

**CAMBODIAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH

IDENTIFICATION	
PROVINCE _____	PROVINCE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
DISTRICT _____	DISTRICT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
COMMUNE _____	COMMUNE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
VILLAGE _____	VILLAGE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	CLUSTER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
HOUSEHOLD NUMBER	HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
URBAN/RURAL (URBAN=1, RURAL=2).....	URBAN/RURAL <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
PHNOM PENH =1, SIHANOUKVILLE-BAT DAMBANG-SIEM REAB=2, OTHER URBAN =3, RURAL =4.....	RESIDENCE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

COLLECTION OF HEIGHT AND WEIGHT DATA (YES =1, NO =2)	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
ANEMIA TESTING / WOMEN'S STATUS / HOUSEHOLD RELATIONS (YES =1, NO =2)	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
IF "YES" (1) FOR HOUSEHOLD RELATIONS, RECORD THE RANDOM NUMBER.....	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

INTERVIEWER VISITS				
	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: 40px; height: 20px; vertical-align: middle;"></table> NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. 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 TEMPORARILY ABSENT 4 ENTIRE HOUSEHOLD NO LONGER EXIST, MOVED OUT PERMANENTLY 5 POSTPONED 6 REFUSED 7 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>			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> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
SUPERVISOR	FIELD EDITOR		OFF. EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
DATE _____	DATE _____			

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE	AGE	IF WOMAN IS 15-49 YEARS OLD	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	Has (NAME) ever been married?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)	(9)
			M F	YES NO	YES NO	IN YEARS	YES NO		
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	10	10

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-OR DAUGHTER IN-LAW
 05 = GRANDCHILD
 06 = PARENT

07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEPCHILD
 12 = NOT RELATED/ FRIEND/ACQUAINTANCE
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION (IF AGE 5 YEARS OR OLDER)									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	IF AGE 5-24 YEARS							Starting from primary school and including this year, in total how many years has (NAME) attended school?
		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER			Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?***			
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)		
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YEARS		
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT <input type="text"/> LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 GO TO 19	<input type="text"/>	<input type="text"/>		

** Q.10 THROUGH Q.13

*** CODES FOR Qs 15, 18 AND 20

THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE

LEVEL	PRE-PRIMARY = 0	PRIMARY= 1	LOWER SECONDARY= 2	UPPER SECONDARY= 3	HIGHER= 4	DON'T KNOW = 8
GRADE	00 =ANY GRADE	01= GRADE 1 02= GRADE 2 03= GRADE 3 04= GRADE 4 05= GRADE 5 06= GRADE 6	00= LESS THAN 1 YEAR COMPLETED 07= GRADE 7 08= GRADE 8 09= GRADE 9	10= GRADE 10 11= GRADE 11 12= GRADE 12	01= YEAR 1 02= YEAR 2 03= YEAR 3 04= YEAR 4 +	
			98= DON'T KNOW			

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF WOMAN IS 15-49 YEARS OLD	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	Has (NAME) ever been married?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)	(9)
			M F	YES NO	YES NO	IN YEARS	YES NO		
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	20	20

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
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** Q.10 THROUGH Q.13

*** CODES FOR Qs 15, 18 AND 20

THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE

LEVEL	PRE-PRIMARY = 0	PRIMARY = 1	LOWER SECONDARY = 2	UPPER SECONDARY = 3	HIGHER = 4	DON'T KNOW = 8
GRADE	00 = ANY GRADE	01= GRADE 1 02= GRADE 2 03= GRADE 3 04= GRADE 4 05= GRADE 5 06= GRADE 6	00= LESS THAN 1 YEAR COMPLETED 07= GRADE 7 08= GRADE 8 09= GRADE 9	10= GRADE 10 11= GRADE 11 12= GRADE 12	01= YEAR 1 02= YEAR 2 03= YEAR 3 04= YEAR 4 +	
			98= DON'T KNOW			

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION (IF AGE 5 YEARS OR OLDER)									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	IF AGE 5-24 YEARS							
		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER			Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?***	Starting from primary school and including this year, in total how many years has (NAME) attended school?		
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)		
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YEARS		
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ★↗ 19	<input type="text"/>	1 2 GO ↙ TO 20A	<input type="text"/>	<input type="text"/>		

TICK HERE IF CONTINUATION SHEET USED

☐

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed?
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
- 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 ☐

