td></td> <td>P3</td> <td></td><td></td><td></td> <td>P3</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 1</td> <td></td><td></td><td></td> <td>D1</td> <td></td><td></td><td></td> <td>D1</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 2</td> <td></td><td></td><td></td> <td>D2</td> <td></td><td></td><td></td> <td>D2</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 3</td> <td></td><td></td><td></td> <td>D3</td> <td></td><td></td><td></td> <td>D3</td> <td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (2nd MOST RECENT)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> </tr> </tbody> </table>					LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG				BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0				POLIO 1				P1				P1				POLIO 2				P2				P2				POLIO 3				P3				P3				DPT 1				D1				D1				DPT 2				D2				D2				DPT 3				D3				D3				MEASLES				MEA				MEA				VITAMIN A (MOST RECENT)				VIT A				VIT A				VITAMIN A (2nd MOST RECENT)				VIT A				VIT A			
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) → (SKIP TO 515) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) → (SKIP TO 515) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) → (SKIP TO 515) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8
511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 512E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512E) ← DON'T KNOW 8
512C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
512D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 512G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512G) ← DON'T KNOW 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
515	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
516	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←
520	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)
521	CHECK 520:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 523) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 523) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 523) ←
522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
523	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
524	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:			
		YES NO DK	YES NO DK	YES NO DK
a	A fluid made from an ORS packet like LEMLEM?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
b	Home made sugar and salt solution?	SUGAR/SALT 1 2 8	SUGAR/SALT 1 2 8	SUGAR/SALT 1 2 8
c	Other homemade fluid?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8
526	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)
528	CHECK 527: GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 530) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 530) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 530) ←
529	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98		
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←
534	CHECK 530: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 542) ←	YES 1 NO 2 (SKIP TO 542) ←	YES 1 NO 2 (SKIP TO 542) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ A CLINIC GOVT HEALTH CENTER B GOVT HEALTH POST C COMM. HEALTH . AGENT D OTHER PUBLIC _____ E (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY F PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC/ DOCTOR ... G PHARMACY ... H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE DRUG VENDOR . J SHOP K TRADITIONAL HEALER L OTHER _____ X (SPECIFY)
539	CHECK 538:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
542	Is (NAME) still sick with a (fever/ cough)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
544	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>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>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>OTHER DRUGS</p> <p>ASPIRIN N</p> <p>IBUPROFEN ... O</p> <p>PARACETAMOL . P</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>OTHER DRUGS</p> <p>ASPIRIN N</p> <p>IBUPROFEN ... O</p> <p>PARACETAMOL . P</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>OTHER DRUGS</p> <p>ASPIRIN N</p> <p>IBUPROFEN ... O</p> <p>PARACETAMOL . P</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
544A	CHECK 544: ANY CODE A-M CIRCLED	<input type="checkbox"/> YES NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	<input type="checkbox"/> YES NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	<input type="checkbox"/> YES NO <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	<p>Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?</p> <p>IF YES, CIRCLE CODE FOR THAT DRUG.</p> <p>ASK SEPARATELY FOR EACH DRUG (A-M) GIVEN IN 544.</p>	<p>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>NO DRUG AT HOME Y</p>	<p>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>NO DRUG AT HOME Y</p>	<p>ANTIMALARIAL DRUGS</p> <p>FANSIDAR/SP ... A</p> <p>CHLOROQUINE . B</p> <p>ARTEMETHER-LUMEFANTRINE C</p> <p>QUININE D</p> <p>OTHER ANTI-MALARIAL ... G</p> <p>ANTIBIOTIC</p> <p>BACTRIM H</p> <p>AMPICILIN I</p> <p>AMOXYCILIN ... J</p> <p>CHLORIAM-PHENICOL ... K</p> <p>TETRACYCLINE . L</p> <p>OTHER ANTIBIOTIC ... M</p> <p>NO DRUG AT HOME Y</p>