YES ☐ → ENTER EACH IN TABLE NO ☐

YES ☐ → ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
20B	Was any person of your household injured or killed in an accident in the past 12 months?	YES 1 NO 2				→20H
20C	What is the name of the persons injured or killed? (IF THERE ARE MORE THAN TWO PEOPLE INJURED OR KILLED, USE ADDITIONAL QUESTIONNAIRE).	20D Could you tell me in what type of accident was (NAME) injured or killed? LANDMINE/UNEXPLODED BOMB (UXO) . 01 GUN SHOT/WEAPON02 ROAD ACCIDENT03 SEVERE BURNING.....04 SNAKE/ANIMAL BITE05 FALL FROM TREE/BUILDING07 DROWNING08 POISONING (CHEMICAL)09 OTHER.....96 DON'T KNOW 98	20E Is (NAME) still alive? YES 1 NO 2 GO TO 20G←	20F IF ALIVE, RECORD THE LINE NUMBER FROM Q. 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> ↓ GO TO NEXT LINE OR Q.20H	20G IF DEAD: Was (NAME)'s death due to the accident? YES..... 1 NO..... 2	
	1 _____					
	2 _____					
20H	Is there any person who usually lives in your household who has any type of physical impairment?	YES..... 1 NO 2				→20K
20I	Please give the name of each individual who has a physical impairment WRITE NAME OF THE PERSON AND RECORD LINE NUMBER FROM Q.1 IN THE BOXES. (IF MORE THAN TWO PEOPLE WITH PHYSICAL IMPAIRMENTS, USE ADDITIONAL QUESTIONNAIRE).	20J Has (NAME) been physically impaired since birth, or was (NAME)'s impairment due to an illness or an accident? IF ACCIDENT, PROBE: What type of accident?				
	1 _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> →	FROM BIRTH 1 FROM ILLNESS 2 FROM LANDMINE/UNEXPLODED BOMB3 FROM GUN SHOT/WEAPON4 FROM TRANSPORTATION ACCIDENT5 FROM FIRE/BURNING.....6 FROM SNAKE/ANIMAL BITE7 OTHER ACCIDENT8				
	2 _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> →	FROM BIRTH 1 FROM ILLNESS 2 FROM LANDMINE/UNEXPLODED BOMB3 FROM GUN SHOT/WEAPON4 FROM TRANSPORTATION ACCIDENT5 FROM FIRE/BURNING.....6 FROM SNAKE/ANIMAL BITE7 OTHER ACCIDENT8				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																				
20K	Please tell me if any member of your household is sick, has an illness or an injury now or at any time in the last 30 days?	YES1 NO2			→21																																				
20L	Now I would like to ask you some questions about each person who is sick/injured now or at any time in the last 30 days. Could you tell me his/her/their name(s)? Then we will talk about one person at a time. ENTER THE NAME AND LINE NUMBER OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRE).																																								
20M	NAME AND LINE NUMBER FROM Q.1 AND Q.2	NAME _____ LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>			NAME _____ LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>			NAME _____ LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>																																	
20N	In your opinion, was (NAME)'s illness/injury serious, moderate, or slight?	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8																																					
20O	Was advice or treatment sought for (NAME)'s illness/injury?	YES 1 NO 2 (SKIP TO NEXT COLUMN OR TO Q.21)	YES 1 NO 2 (SKIP TO NEXT COLUMN OR TO Q.21)	YES 1 NO 2 (SKIP TO NEXT COLUMN OR TO Q.21)																																					
20P	Where was advice or treatment first sought for (NAME)'s illness/injury? IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day? IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/ NURSE", PROBE: Did the health worker/ nurse visit you or did you go to his/her office/home? CIRCLE THE APPROPRIATE CODE	PUBLIC SECTOR CENTRAL HOSP. (P.P.) .. 11 PROVINCIAL HOSPITAL. 12 DISTRICT HOSPITAL 13 HEALTH CENTER 14 KHUM CLINIC 15 HEALTH WORKER 16 OTHER PUBLIC 17 PRIVATE MEDICAL PRIV. HOSPITAL 21 PRIVATE CLINIC 22 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23 VISIT OF TRAIN. HEALTH WORKER/NURSE 24 OTHER PRIV. MED. 26 NOT MEDICAL SECTOR DEDICATED DRUG STORE 31 SHOP SELLING DRUGS/MARKET 32 KRU KHMER/MAGICIAN .33 MONK/RELIG. LEADER...34 TRADITIONAL BIRTH ATTENDANT35 OTHER 96	PUBLIC SECTOR CENTRAL HOSP. (P.P.) .. 11 PROVINCIAL HOSPITAL. 12 DISTRICT HOSPITAL 13 HEALTH CENTER 14 KHUM CLINIC 15 HEALTH WORKER 16 OTHER PUBLIC 17 PRIVATE MEDICAL PRIV. HOSPITAL 21 PRIVATE CLINIC 22 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23 VISIT OF TRAIN. HEALTH WORKER/NURSE 24 OTHER PRIV. MED. 26 NOT MEDICAL SECTOR DEDICATED DRUG STORE 31 SHOP SELLING DRUGS/MARKET 32 KRU KHMER/MAGICIAN .33 MONK/RELIG. LEADER ..34 TRADITIONAL BIRTH ATTENDANT 35 OTHER 96	PUBLIC SECTOR CENTRAL HOSP. (P.P.) .. 11 PROVINCIAL HOSPITAL. 12 DISTRICT HOSPITAL 13 HEALTH CENTER 14 KHUM CLINIC 15 HEALTH WORKER 16 OTHER PUBLIC 17 PRIVATE MEDICAL PRIV. HOSPITAL 21 PRIVATE CLINIC 22 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23 VISIT OF TRAIN. HEALTH WORKER/NURSE 24 OTHER PRIV. MED. 26 NOT MEDICAL SECTOR DEDICATED DRUG STORE 31 SHOP SELLING DRUGS/MARKET 32 KRU KHMER/MAGICIAN .33 MONK/RELIG. LEADER .. 34 TRADITIONAL BIRTH ATTENDANT 35 OTHER 96																																					
20Q	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.20P)? RECORD IN RIELS OR IN DOLLARS.	RIELS 1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> DOLLARS 2 <table border="1"><tr><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr></table> FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998							0	0	0				RIELS 1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> DOLLARS 2 <table border="1"><tr><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr></table> FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998							0	0	0				RIELS 1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> DOLLARS 2 <table border="1"><tr><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr></table> FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998							0	0	0				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
20R	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.20P)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS</p>	<p>RIELS..... 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>
20S	<p>After the first visit to (NAME OF PLACE FROM Q.20P), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>
20T	<p>For the second visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE:</p> <p>Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/NURSE", PROBE:</p> <p>Did the health worker/nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) .. 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) .. 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) ... 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>
20U	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.20T)?</p> <p>RECORD IN RIELS OR IN DOLLARS;</p>	<p>RIELS..... 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
20V	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.20T)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS</p>	<p>RIELS..... 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>
20W	<p>After the second visit to (NAME OF PLACE FROM Q.20T), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>	<p>YES 1</p> <p>NO 2 (SKIP TO NEXT COLUMN OR TO Q.20YB)</p>
20X	<p>For the third visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE:</p> <p>Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/ NURSE", PROBE:</p> <p>Did the health worker/ nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) .. 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) .. 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSP. (P.P.) .. 11</p> <p>PROVINCIAL HOSPITAL .. 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC 15</p> <p>HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL</p> <p>PRIV. HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE 23</p> <p>VISIT OF TRAIN. HEALTH WORKER/NURSE 24</p> <p>OTHER PRIV. MED. 26</p> <p>NOT MEDICAL SECTOR</p> <p>DEDICATED DRUG STORE 31</p> <p>SHOP SELLING DRUGS/MARKET 32</p> <p>KRU KHMER/MAGICIAN .. 33</p> <p>MONK/RELIG. LEADER .. 34</p> <p>TRADITIONAL BIRTH ATTENDANT 35</p> <p>OTHER 96</p>
20Y	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.20X)?</p> <p>RECORD IN RIELS OR IN DOLLARS;</p>	<p>RIELS..... 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center;"> 0 0 0 </div> <p>FREE/NO COST 0000000</p> <p>IN KIND 9999996</p> <p>DON'T KNOW 9999998</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
20YA	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.20X)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS</p>	<p>RIELS..... 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998</p>	<p>RIELS 1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>DOLLARS 2</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>FREE/NO COST 0000000 IN KIND 9999996 DON'T KNOW 9999998</p>
20YB	<p>CHECK 20Q, R, U, V, Y, AND 20YA (ALL COLUMNS):</p> <p style="text-align: center;"> MONEY WAS SPENT <input type="checkbox"/> NO EXPENSES IN CASH <input type="checkbox"/> </p> <p style="text-align: right;">→ 21</p>			
20YC	Where did the money come from to pay for transportation and treatment for the (two/three) member(s) of your household who had an illness/injury over the past 30 days?	<p>WAGES/POCKET MONEY 1 SAVINGS 2 BORROW FROM (NO INTEREST) 3 LOAN (WITH INTEREST) 4 SALE OF ASSETS 5 OTHER 6</p>		
21	During the dry season, what is the main source of drinking water for members of your household?	<p>PIPED WATER PIPED IN DWELLING/YARD/PLOT 11 → 22A PUBLIC TAP 12 FROM UNPROTECTED WELL OPEN WELL IN DWELLING/YARD 21 → 22A OPEN PUBLIC WELL 22 FROM COVERED WELL/BOREHOLE PROTECTED DUG WELL IN DWELLING/YARD/PLOT 31 → 22A PROTECTED PUBLIC DUG WELL 32 TUBED/PIPED WELL OR BORE HOLE IN DWELLING/ YARD 33 → 22A TUBED/PIPED PUBLIC WELL OR BOREHOLE 34 SURFACE WATER SPRING 41 RIVER/STREAM/ POND/LAKE/DAM .. 42 RAINWATER 51 → 22A TANKER TRUCK/WATER VENDOR 61 → 22A BOTTLED WATER 71 → 22A OTHER 96</p>		
22	How long does it take you to go there, get water, and come back?	<p>MINUTES <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div></p> <p>ON PREMISES 996</p>		
22A	During the wet season, is the main source of drinking water for members of your household the same as during the dry season?	<p>YES 1 → 23 NO 2</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
22B	During the wet season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED IN DWELLING/YARD/PLOT 11 PUBLIC TAP 12 FROM UNPROTECTED WELL OPEN WELL IN DWELLING/YARD 21 OPEN PUBLIC WELL..... 22 FROM COVERED WELL/BOREHOLE PROTECTED DUG WELL IN DWELLING/YARD/PLOT..... 31 PROTECTED PUBLIC DUG WELL 32 TUBED/PIPED WELL OR BORE HOLE IN DWELLING/ YARD 33 TUBED/PIPED PUBLIC WELL OR BOREHOLE 34 SURFACE WATER SPRING..... 41 RIVER/STREAM/ POND/LAKE/DAM .. 42 RAINWATER..... 51 TANKER TRUCK/WATER VENDOR 61 BOTTLED WATER..... 71 OTHER 96	→ 23 → 23 → 23 → 23 → 23 → 23 → 23																								
22C	How long does it take you to go there, get water, and come back?	MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> ON PREMISES 996																									
23	What kind of toilet facility do most members of your household use? IF FLUSH TOILET OR LATRINE, PROBE TO DETERMINE IF THE TOILET IS CONNECTED TO SEWER OR TO A SEPTIC TANK	FLUSH TOILET FLUSH CONNECTED TO SEWER/WITH SEPTIC TANK 11 FLUSH UNCONNECTED TO SEWER/WITHOUT SEPTIC TANK..... 12 PIT TOILET/LATRINE LATRINE CONNECTED TO SEWER/WITH SEPTIC TANK 21 TRADITIONAL PIT/LATRINE UNCONNECTED TO SEWER/WITHOUT SEPTIC TANK..... 22 NO FACILITY/FIELD 31 OTHER 96	→ 25																								
24	Do you share this facility with other households?	YES..... 1 NO 2																									
25	Does your household have: Electricity? A wardrobe? A sewing machine or loom? A radio/tape recorder? A television? A telephone/Cellular phone? A refrigerator?	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr><tr><td>WARDROBE</td><td>1</td><td>2</td></tr><tr><td>SEWING MACHINE/LOOM</td><td>1</td><td>2</td></tr><tr><td>RADIO/TAPE RECORDER.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION</td><td>1</td><td>2</td></tr><tr><td>TELEPHONE/CEL. PHONE</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr></table>		YES	NO	ELECTRICITY	1	2	WARDROBE	1	2	SEWING MACHINE/LOOM	1	2	RADIO/TAPE RECORDER.....	1	2	TELEVISION	1	2	TELEPHONE/CEL. PHONE	1	2	REFRIGERATOR.....	1	2	
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TELEVISION	1	2																									
TELEPHONE/CEL. PHONE	1	2																									
REFRIGERATOR.....	1	2																									
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY 1 LPG/NATURAL GAS..... 2 KEROSENE..... 3 CHARCOAL 4 FIREWOOD, STRAW 5 OTHER 6																									

27	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND/CLAY..... 11</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21</p> <p>BAMBOO STRIPS/THATCH/PALM.....22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>VINYL OR ASPHALT STRIPS.....32</p> <p>CERAMIC TILES/MARBLE.....33</p> <p>CEMENT 34</p> <p>HOUSE BOAT41</p> <p>OTHER96</p>																						
27A	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>PLASTIC SHEET/TENT..... 1</p> <p>THATCH/PALM/BAMBOO/BARK2</p> <p>GALVANIZED IRON/ALUMINUM3</p> <p>TILES/CEMENT/CONCRETE/</p> <p>FIBROUS CEMENT4</p> <p>OTHER 6</p>																						
28	<p>Does any member of your household own:</p> <p>A bicycle or cyclo?</p> <p>A motorcycle or moped or motor scooter?</p> <p>A car or truck or van?</p> <p>A boat with a motor?</p> <p>A boat without a motor?</p> <p>An Oxcart/ Horsecart</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE/CYCLO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK/VAN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH A MOTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT A MOTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OXCART.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/CYCLO.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK/VAN.....	1	2	BOAT WITH A MOTOR.....	1	2	BOAT WITHOUT A MOTOR.....	1	2	OXCART.....	1	2	
	YES	NO																						
BICYCLE/CYCLO.....	1	2																						
MOTORCYCLE/SCOOTER.....	1	2																						
CAR/TRUCK/VAN.....	1	2																						
BOAT WITH A MOTOR.....	1	2																						
BOAT WITHOUT A MOTOR.....	1	2																						
OXCART.....	1	2																						
29	Does your household have any bednets that can be used while sleeping?	<p>YES.....1</p> <p>NO2</p>	→ 35																					
29A	Were your bednets impregnated with insecticide during the last 12 months??	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW8</p>																						
30	<p>CHECK COLUMNS (6) AND (7):</p> <p>NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT</p> <p>NONE <input type="text"/> _____ → 35</p> <p>ONE <input type="text"/> TWO OR MORE <input type="text"/> → 32</p>																							
31	Did (NAME) sleep under a bednet last night?	<p>YES.....1</p> <p>NO2</p>	→ 35																					
32	Did all, some or none of the children under age 5 who slept in the household last night sleep under a bednet?	<p>ALL CHILDREN.....1</p> <p>SOME CHILDREN2</p> <p>NONE3</p>																						
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE AND RECORD RESULT .	<p>YES, IODINE PRESENT.....1</p> <p>NO, NO IODINE2</p> <p>NOT TESTED/NO SALT3</p>																						