545A	CHECK 544:	<input type="checkbox"/> CODE A CIRCLED <input type="checkbox"/> CODE A NOT CIRCLED ↓ (SKIP TO 545D) ←	<input type="checkbox"/> CODE A CIRCLED <input type="checkbox"/> CODE A NOT CIRCLED ↓ (SKIP TO 545D) ←	<input type="checkbox"/> CODE A CIRCLED <input type="checkbox"/> CODE A NOT CIRCLED ↓ (SKIP TO 545D) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
545B	How long after the fever/cough started did (NAME) first take Fansidar/SP?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8
545C	For how many days did (NAME) take the Fansidar/SP? IF 7 OR MORE DAYS RECORD '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
545D	CHECK 544:	<input type="checkbox"/> CODE CODE <input type="checkbox"/> B B NOT CIRCLED CIRCLED ↓ (SKIP TO 545G) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> B B NOT CIRCLED CIRCLED ↓ (SKIP TO 545G) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> B B NOT CIRCLED CIRCLED ↓ (SKIP TO 545G) ←
545E	How long after the fever/cough started did (NAME) first take Chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8
545F	For how many days did (NAME) take the Chloroquine? IF 7 OR MORE DAYS RECORD '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
545G	CHECK 544:	<input type="checkbox"/> CODE CODE <input type="checkbox"/> C C NOT CIRCLED CIRCLED ↓ (SKIP TO 545J) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> C C NOT CIRCLED CIRCLED ↓ (SKIP TO 545J) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> C C NOT CIRCLED CIRCLED ↓ (SKIP TO 545J) ←
545H	How long after the fever/cough started did (NAME) first take Artemether-Lumefantrine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8
545I	For how many days did (NAME) take the Artemether-Lumefantrine? IF 7 OR MORE DAYS RECORD '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
545J	CHECK 544:	<input type="checkbox"/> CODE CODE <input type="checkbox"/> D D NOT CIRCLED CIRCLED ↓ (SKIP TO 546) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> D D NOT CIRCLED CIRCLED ↓ (SKIP TO 546) ←	<input type="checkbox"/> CODE CODE <input type="checkbox"/> D D NOT CIRCLED CIRCLED ↓ (SKIP TO 546) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
545K	How long after the fever/cough started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED . 2 THREE DAYS AFTER FEVER STARTED . 3 FOUR OR MORE DAYS AFTER FEVER STARTED 4 DON'T KNOW 8
545L	For how many days did (NAME) take the Quinine? IF 7 OR MORE DAYS RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
547	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1992 E.C. OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		550																											
548	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																												
549	CHECK 525(a) ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		551																											
550	Have you ever heard of a special product called ORS (like LEMLEM) that you can get for the treatment of diarrhea?	YES 1 NO 2																												
551	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROB- LEM</th> <th style="text-align: center;">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>Getting permission to go.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>The distance to the health facility.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting transport.</td> <td style="text-align: center;">. 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Concern that there may not be any health provider.</td> <td style="text-align: center;">... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>No one to complete household chores.</td> <td style="text-align: center;">. 1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	Getting permission to go.	... 1	2	Getting money needed for treatment.	... 1	2	The distance to the health facility.	... 1	2	Getting transport.	. 1	2	Not wanting to go alone.	... 1	2	Concern that there may not be a female health provider.	... 1	2	Concern that there may not be any health provider.	... 1	2	No one to complete household chores.	. 1	2	
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No one to complete household chores.	. 1	2																												
554	Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	557A																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
558	Do you currently smoke cigarettes?	YES 1 NO 2	→ 560		
559	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <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>			
560	Do you currently smoke or use any other type of tobacco like gaya, shisha or suret?	YES 1 NO 2	→ 562		