**USE ONLY IF THE HOUSEHOLD RELATIONS MODULE IS SELECTED FOR AN
INDIVIDUAL IN THE HOUSEHOLD
(VERIFY COVER PAGE)**

ELIGIBLE WOMEN ARE 15-49 YEARS
OF AGE AND EVER-MARRIED

- 1- THERE IS ONLY ONE ELIGIBLE WOMAN IN THE HOUSEHOLD
On the first line of the table, write the line number of the eligible woman (see Column (8) of the Household Schedule): This woman will be interviewed for the Household Relations Module.
- 2- THERE IS MORE THAN ONE ELIGIBLE WOMAN IN THE HOUSEHOLD
In the table, write the line number of all the eligible women (see Columns (7A) and (8) of the Household Schedule), beginning with the oldest woman and ending with the youngest woman.

Check the cover page of the Questionnaire for the Random Number that was chosen for this household (this number will always be 1 or 2). If the number is 1, select the oldest woman (the first on the list); if the number is 2, select the youngest woman (the last on the list).

**Line
number of
eligible
women,
starting
with the
oldest and
ending with
the
youngest**

HEIGHT AND WEIGHT MEASUREMENT

REFER TO COVER PAGE:

YES, HEIGHT AND WEIGHT DATA ☐

NO, HEIGHT AND WEIGHT DATA ☐

→ GO TO NEXT PAGE

GO TO 36-43 TO RECORD HEIGHT AND WEIGHT DATA (THEN, CONTINUE WITH ANEMIA TESTING SECTIONS)

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.	NAME	AGE	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
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6			WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER				
LINE NO.	NAME	AGE	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
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
		YEARS	DAY. MO. YEAR			LYINGSTAND.	
<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"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49

REFER TO COVER PAGE:

YES, ANEMIA TESTING ☐

GO TO 44 FOR THE TEST

NO ANEMIA
TESTING ☐

→ END OF HOUSEHOLD QUESTIONNAIRE

CHECK COLUMN (38):	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
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49 1 2 GO TO 46 ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	YES NO/DK 1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
1 2 GO TO 46 ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
1 2 GO TO 46 ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER

	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
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2 SIGN _____ NEXT LINE ◊	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem, which results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 1995 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely 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.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

50	<p>CHECK 47 AND 48:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.**</p> </div> <div style="text-align: center;"> <p>NONE</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.</p> </div> </div>	
51	<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 or moderate anemia, which is a serious health problem. We are going to give you iron tablets as a short term treatment, however we advise you to visit a health professional in order to obtain a more long term treatment for your condition.</p> <p>GIVE THE IRON TABLETS AND REFERRAL FORM TO THE WOMAN OR PARENT/RESPONSIBLE ADULT FOR EACH PERSON WITH A HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT.</p>	

* The cutoff point is 9.9 g/dl for women and children.

** If one or more women or children are below the cutoff point, read the statement in Q. 51 to each woman who is below the cutoff point and each woman/ parent/ responsible adult for whom a child is below the cutoff point.

**CAMBODIAN DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL QUESTIONNAIRE**

NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH

IDENTIFICATION	
PROVINCE _____	PROVINCE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
DISTRICT _____	DISTRICT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
COMMUNE _____	COMMUNE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
VILLAGE _____	VILLAGE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	CLUSTER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
HOUSEHOLD NUMBER	HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
URBAN/RURAL (URBAN=1, RURAL=2).....	URBAN/RURAL <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
PHNOM PENH =1, SIHANOUKVILLE-BAT DAMBANG-SIEM REAB=2, OTHER URBAN =3, RURAL =4.....	RESIDENCE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NAME AND LINE NUMBER OF WOMAN _____	

SEE COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: IS THE WOMAN'S STATUS MODULE SCHEDULED FOR THIS HOUSEHOLD (YES=1, NO=2).....	<input style="width: 40px; height: 20px;" type="text"/>
SEE COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: IS THE HOUSEHOLD RELATIONS MODULE SCHEDULED FOR THIS HOUSEHOLD? IF NO , WRITE 2 IN THE BOX ON THE RIGHT. IF YES , CHECK THE END OF THE HOUSEHOLD QUESTIONNAIRE (35A) FOR THE SELECTION OF THE WOMAN TO BE INTERVIEWED IN THE HOUSEHOLD RELATIONS SECTION. IS THIS WOMAN SELECTED TO BE INTERVIEWED FOR THE HOUSEHOLD RELATIONS SECTION? (YES=1, NO=2)	<input style="width: 40px; height: 20px;" type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	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: 40px; height: 20px; vertical-align: middle;"></table> 2 0 NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	
RESULT*	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	
NEXT VISIT: DATE	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>		TOTAL NO. OF VISITS <input style="width: 40px; height: 20px;" type="text"/>
TIME	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>		

*RESULT CODES:

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

SUPERVISOR	FIELD EDITOR	OFF. EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
DATE _____	DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the NIS/ MOH. We are conducting a national survey about the health of women 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 between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Phnom Penh, Sihanoukville/ Bat Dambang/ Siem Reab, other town, in the countryside, or in another country?	PHNOM PENH 1 SIHANOUK/BATDAMBANG/SIEM) 2 OTHER TOWN..... 3 COUNTRYSIDE 4 OTHER COUNTRY 5	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> ALWAYS..... 95 VISITOR 96	→105
104	Just before you moved here, did you live Phnom Penh, Sihanoukville/ Bat Dambang/ Siem Reab, other town, in the countryside, or in another country?	PHNOM PENH 1 SIHANOUK/BATDAMBANG/SIEM) 2 OTHER TOWN..... 3 COUNTRYSIDE 4 OTHER COUNTRY 5	
105	In what month and year were you born? IF THE RESPONDENT DOES NOT KNOW THEIR MONTH OF BIRTH IN THE GREGORIAN CALENDAR, CIRCLE '98' FOR DON'T KNOW GREG. MONTH. IF THE RESPONDENT DOES NOT KNOW THEIR YEAR OF BIRTH IN THE GREGORIAN CALENDAR, CIRCLE '9998' FOR DON'T KNOW GREG. YEAR	GREGORIAN MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW GREG. MONTH 98 GREGORIAN YEAR..... <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> DON'T KNOW GREG. YEAR..... 9998	
106	How old were you at your last birthday? IF A GREGORIAN DATE IS RECORDED IN 105, COMPARE AGE TO DATE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF RESPONDENT DOESN'T KNOW HER AGE, ASK FOR THE KHMER DATE OF BIRTH AND WRITE THE RESPONSE BELOW. USE THE DATE CONVERSION CHART TO CALCULATE THE CORRECT AGE FOR THEIR BIRTHDATE, AND RECORD THAT IN THE BOXES ON THE RIGHT. _____ (SPECIFY KHMER MONTH AND YEAR)	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
107	Have you ever attended school?	YES..... 1 NO..... 2	→111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY 1 LOWER SECONDARY 2 LOWER SECONDARY 3 HIGHER 4	
109	What is the highest grade you completed at that level?***	GRADE <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→114
111	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 of this sentence to me?	CANNOT READ AT ALL 1 CANNOT SEE/ BLIND 2 ABLE TO READ ONLY PARTS OF SENTENCE 3 ABLE TO READ WHOLE SENTENCE 4 NO CARD WITH REQUIRED LANGUAGE 5 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '3', '4' OR '5' <input type="checkbox"/> CIRCLED CODE '1' OR '2' <input type="checkbox"/> CIRCLED		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115A	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	BUDDHIST 1 MOSLEM 2 CHRISTIAN 3 OTHER 4	

*** CODES FOR Q 109				
LEVEL	PRIMARY	LOWER SECONDARY	UPPER SECONDARY	HIGHER
GRADE	00= LESS THAN 1 YEAR COMPLETED 01= GRADE 1 02= GRADE 2 03= GRADE 3 04= GRADE 4 05= GRADE 5 06= GRADE 6 07= GRADE 7 08= GRADE 8 09= GRADE 9 10= GRADE 10 11= GRADE 11 12= GRADE 12 01= YEAR 1 02= YEAR 2 03= YEAR 3 04= YEAR 4 + 98= DON'T KNOW			

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES..... 1 NO..... 2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO..... 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES..... 1 NO..... 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO..... 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> NO BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> _____				→226						

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR THE KHMER DATE OF BIRTH AND CONVERT	Is (NAME) still alive?	How much time has passed since (NAME'S) birth? 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 much time passed between the birth and death of (NAME)? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
08	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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR THE KHMER DATE OF BIRTH AND CONVERT	Is (NAME) still alive?	How much time has passed since (NAME'S) birth? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
10	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
11	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
12	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						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>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.</p> <p><input type="text"/></p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227A	CHECK 212: NO CHILDREN <input type="checkbox"/> ONE CHILD OR MORE <input type="checkbox"/>		→ 228
227B	During this pregnancy, were you given or did you buy any iron tablets?	YES 1 NO 2 DON'T KNOW 8	→ 228
227C	During the whole pregnancy, for how many days did you take the tablets?	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
227D	Are you currently taking the tablets?	YES 1 NO 2	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 236
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 JAN. 1995 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 1995 <input type="checkbox"/>		→ 233A
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
232A	Did this pregnancy end in an induced abortion?	YES 1 NO 2	→ 233
232B	Can you tell me what procedure was used to terminate the pregnancy?	DILATION & CURETTAGE 1 ASPIRATION 2 CAESARIAN SECTION 3 TRADITIONAL METHOD 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

232C	<p>Did anyone help you to initiate the induced abortion?</p> <p>IF YES: Who helped you to initiate the abortion?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS ASSISTING</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>MIDWIFE.....B</p> <p>OTHER HEALTH WORKER.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ...D</p> <p>PHARMACIST.....E</p> <p>KRU KHMER/MAGICIAN.....F</p> <p>RELATIVE/FRIENDG</p> <p>OTHERX</p> <p>NO ONE.....Y</p>			
232D	<p>Where did the induced abortion take place?</p> <p>IF "HOSPITAL", PROBE;</p> <p>Do you mean a permanent building where health workers are present everyday?</p> <p>IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>CENTRAL HOSP. (P.P.)..... 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER 14</p> <p>KHUM CLINIC..... 15</p> <p>OTHER PUBLIC..... 16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIVATE MEDICAL..... 26</p> <p>HOME</p> <p>YOUR HOME 31</p> <p>OTHER HOME 36</p> <p>OTHER PLACE 96</p>	<p>→ 233</p>		
232E	<p>Was anyone present to help you at the time of the abortion?</p> <p>IF YES: Who was present to help you?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS ASSISTING</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>MIDWIFE.....B</p> <p>OTHER HEALTH WORKER.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ...D</p> <p>KRU KHMER/ MAGICIAN.....E</p> <p>RELATIVE/FRIENDF</p> <p>OTHER PERSON _____G (SPECIFY)</p> <p>NO ONE.....X</p>			
233	<p>Have you ever had any other pregnancies, which did not result in a live birth?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>→ 236</p>		
233A	<p>In total, how many induced abortions have you had in your lifetime?</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL NUMBER ABORTIONS.... <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>			