561	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	PIPE A CHEWING TOBACCO B SNUFF/SURET C SHISHA D GAYA E OTHER X (SPECIFY)			
562	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 566		
563	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z			
564	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8			
565	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
566	CHECK 468: HAS AT LEAST ONE CHILD BORN IN 1994 E.C. OR LATER AND LIVING WITH HER <input type="checkbox"/>	DOES NOT HAVE ANY CHILDREN BORN IN 1994 E.C. OR LATER AND LIVING WITH HER <input type="checkbox"/>	601																																																																																
567	Now I would like to ask you about the foods and liquids you had yesterday during the day or at night, either separately or combined with other foods or liquids. Did (YOU) eat or drink: a. Any porridge or gruel (made from grains other than teff)? b. Bread, pasta, rice, noodles, biscuits, cookies or any other food made from oats, maize, barley, wheat, sorghum, millet, or other grain? c. Any food made from teff, like injera, kita, or porridge? d. Any white potatoes, white yams, bulla, kocho, cassava, or any other foods made from roots? e. Any pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside? f. Any dark green, leafy vegetables like kale, spinach or amaranth leaves? g. Any ripe mangoes, ripe papayas? h. Any other fruits or vegetables? i. Any liver, kidney, heart or other organ meats? j. Any beef, pork, lamb, goat, rabbit [or wild game meat such as antelope or deer]? k. Any chicken, duck or other birds? l. Any eggs? m. Any fresh or dried fish or shellfish? n. Any foods made from beans, peas, lentils or pulses? o. Any nuts or seeds such as peanuts, sesame or sunflower seeds? p. Any cheese, yogurt, milk or other milk products? q. Any foods made with oil, fat, or butter? r. Any tea or coffee? s. Any sugary foods or drinks, such as pastry, cakes, chocolates, sweets or candies, sodas, fruit juices or drinks?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a	1	2	8	b	1	2	8	c	1	2	8	d	1	2	8	e	1	2	8	f	1	2	8	g	1	2	8	h	1	2	8	i	1	2	8	j	1	2	8	k	1	2	8	l	1	2	8	m	1	2	8	n	1	2	8	o	1	2	8	p	1	2	8	q	1	2	8	r	1	2	8	s	1	2	8	
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SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO MESKEREM 1992.		→ 614
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER 1 STAYING ELSEWHERE 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
607	Besides yourself, does your husband/partner have other wives or does he live with women other than his wives as if married?	YES 1 NO 2 DK 8	<input type="checkbox"/> → 610
608	How many other wives or partners does your husband live with now?	OTHER NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/> <input type="text"/> DK 98	
609	Are you the first, second, ... wife? IF Q. 608 IS DON'T KNOW: Do you know your rank? IF YES: Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
611	CHECK 610: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	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	→ 613
612	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE MESKEREM 1992. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE MESKEREM 1992.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		
613A	<p>CHECK 604: IS RESPONDENT CURRENTLY WIDOWED?</p> <p>NOT ASKED OR NOT WIDOWED <input type="checkbox"/></p>	<p>WIDOWED <input type="checkbox"/></p>	→ 613D
613B	<p>CHECK 610. MARRIED MORE THAN ONCE <input type="checkbox"/></p>	<p>MARRIED ONLY ONCE <input type="checkbox"/></p>	→ 614
613C	<p>How did your previous marriage or union end?</p>	<p>DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3</p>	→ 614
613D	<p>Who did most of your late husband's property go to?</p>	<p>RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 EQUAL SHARE WITH OTHERS 5 OTHER 6 (SPECIFY) NO PROPERTY 7</p>	→ 614
613E	<p>Did you receive any of your late husband's assets or valuables?</p>	<p>YES 1 NO 2</p>	
614	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
615	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time (if ever)?</p>	<p>NEVER HAD SEX 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 616A
616	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p>	<p>YES 1 NO 2 DON'T KNOW/UNSURE 8</p>	→ 637
616A	<p>CHECK COVER PAGE:</p> <p>HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/></p> <p>HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/></p>		
617	<p>CHECK 105: 15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		→ 622
618	<p>The <u>first</u> time you had sexual intercourse, was a condom used?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8</p>	
619	<p>How old was the person you first had sexual intercourse with?</p>	<p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 622