236	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE OR HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH/ MENSTRUAL PERIOD HAS NOT RETURNED SINCE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	
237	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 301</p>
238	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 ↘	Have you ever had an operation to avoid having any more children? YES1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES1 NO2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2 ↘	YES1 NO2
03A	MONTHLY PILL (Chinese Pill) Women can take a pill once a month to avoid becoming pregnant.	YES.....1 NO2 ↘	YES1 NO2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 ↘	YES1 NO2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 ↘	YES1 NO2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 ↘	YES1 NO2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 ↘	YES1 NO2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 ↘	YES1 NO2
09	DIAPHRAGM Women can place a diaphragm in their vagina before intercourse.	YES.....1 NO2 ↘	YES1 NO2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2 ↘	YES1 NO2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO2 ↘	YES1 NO2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 ↘	YES1 NO2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 ↘	YES1 NO2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 ↘	YES1 NO2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 (SPECIFY) _____ (SPECIFY) _____ NO2 ↘	YES..... 1 NO 2 YES..... 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: <div style="display: flex; justify-content: space-around;"> <div> NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/> </div> <div> AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/> </div> </div>		→307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO2	→328
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input style="width: 40px; border: 1px solid black;" type="text"/>	
308	CHECK 302 (01): <div style="display: flex; justify-content: space-around;"> <div> WOMAN NOT STERILIZED <input type="checkbox"/> </div> <div> WOMAN STERILIZED <input type="checkbox"/> </div> </div>		→311A
309	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> </div>		→328
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO2	→328
311	Which method are you using?	FEMALE STERILIZATION.....A MALE STERILIZATION.....B DAILY PILL.....C MONTHLY PILL.....D IUD.....E INJECTIONS.....F IMPLANTS.....G CONDOM.....H FEMALE CONDOM.....I DIAPHRAGM.....J FOAM/JELLY.....K LACT. AMEN. METHOD.....L PERIODIC ABSTINENCE.....M WITHDRAWAL.....N OTHER.....X (SPECIFY)	→313 →316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-316 ABOUT FEMALE STERILIZATION ONLY.	PUBLIC MEDICAL SECTOR CENTRAL HOSPITAL (P.P).....11 PROVINCIAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTER.....14 KHUM CLINIC.....15 OTHER PUBLIC.....16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 OTHER PRIVATE MEDICAL.....26 OTHER PLACE.....96 DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 311:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?</p> </div>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW8</p>	
316	In what month and year was the sterilization performed?	<p>MONTH <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	
316A	<p>Since what month and year have you used [FIRST METHOD LISTED IN Q.311] continuously without stopping?</p> <p>IF RESPONDENT DOES NOT KNOW GREG. YEAR, USE AGE CONVERSION CHARTS TO FIND GREG. MONTH AND YEAR.</p>	<p>DON'T KNOW MONTH98</p> <p>YEAR..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	
317	<p>CHECK 316/ 316A</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>YEAR IS 1995 OR LATER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YEAR IS 1994 OR EARLIER</p> <input type="checkbox"/> </div> </div>		→326
317A	Where did you first hear about this method?	<p>HEALTH FACILITY/WORKER.....1</p> <p>FRIEND/RELATIVE2</p> <p>RADIO/TELEVISION/NEWSPAPER3</p> <p>PUBLIC HEALTH CAMPAIGN4</p> <p>KRU KHMER/ MAGICIAN.....5</p> <p>OTHER6</p>	
317B	<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 STERILIZATION01</p> <p>MALE STERILIZATION.....02</p> <p>DAILY PILL.....03</p> <p>MONTHLY PILL04</p> <p>IUD05</p> <p>INJECTIONS.....06</p> <p>IMPLANTS07</p> <p>CONDOM08</p> <p>FEMALE CONDOM09</p> <p>DIAPHRAGM.....10</p> <p>FOAM/JELLY11</p> <p>LACTATIONAL AMEN. METHOD12</p> <p>PERIODIC ABSTINENCE.....13</p> <p>WITHDRAWAL14</p> <p>OTHER METHOD96</p>	<p>→322</p> <p>→330</p> <p>→319A</p> <p>→330</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Where did you obtain (METHOD LISTED IN Q.317B) when you started using it?	PUBLIC MEDICAL SECTOR CENTRAL HOSPITAL (P.P.)..... 11 PROVINCIAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTER..... 14 KHUM CLINIC..... 15 HEALTH WORKER 16 MIDWIFE 17 OTHER PUBLIC 18	
319A	Where did you learn to use the lactational amenorrhea method? IF "HOSPITAL", PROBE; Do you mean a permanent building where health workers are present everyday? IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? CIRCLE THE APPROPRIATE CODE.	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 21 PRIVATE CLINIC..... 22 HOME OF TRAINED HEALTH WORKER/NURSE..... 23 VISIT OF TRAINED HEALTH WORKER/NURSE..... 24 OTHER PRIVATE MEDICAL..... 26 OTHER SOURCE DEDICATED DRUG STORE..... 31 SHOP SELLING DRUGS/MARKET ... 32 KRU KHMER/ MAGICIAN 33 MONK/ RELIGIOUS LEADER..... 34 TRADITIONAL BIRTH ATTENDENT . 35 FRIEND/RELATIVE 36 OTHER 96	
320	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	DAILY PILL 03 MONTHLY PILL 04 IUD 05 INJECTIONS 06 IMPLANTS 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM..... 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12	→ 327 } → 325
322	You first obtained (METHOD LISTED IN Q.317B) from (SOURCE OF METHOD FROM 313 OR 319). At that time, were you told about side effects or problems you might have with the method?	YES..... 1 NO 2	→ 325
323	Were you told what to do if you experienced side effects or problems?	YES..... 1 NO 2	
325	CHECK 320: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ANY CODE '03'-'07' CIRCLED </div> <div style="text-align: center;"> ANY CODE '09'-'12' CIRCLED </div> </div> At that time, were you told about other methods of birth spacing which you could use?	YES..... 1 NO 2	
326	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION..... 02 DAILY PILL 03 MONTHLY PILL 04 IUD 05 INJECTIONS 06 IMPLANTS 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM..... 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 PERIODIC ABSTINENCE..... 13 WITHDRAWAL 14 OTHER METHOD 96	→ 330 → 330 → 330 → 330 → 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF "HOSPITAL", PROBE;</p> <p>Do you mean a permanent building where health workers are present everyday?</p> <p>IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>CENTRAL HOSPITAL (P.P.)..... 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTER..... 14</p> <p>KHUM CLINIC..... 15</p> <p>HEALTH WORKER 16</p> <p>MIDWIFE 17</p> <p>OTHER PUBLIC 18</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 21</p> <p>PRIVATE CLINIC..... 22</p> <p>HOME OF TRAINED HEALTH WORKER/NURSE..... 23</p> <p>VISIT OF TRAINED HEALTH WORKER/NURSE..... 24</p> <p>OTHER PRIVATE MEDICAL..... 26</p> <p>OTHER SOURCE</p> <p>DEDICATED DRUG STORE..... 31</p> <p>SHOP SELLING DRUGS/MARKET ... 32</p> <p>KRU KHMER/ MAGICIAN 33</p> <p>MONK/ RELIGIOUS LEADER..... 34</p> <p>TRADITIONAL BIRTH ATTENDENT . 35</p> <p>FRIEND/RELATIVE 36</p> <p>OTHER 96</p>	<p>→330</p>
328	<p>Do you know of a place where you can obtain a method of birth spacing?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>→330</p>
329	<p>Where is that?</p> <p>IF "HOSPITAL", PROBE;</p> <p>Do you mean a permanent building where health workers are present everyday?</p> <p>IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>CIRCLE THE APPROPRIATE CODE.</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>CENTRAL HOSPITAL (P.P.)..... A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTER..... D</p> <p>KHUM CLINIC..... E</p> <p>HEALTH WORKER F</p> <p>MIDWIFE G</p> <p>OTHER PUBLIC H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... I</p> <p>PRIVATE CLINIC..... J</p> <p>HOME OF TRAINED HEALTH WORKER/NURSE..... K</p> <p>VISIT OF TRAINED HEALTH WORKER/NURSE..... L</p> <p>OTHER PRIVATE MEDICAL..... M</p> <p>OTHER SOURCE</p> <p>DEDICATED DRUG STORE..... N</p> <p>SHOP SELLING DRUGS/MARKET O</p> <p>KRU KHMER/ MAGICIAN P</p> <p>MONK/ RELIGIOUS LEADER..... Q</p> <p>TRADITIONAL BIRTH ATTENDENT ... R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER X</p>	
330	<p>In the last 12 months, were you visited by a community based distributor, village volunteer, health center staff on outreach, or traditional birth attendant who talked to you about birth spacing?</p>	<p>YES..... 1</p> <p>NO 2</p>	
331	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>→401</p>
332	<p>Did any staff member at the health facility speak to you about birth spacing methods?</p>	<p>YES..... 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 OR LATER	<input type="checkbox"/>	NO BIRTHS IN 1995 OR LATER	<input type="checkbox"/>	→486
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL 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 BIRTH HISTORY (Q.212)	LAST BIRTH LINE NUMBER FROM Q.212		NEXT-TO-LAST BIRTH LINE NUMBER FROM Q.212	
404	FROM 212 AND 216	NAME ALIVE DEAD		NAME ALIVE DEAD	
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN1 (SKIP TO 407)..... LATER2 NOT AT ALL3 (SKIP TO 407).....		THEN1 (SKIP TO 422)..... LATER.....2 NOT AT ALL.....3 (SKIP TO 422).....	