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
620	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	<input type="checkbox"/> → 622								
621	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3									
622	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<table border="1" data-bbox="1226 378 1323 598"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <input type="checkbox"/> → 624 <input type="checkbox"/> → 636								

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																												
623	When was the last time you had sexual intercourse with this other person?		DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS AGO ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																												
624	The last time you had sexual intercourse (with this other person), was a condom used?	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←																												
625	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2																												
626	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	SPOUSE 01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																												
627	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>														
628	CHECK 105:	15 - 24 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 25 - 49 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (SKIP TO 632) ←			15 - 24 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 25 - 49 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (SKIP TO 632) ←																										
629	How old is this person?	AGE OF PARTNER <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> (SKIP TO 632) ← DON'T KNOW 98			AGE OF PARTNER <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> (SKIP TO 632) ← DON'T KNOW 98																										
630	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW 8 (SKIP TO 632) ←																												
631	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3																												

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
632	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 635) ←
633	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
634	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 623 ← IN NEXT COLUMN) NO 2 (SKIP TO 636) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
636	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
637	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701
638	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
639	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>METHOD NOT AVAILABLE U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		713
709	Do you think you will use a contraceptive 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</p>	711
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>DIAPHRAGM/FOAM/JELLY 09</p> <p>STANDARD DAYS METHOD 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN UNION		→ 723
718	CHECK 311/311A: NEITHER CODE B, NOR NOR CODE G, NOR CODE L CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, OR G, OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER <input type="checkbox"/> STERILIZED OR NOT ASKED HE OR SHE <input type="checkbox"/> STERILIZED		→ 723
722	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?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a disease that can be transmitted through sexual contact? She knows her husband has sex with other women? She is tired or not in the mood?	YES NO DK DISEASE SEXUAL CONTACT 1 2 8 OTHER WOMEN 1 2 8 TIRED/NOT IN MOOD 1 2 8	
723A	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
723B	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 801
723C	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
723D	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
805	What was the highest grade he completed?	GRADE <input type="text"/> TECH./VOC. CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA ... 14 UNIVERSITY/COLLEGE DEGREE 15 DON'T KNOW 98	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> <input type="text"/>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 811
810A	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER 96 (SPECIFY)	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 DOES NOT WORK ON LAND 5	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 825
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER/NOT ASKED <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 917
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of the curse of God or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	↳ 910
909	What can a person do? Anything else? RECORD ALL WAYS 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 H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
910A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/>	HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/>	→ 911																
910B	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
910C	CHECK 910B: AT LEAST ONE 'YES' <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 910E																
910D	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
910E	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
910F	CHECK 215: LAST BIRTH SINCE MESKEREM 1995 <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE MESKEREM 1995 <input type="checkbox"/>	→ 9100 → 9100																
910G	CHECK 407: SEE ANYONE FOR ANTENATAL CARE DURING THAT PREGNANCY? YES, PERSON SEEN <input type="checkbox"/>	NO ONE <input type="checkbox"/>	→ 9100																
910H	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
910I	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	
910J	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 9100																
910K	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910L	<p>Where was the test done?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>VCT CENTER 13</p> <p>GOVT. HEALTH POST 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>STAND ALONE VCT CENTER 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY 21</p> <p>STAND ALONE VCT CENTER 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR 31</p> <p>STAND ALONE VCT CENTER 32</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
910M	<p>Have you been tested for the AIDS virus since that time you were tested during your pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 910P
910N	<p>When was the last time you were tested for the AIDS virus?</p>	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	→ 912A
910O	<p>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	→ 911
910P	<p>When was the last time you were tested?</p>	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	
910Q	<p>The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?</p>	<p>ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p>	
910R	<p>I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p>	
910S	<p>Where was the test done?</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>VCT CENTER 13</p> <p>GOVT. HEALTH POST 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>STAND ALONE VCT CENTER 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY 21</p> <p>STAND ALONE VCT CENTER 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR 31</p> <p>STAND ALONE VCT CENTER 32</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 912A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 912A
912	Where is that? 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 OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC A GOVT. HEALTH CENTER B VCT CENTER C GOVT. HEALTH POST D FAMILY PLANNING CLINIC E STAND ALONE VCT CENTER ... F OTHER PUBLIC _____ G (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY H STAND ALONE VCT CENTER I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR J STAND ALONE VCT CENTER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER _____ M (SPECIFY)	
912A	In the last few months have you heard or seen the following media messages on HIV/AIDS? Value your life! Stop stigma and discrimination! Harmful traditional practices expose to HIV/AIDS! Live and let live! Care and support people living with HIV/AIDS! I care, do you? Let us take care of each other! Let us fight HIV/AIDS together! Abstain from sex before marriage!	YES NO VALUE YOUR LIFE 1 2 STOP STIGMA 1 2 HARMFUL TRAD. PRACTICES ... 1 2 LIVE AND LET LIVE 1 2 CARE AND SUPPORT 1 2 I CARE DO YOU 1 2 LET US TAKE CARE 1 2 LET US FIGHT HIV/AIDS 1 2 ABSTAIN FROM SEX 1 2	
913	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
914	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
915	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	
916	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
916A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MALE SURVEY <input type="checkbox"/> ↓ HOUSEHOLD NOT SELECTED FOR MALE SURVEY <input type="checkbox"/>		→ 917
916B	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES 1 NO 2	→ 916F
916C	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916D	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2	
916E	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2	
916F	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
916G	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
916H	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
916I	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
917	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
918	CHECK 615: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1001
919	CHECK 917: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 921
920	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
921	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	CHECK 920, 921, AND 922: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1001
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1001
925	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC A GOVT. HEALTH CENTER B VCT CENTER C GOVT. HEALTH POST D FAMILY PLANNING CLINIC E STAND ALONE VCT CENTER F OTHER PUBLIC G (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY H STAND ALONE VCT CENTER I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR J STAND ALONE VCT CENTER K PHARMACY L OTHER PRIVATE MEDICAL M (SPECIFY) OTHER SOURCE DRUG VENDOR N SHOP O TRADITIONAL HEALER P OTHER X (SPECIFY)	

SECTION 10. HARMFUL TRADITIONAL PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	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	→ 1011
1002	Have you yourself ever been circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 1004
1003	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	
1004	CHECK 214 AND 216: HAS ONE <input type="checkbox"/> LIVING DAUGHTER ↓ HAS MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> ↓ HAS NO LIVING DAUGHTER <input type="checkbox"/> →		→ 1010
1005	CHECK 1004: ONE LIVING DAUGHTER <input type="checkbox"/> ↓ Has your daughter been circumcised? IF YES: RECORD '01' MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> ↓ Have any of your daughters been circumcised? IF YES: How many? RECORD NUMBER	NUMBER CIRCUMCISED ... <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED 95	→ 1010
1006	To which of your daughters did this happen (most recently)? _____ (DAUGHTER'S NAME) CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.	DAUGHTER'S LINE NUMBER FROM 212 <input type="text"/> <input type="text"/>	
1007	Was (NAME OF DAUGHTER FROM 1006) genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1008	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	
1009	Who did the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 1 TRAD. BIRTH ATTENDANT 2 OTHER TRAD. _____ 3 (SPECIFY) HEALTH PROFESSIONAL 4 DON'T KNOW 8	
1010	Do you think that this practice should be continued or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
1011	Have you ever heard of uvulectomy/tonsillectomy? IF NO PROBE: Have you ever heard of the practice in which a child may have parts of her or his uvula cut or tonsils scraped?	YES 1 NO 2	→ 1016
1012	Have you yourself ever had an uvulectomy or tonsillectomy?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	CHECK 216: HAS AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ HAS NO LIVING CHILD <input type="checkbox"/> → 1015		
1014	Have any of your children ever had an uvulectomy or tonsillectomy? IF YES: How many?	NUMBER <input type="text"/> <input type="text"/> NO CHILD 95	
1015	Do you think that this practice should be continued or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
1016	Have you ever heard of marriage by abduction? IF NO PROBE: Have you ever heard of the practice in which a girl is abducted and forced into marriage?	YES 1 NO 2 → 1021	
1016A	CHECK 601 AND 602: EVER MARRIED/ EVER IN UNION <input type="checkbox"/> ↓ NEVER MARRIED/ NEVER IN UNION <input type="checkbox"/> → 1018		
1017	Were you yourself married by abduction?	YES 1 NO 2	
1018	CHECK 214, 215 AND 216: HAS AT LEAST ONE LIVING DAUGHTER AGE 10 AND ABOVE <input type="checkbox"/> ↓ HAS NO LIVING DAUGHTER/ DAUGHTER BELOW AGE 10 <input type="checkbox"/> → 1020		
1019	Have any of your daughters ever been married by abduction? IF YES: How many?	NUMBER <input type="text"/> <input type="text"/> NO DAUGHTER 95	
1020	Do you think that this practice should be continued or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
1021	Have you ever heard of obstetric fistula (USE LOCAL TERM)? IF NO PROBE: Have you ever heard of a condition in which a woman continuously leaks urine and/or faeces following childbirth?	YES 1 NO 2 → 1101	
1022	Have you yourself experienced obstetric fistula?	YES 1 NO 2 → 1024	
1023	Have you ever been treated for obstetric fistula?	YES 1 NO 2	
1024	Are there any (other) women in your household who suffer from obstetric fistula?	YES 1 NO 2 → 1101	
1025	How many (other) women in your household suffer from obstetric fistula?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	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 you, 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"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 1114							
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2						
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	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)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>						
1109	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)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2						
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2						
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2						
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>						
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	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	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	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"/>	<input type="text"/> <input type="text"/>
1109	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 [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	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	YES ... 1 NO ... 2
1113	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"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.							
1114	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

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

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 DIAPHRAGM/FOAM/JELLY
- 9 STANDARD DAYS METHOD
- J LACTATIONAL AMENORRHEA METHOD
- K RHYTHM METHOD
- L WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOV'T HOSPITAL
- 2 GOV'T HEALTH CENTER
- 3 GOV'T HEALTH POST
- 4 GOV'T HEALTH STATION/CLINIC
- 5 CBD
- 6 OTHER PUBLIC
- 7 NON-GOV'T HEALTH FACILITY
- 8 NON-GOV'T CBD/CBRHA
- 9 OTHER NGO
- A PVT. HOSPITAL/CLINIC/DOCTOR
- B PHARMACY
- C OTHER PRIVATE MEDICAL
- D DRUG VENDOR
- E SHOP
- F FRIENDS/RELATIVES
- X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

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

COL. 4:

- MARRIAGE/UNION
- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

			1	2	3	4			
13	PAG	01					01	PAG	
12	NEH	02					02	NEH	
11	HAM	03					03	HAM	
10	SENE	04					04	SENE	
09	GEN	05					05	GEN	
1	08	MEI	06				06	MEI	1
9	07	MEG	07				07	MEG	9
9	06	YEK	08				08	YEK	9
7	05	TIRR	09				09	TIRR	7
E.	04	TAH	10				10	TAH	E.
C.	03	HID	11				11	HID	C.
	02	TIK	12				12	TIK	
	01	MES	13				13	MES	

13	PAG	14					14	PAG	
12	NEH	15					15	NEH	
11	HAM	16					16	HAM	
10	SENE	17					17	SENE	
09	GEN	18					18	GEN	
1	08	MEI	19				19	MEI	1
9	07	MEG	20				20	MEG	9
9	06	YEK	21				21	YEK	9
6	05	TIRR	22				22	TIRR	6
E.	04	TAH	23				23	TAH	E.
C.	03	HID	24				24	HID	C.
	02	TIK	25				25	TIK	
	01	MES	26				26	MES	

13	PAG	27					27	PAG	
12	NEH	28					28	NEH	
11	HAM	29					29	HAM	
10	SENE	30					30	SENE	
09	GEN	31					31	GEN	
1	08	MEI	32				32	MEI	1
9	07	MEG	33				33	MEG	9
9	06	YEK	34				34	YEK	9
5	05	TIRR	35				35	TIRR	5
E.	04	TAH	36				36	TAH	E.
C.	03	HID	37				37	HID	C.
	02	TIK	38				38	TIK	
	01	MES	39				39	MES	

13	PAG	40					40	PAG	
12	NEH	41					41	NEH	
11	HAM	42					42	HAM	
10	SENE	43					43	SENE	
09	GEN	44					44	GEN	
1	08	MEI	45				45	MEI	1
9	07	MEG	46				46	MEG	9
9	06	YEK	47				47	YEK	9
4	05	TIRR	48				48	TIRR	4
E.	04	TAH	49				49	TAH	E.
C.	03	HID	50				50	HID	C.
	02	TIK	51				51	TIK	
	01	MES	52				52	MES	

13	PAG	53					53	PAG	
12	NEH	54					54	NEH	
11	HAM	55					55	HAM	
10	SENE	56					56	SENE	
09	GEN	57					57	GEN	
1	08	MEI	58				58	MEI	1
9	07	MEG	59				59	MEG	9
9	06	YEK	60				60	YEK	9
3	05	TIRR	61				61	TIRR	3
E.	04	TAH	62				62	TAH	E.
C.	03	HID	63				63	HID	C.
	02	TIK	64				64	TIK	
	01	MES	65				65	MES	

13	PAG	66					66	PAG	
12	NEH	67					67	NEH	
11	HAM	68					68	HAM	
10	SENE	69					69	SENE	
09	GEN	70					70	GEN	
1	08	MEI	71				71	MEI	1
9	07	MEG	72				72	MEG	9
9	06	YEK	73				73	YEK	9
2	05	TIRR	74				74	TIRR	2
E.	04	TAH	75				75	TAH	E.
C.	03	HID	76				76	HID	C.
	02	TIK	77				77	TIK	
	01	MES	78				78	MES	

2005 ETHIOPIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IMPLEMENTING ORGANIZATION:
PHCCO

IDENTIFICATION																
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
TIME	_____	_____														
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT <input type="checkbox"/> LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6 TRANSLATOR USED: <input type="checkbox"/> (YES = 1, NO = 2)																
SUPERVISOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DATE _____ <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>					FIELD EDITOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DATE _____ <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>					OFFICE EDITOR <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>			KEYED BY <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 1. RESPONDENT'S BACKGROUND AND WORK STATUS

INTRODUCTION

Hello. My name is _____ and I am working with the Population and Housing Census Commission Office (PHCCO). We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="checkbox"/> HOUR <input type="checkbox"/> <input type="checkbox"/> MINUTES <input type="checkbox"/> <input type="checkbox"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> <input type="checkbox"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
106	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 110
108	What is the highest grade you completed?	GRADE <input type="checkbox"/> <input type="checkbox"/> TECH./VOC. CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA 14 UNIVERSITY/COLLEGE DEGREE OR HIGHER 15	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER 96 (SPECIFY)	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block; margin-right: 10px;"></div> _____ _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	_____ → 126	
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 DOESN'T WORK ON LAND 5	
126	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	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1230 373 1328 426"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1230 436 1328 489"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1230 640 1328 693"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" data-bbox="1230 703 1328 756"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1230 961 1328 1014"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1230 1024 1328 1077"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), do you have any other living sons or daughters <u>or</u> sons or daughters who died who are biologically your children but who are not legally yours or do not have your name? NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> → PROBE AND CORRECT 201-207 AS NECESSARY.										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1230 1339 1328 1392"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 213 HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 214										
211	Do the children you have fathered all have the same biological mother?	YES 1 NO 2	→ 213								

212	In all how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	Are you the primary care giver for any children?	YES 1 NO 2	→ 301
215	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301
216	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8	

SECTION 3. CONTRACEPTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2																	
304	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306																
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																	
306	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8																	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it Women who use contraception may become promiscuous. A woman is the one who gets pregnant so she should be the one to get sterilized.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DISAGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK		1	2	8		1	2	8		1	2	8	
	AGREE	DISAGREE	DK																
	1	2	8																
	1	2	8																
	1	2	8																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404 → 407
402	Do you currently have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
403	In addition to your wife (wives), are you currently living with any other women as if married?	YES 1 NO 2	→ 405
404	Are you living with one woman or more than one woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if you were married?	NUMBER OF LIVE-IN PARTNERS <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
405	<p>CHECK Q.402 AND Q.404</p> <p>SUM OF Q.402 AND Q.404 = 01 <input style="width:20px; height:20px;" type="text"/> ↓ Please tell me the name of your wife/partner.</p> <p>RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>		
	<p>SUM OF Q.402 AND Q.404 > 01 <input style="width:20px; height:20px;" type="text"/> ↓ Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.</p> <p>RECORD <u>EACH</u> WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE SEPARATELY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. CIRCLE THE APPROPRIATE CODE FOR WIFE OR PARTNER.</p>		
	WIFE/PARTNER NAME	LINE NUMBER IN HHOLD QUEST.	STATUS WIFE=1 PARTNER=2
			Q.405A How old was your wife/partner on her last birthday?
	1 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	2 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	3 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	4 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	5 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	6 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	7 _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	1 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	<p>CHECK 405:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p> <p>Have you ever been married to or lived together as if married with any other woman than your current wife/partner?</p> <p>Have you ever been married to or lived together as if married with any other woman in addition to those you have just mentioned?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 409</p> <p>→ 410</p>
407	Have you ever been married or lived together with a woman as if married?	<p>YES 1</p> <p>NO 2</p>	→ 412
408	What is your marital status now: are you widowed, divorced, or separated?	<p>WIDOWED 1</p> <p>DIVORCED 2</p> <p>SEPARATED 3</p>	
409	In total, how many women have you been married to or lived together with as if married in your whole life?	NUMBER <input type="text"/>	
409A	<p>CHECK 405 AND 409:</p> <p>ONLY ONE WIFE/PARTNER TOTAL IN 405 AND 409 <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER IN 405 AND/OR 409 <input type="checkbox"/></p>		→ 410A
410	In what month and year did you start living with your wife/partner?	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p>	
410A	Now I would like to ask about when you started living with your <u>first</u> wife/partner. In what month and year was that?	<p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 412
411	How old were you when you first started living with her?	AGE <input type="text"/>	
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.	NEVER 00	
	How old were you when you had sexual intercourse for the very first time (if ever)?	<p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	<p>→ 414</p> <p>→ 414</p>
413	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 443
414	<p>CHECK 105:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-59 YEARS OLD <input type="checkbox"/></p>		→ 419
415	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
419	When was the <u>last</u> time you had sexual intercourse?	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	→ 428

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																								
420	The last time you had sexual intercourse with this (second) person, was a condom used?	YES 1 NO 2 (SKIP TO 422) ←	YES 1 NO 2 (SKIP TO 422) ←																								
421	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2																								
422	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																								
423	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
424	The last time you had sexual intercourse with this (second) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 426) ←	YES 1 NO 2 (SKIP TO 426) ←																								
425	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																								
426	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO TO 427 ← IN NEXT PAGE) NO 2 (SKIP TO 428) ←																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
428	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
429	CHECK 422 ALL COLUMNS: NO PARTNERS ARE COMMERCIAL SEX WORKERS <input type="checkbox"/>	AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/> → 431 Q. 422 NOT ASKED <input type="checkbox"/> → 443	
430	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2 → 433	
431	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2 → 433	
432	Was a condom used every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
433	CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) YES <input type="checkbox"/> NO/NOT ASKED <input type="checkbox"/> → 439		
434	The last time you had intercourse you told me you used a condom. Did you or your partner obtain the condom?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	
435	What brand did you use?	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	How much did you (your partner) pay when getting the condom?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
437	How many condoms did you (your partner) get the last time?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<p>From where did you (your partner) obtain the condom the last time?</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(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO _____ I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
439	<p>CHECK 302 (02) USING MALE STERILIZATION</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 442</p>
440	<p>The last time you had sex did you (or your partner) use any method (other than the condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>→ 442</p>
441	<p>What method did you (your partner) use?</p> <p>PROBE:</p> <p>Did you use any other method to prevent pregnancy?</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>PILL C</p> <p>IUD D</p> <p>INJECTABLES E</p> <p>IMPLANTS F</p> <p>CONDOM G</p> <p>DIAPHRAGM/FOAM/JELLY H</p> <p>STANDARD DAYS METHOD I</p> <p>LACTATIONAL AMEN. METHOD J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
442	<p>CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>NO/NOT ASKED <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 447</p>
443	<p>CHECK 301 (07) KNOWS MALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>→ 447</p>
444	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 447</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
445	<p>Where is that?</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>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
446	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
447	<p>I will now read you some statements about the male condom. Please tell me if you agree or disagree with each statement.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>Condoms diminish a woman's pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>Buying condoms is embarrassing.</p>	<p>YES NO DK</p> <p>DIMINISH MAN'S PLEASURE . 1 2 8</p> <p>DIMINISH WOMAN'S PLEASURE 1 2 8</p> <p>INCONVENIENT 1 2 8</p> <p>REUSED 1 2 8</p> <p>EMBARRASING TO BUY ... 1 2 8</p>	
448	Some men are circumcised. Are you circumcised?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401 and 405: IN Q. 405 MARRIED TO OR LIVING WITH ONE WOMAN <input type="checkbox"/> IN Q. 405 MARRIED TO AND/OR LIVING WITH MORE THAN ONE WOMAN <input type="checkbox"/>	Q. 401: NOT IN UNION <input type="checkbox"/>	→ 502A → 505
502	Is your wife/partner currently pregnant?	YES 1 NO 2 UNSURE 8	
502A	IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently pregnant?		
503	CHECK 502: WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS WIFE/WIVES CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 505
504	CHECK 502: WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 202 AND 204: 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? PROBE FOR A NUMERIC RESPONSE. If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 NUMBER OTHER 96 (SPECIFY)	→ 507 → 507
506	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
507	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In a pamphlet/poster/leaflets/booklets? At a community event?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 PAMPHLET, ETC. 1 2 COMMUNITY EVENT 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	CHECK 401 and 405: IN Q. 405 MARRIED TO OR LIVING WITH ONE WOMAN <input type="checkbox"/> IN Q. 405 MARRIED TO AND/OR LIVING WITH MORE THAN ONE WOMAN <input type="checkbox"/>	Q. 401: NOT IN UNION <input type="checkbox"/>	→ 509A → 514
509	Is your wife/partner currently using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	→ 511
509A	IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently using a method of family planning?		
510	Would you say that using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY WIFE/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
511	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
512	Who decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 RESPONDENT DOESN'T BRING IN ANY MONEY 4 OTHER 6	
513	Would you say that the money that you bring into the household is more than what your wife/partner brings in, less than what she brings in, or about the same?	MORE THAN HER 1 LESS THAN HER 2 ABOUT THE SAME 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	
514	Now I would like to ask you a few questions regarding relationships between men and women. In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:		
	making large household purchases?	HUS- BAND WIFE BOTH EQUAL- LY DON'T KNOW, DEPENDS	
	making small daily household purchases?	1 2 3 8	
	deciding when to visit family, friends or relatives?	1 2 3 8	
	deciding what to do with the money she earns for her work?	1 2 3 8	
	deciding how many children to have and when to have them?	1 2 3 8	
515	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		
	If she goes out without telling him?	YES NO DK	
	If she neglects the children?	GOES OUT 1 2 8	
	If she argues with him?	NEGL. CHILDREN ... 1 2 8	
	If she refuses to have sex with him?	ARGUES 1 2 8	
	If she burns the food?	REFUSES SEX 1 2 8	
		BURNS FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She knows her husband has a sexually transmitted disease?</p> <p>She knows her husband has sex with other women?</p> <p>She is tired or not in the mood?</p>	<p style="text-align: right;">YES NO DK</p> <p>HAS STD 1 2 8</p> <p>OTHER WOMEN 1 2 8</p> <p>TIRED/NOT IN MOOD ... 1 2 8</p>	
517	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>Get angry and reprimand her?</p> <p>Refuse to give her money or other means of financial support?</p> <p>Use force and have sex with her even if she doesn't want to?</p> <p>Go and have sex with another woman?</p>	<p style="text-align: right;">DON'T KNOW, DEPENDS</p> <p>YES NO</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p>	
518	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
519	<p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>NONE 00</p>	→ 523
520	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>NONE 00</p>	→ 523
521	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC . 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>COMM. HEALTH AGENT 14</p> <p>OTHER PUBLIC 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR 31</p> <p>DENTAL CLINIC/OFFICE 32</p> <p>PHARMACY 33</p> <p>OFFICE OR HOME OF NURSE/</p> <p>HEALTH WORKER 34</p> <p>OTHER PRIVATE</p> <p>MEDICAL 36</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME 41</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	

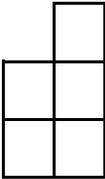
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
523	Do you currently smoke cigarettes?	YES 1 NO 2	→ 525
524	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
525	Do you currently smoke or use any other type of tobacco like gaya, shisha or suret?	YES 1 NO 2	→ 527
526	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	PIPE A CHEWING TOBACCO B SNUFF/SURET C SHISHA D GAYA E OTHER X (SPECIFY)	
527	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 601
528	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
529	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
530	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 634
602	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
603	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
604	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
606	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
607	Can people get the AIDS virus because of the curse of God or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
608	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	└─→ 610
609	What can a person do? Anything else? RECORD ALL WAYS 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 H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
611	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>DURING PREG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
612	CHECK 611: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 614																
613	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
614	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
615	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 620																
616	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
617	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
618	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
619	Where was the test done? 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 OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC 11 GOVT. HEALTH CENTER 12 VCT CENTER 13 GOVT. HEALTH POST 14 FAMILY PLANNING CLINIC 15 STAND ALONE VCT CENTER 16 OTHER PUBLIC _____ 17 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 21 STAND ALONE VCT CENTER 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR 31 STAND ALONE VCT CENTER 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 622																
620	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 622																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	<p>Where is that?</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>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC A</p> <p>GOVT. HEALTH CENTER B</p> <p>VCT CENTER C</p> <p>GOVT. HEALTH POST D</p> <p>FAMILY PLANNING CLINIC E</p> <p>STAND ALONE VCT CENTER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY H</p> <p>STAND ALONE VCT CENTER I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>STAND ALONE VCT CENTER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p>	
622	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
623	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
624	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
625	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
626	<p>Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	→ 630
627	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
628	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
629	<p>Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
642	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC . A</p> <p>GOVT. HEALTH CENTER B</p> <p>VCT CENTER C</p> <p>GOVT. HEALTH POST D</p> <p>FAMILY PLANNING CLINIC E</p> <p>STAND ALONE VCT CENTER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY H</p> <p>STAND ALONE VCT CENTER I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>STAND ALONE VCT CENTER K</p> <p>PHARMACY L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR N</p> <p>SHOP O</p> <p>TRADITIONAL HEALER P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<p>RECORD THE TIME.</p> <p>MORNING = 1</p> <p>EVENING = 2</p>	<p>MORNING/EVENING</p> <p>HOUR</p> <p>MINUTES</p> 	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____