406	How much longer would you like to have waited?	MONTHS 1 YEARS 2 DON'T KNOW998		MONTHS..... 1 YEARS 2 DON'T KNOW 998	
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANTD KRU KHMER/MAGICIANE OTHERX NO ONE.....Y (SKIP TO 415).....			
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS DON'T KNOW98			
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES DON'T KNOW98			
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE (SKIP TO 412)		MORE THAN ONCE OR DK	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98																			
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured, that means that a cuff was put around your arm and inflated? Did you give a urine sample? Did you give a blood sample?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </table>			YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BLOOD PRESSURE	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
413	Were you told about the signs of pregnancy complications?	YES..... 1 NO.....2 (SKIP TO 415)← DON'T KNOW8																			
414	Were you told where to go if you had these complications?	YES..... 1 NO.....2 DON'T KNOW8																			
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES..... 1 NO.....2 (SKIP TO 416)← DON'T KNOW8																			
415A	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW8																			
415B	CHECK 415A: NUMBER OF TIMES RECEIVED TETANUS TOXOID INJECTION.	<table border="0"> <tr> <td>ONCE OR DON'T KNOW</td> <td>MORE THAN ONCE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>↓</td> <td>↓</td> </tr> <tr> <td></td> <td>(SKIP TO 416)</td> </tr> </table>		ONCE OR DON'T KNOW	MORE THAN ONCE	<input type="text"/>	<input type="text"/>	↓	↓		(SKIP TO 416)										
ONCE OR DON'T KNOW	MORE THAN ONCE																				
<input type="text"/>	<input type="text"/>																				
↓	↓																				
	(SKIP TO 416)																				
415C	Prior to this pregnancy did you receive any other injection to prevent Tetanus?	YES..... 1 NO.....2 DON'T KNOW8																			
416	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES..... 1 NO.....2 (SKIP TO 418)← DON'T KNOW8																			
417	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 KNOW998																			
418	During this pregnancy, did you have difficulty with your vision during the daylight?	YES..... 1 NO.....2 DON'T KNOW8																			
419	During this pregnancy, did you suffer from chicken blindness?	YES..... 1 NO.....2 DON'T KNOW8																			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
420	During this pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES..... 1 NO..... 2 DON'T KNOW 8	
422	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE..... 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
423	Was (NAME) weighed at birth?	YES..... 1 NO..... 2 (SKIP TO 425)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425)← DON'T KNOW 8
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X NO ONE Y
426	Where did you give birth to (NAME)? IF "HOSPITAL", PROBE; Do you mean a permanent building where health workers are present everyday? IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME 11 (SKIP TO 427A)← OTHER HOME 12 PUBLIC SECTOR CENTRAL HOSPITAL (P.P) 21 PROVINCIAL HOSPITAL 22 DISTRICT HOSPITAL 23 HEALTH CENTER 24 KHUM CLINIC 25 OTHER PUBLIC 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL 31 PVT. CLINIC 32 OTHER PVT.MEDICAL 36 OTHER 96 (SKIP TO 427A)←	HOME YOUR HOME 11 (SKIP TO 427A)← OTHER HOME 12 PUBLIC SECTOR CENTRAL HOSPITAL (P.P) 21 PROVINCIAL HOSPITAL 22 DISTRICT HOSPITAL 23 HEALTH CENTER 24 KHUM CLINIC 25 OTHER PUBLIC 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL 31 PVT. CLINIC 32 OTHER PVT.MEDICAL 36 OTHER 96 (SKIP TO 427A)←
427	Was (NAME) delivered by caesarian section?	YES..... 1 NO..... 2	YES..... 1 NO..... 2
427A	After (NAME) was born, did you practice roasting?	YES..... 1 NO..... 2 (SKIP TO 427C)←	YES..... 1 NO..... 2 (SKIP TO 427C)←
427B	How many days did you practice roasting?	DAYS <input type="text"/>	DAYS..... <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	
427C	Did you register the birth of (NAME) with the Civil Authorities?	YES.....1 NO.....2 (SKIP TO 427E)←	YES.....1 NO.....2 (SKIP TO 427E)←	
427D	Do you have a Birth Certificate for (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	
427E	CHECK 426: PLACE OF DELIVERY.	AT HOME: CODES 11, 12 OR 96 CIRCLED, <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div><div style="text-align: center;">(SKIP TO 432)</div></div>	OTHER PLACES ALL OTHER CODES. <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div><div style="text-align: center;">(SKIP TO 434)</div></div>	
428	After (NAME) was born, did a health worker or a traditional birth attendant check on your health?	YES.....1 NO.....2 (SKIP TO 432)←	YES.....1 NO.....2	
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> WEEKS AFTER DEL 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> DON'T KNOW998		
430	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR.....1 NURSE.....2 MIDWIFE.....3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT4 KRU KHMER/MAGICIAN5 OTHER6		
431	Where did this first check take place? IF "HOSPITAL", PROBE; Do you mean a permanent building where health workers are present everyday? IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME11 OTHER HOME12 PUBLIC SECTOR PROVINCIAL HOSPITAL.....21 DISTRICT HOSPITAL22 NATIONAL HOSPITAL (P.P)23 HEALTH CENTER24 KHUM CLINIC25 OTHER PUBLIC26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL.....31 PVT. CLINIC32 OTHER PVT.MEDICAL36 OTHER96		
432	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES.....1 NO.....2		
433	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 435)← NO.....2 (SKIP TO 436)←		
434	Did your period return between the birth of (NAME) and your next pregnancy?			YES.....1 NO.....2 (SKIP TO 438)←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW98
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE (SKIP TO 438) ←	
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439) ←	
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW98
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
440A	Within the first three days after delivery before your milk began flowing regularly, was the baby given anything to drink besides breast milk? IF YES, What was given? RECORD ALL MENTIONED.	SWEET CONDENSED MILKA WATERB SUGAR OR HONEY WATER C SUGAR, SALT WATERD JUICE/COCONUT WATERE INFANT FORMULAF TEA, INFUSION G OTHER H NO, NOTHINGY	SWEET CONDENSED MILKA WATERB SUGAR OR HONEY WATER C SUGAR, SALT WATERD JUICE/COCONUT WATERE INFANT FORMULAF TEA, INFUSION G OTHER H NO, NOTHINGY
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) ←
442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445) ← NO 2	YES 1 (SKIP TO 445) ← NO 2
443	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW98
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 447) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 451)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
445	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>
446	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>
447	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448	How many times did (NAME) eat solid, semi-solid or soft food other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> (SKIP TO 450) ← DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
449	<p>Now I would like to ask you about the liquids [NAME] drank over the last seven days, including yesterday.</p> <p>How many days during the last seven days did [NAME] drink each of the following liquids ?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many times yesterday during the day or at night was [NAME] given [ITEM]?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or sweetened condensed milk?</p> <p>d Fruit juice such as coconut juice?</p> <p>e Any other liquids such as sugar water, tea, carbonated drinks, or soup broth?</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>		
449A	<p>Now I would like to ask you about the types of foods other than liquids [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during the last seven days did [NAME] eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many times yesterday during the day or at night was [NAME] given [ITEM]?</p> <p>f Rice, rice flour, maize, bread, wheat, cakes, porridge, or noodles,?</p> <p>g Pumpkin, red or yellow yams or squash, carrots, or orange sweet potatoes?</p> <p>h Any other food made from roots or tubers such as white potatoes, taro, white or purple yams, cassava, or daikon?</p> <p>i Any green leafy vegetables such as morning glory, basil, amaranth, mustard greens?</p> <p>j Ripe mango, ripe papaya, jackfruit, or durian?</p> <p>k Any other fruits and vegetables such as bananas, green beans, tomatoes, watermelon, pineapple?</p> <p>l Red meats, poultry, fish, shellfish, snake, snails, frog, rat, or insects?</p> <p>m Liver, tripe, kidneys, and other organ meats, or eggs?</p> <p>n Any food made from legumes such as beans, mung beans, soybeans, tofu or nuts?</p> <p>o Any food made with oil, fat, or coconut milk?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p> <p>k <input type="text"/></p> <p>l <input type="text"/></p> <p>m <input type="text"/></p> <p>n <input type="text"/></p> <p>o <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p> <p>k <input type="text"/></p> <p>l <input type="text"/></p> <p>m <input type="text"/></p> <p>n <input type="text"/></p> <p>o <input type="text"/></p>		

SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																	
452	LINE NUMBER FROM 212			LAST BIRTH LINE NUMBER.....			NEXT-TO-LAST BIRTH LINE NUMBER																																																																																																																											
453	FROM 212 AND 216			NAME			NAME																																																																																																																											
				ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO TO 453 IN NEXT COLUMN ;OR, IF NO MORE BIRTHS, GO TO 485)			ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO TO 453 IN LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 485)																																																																																																																											
454	Did (NAME) receive a Vitamin A dose like this during the last 6 months? SHOW CAPSULE..			YES..... 1 NO..... 2 DON'T KNOW 8			YES..... 1 NO..... 2 DON'T KNOW 8																																																																																																																											
455	Do you have a yellow card where (NAME'S) vaccinations are written down? IF YES: May I see it please?			YES, SEEN..... 1 (SKIP TO 457)◀..... 1 YES, NOT SEEN 2 (SKIP TO 459)◀..... 2 NO CARD 3			YES, SEEN..... 1 (SKIP TO 457)◀..... 1 YES, NOT SEEN 2 (SKIP TO 459)◀..... 2 NO CARD 3																																																																																																																											
456	Did you ever have a yellow vaccination card for (NAME)?			YES..... 1 (SKIP TO 459)◀..... 1 NO..... 2			YES..... 1 (SKIP TO 459)◀..... 1 NO..... 2																																																																																																																											
457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE YELLOW CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.			DAY MONTH YEAR BCG.. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr></table>									P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A						DAY MONTH YEAR BCG.. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr></table>									P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A						
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S) AND/OR VITAMIN A.	YES..... 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) _____ (SKIP TO 463) ← NO..... 2 (SKIP TO 463) ← DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) _____ (SKIP TO 463) ← NO..... 2 (SKIP TO 463) ← DON'T KNOW 8
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES..... 1 NO..... 2 (SKIP TO 463) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 463) ← DON'T KNOW 8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that usually causes a scar?	YES..... 1 NO..... 2 DON'T KNOW 8	YES..... 1 NO..... 2 DON'T KNOW 8
460B	Polio vaccine, that is, drops in the mouth?	YES..... 1 NO..... 2 (SKIP TO 460E) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 460E) ← DON'T KNOW 8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH..... 1 LATER 2	JUST AFTER BIRTH..... 1 LATER 2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460E	DPT vaccination, that is, an injection given in the right arm, sometimes at the same time as polio drops?	YES..... 1 NO..... 2 (SKIP TO 460G) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 460G) ← DON'T KNOW 8
460F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460G	An injection usually given in the right thigh to prevent measles?	YES..... 1 NO..... 2 DON'T KNOW 8	YES..... 1 NO..... 2 DON'T KNOW 8
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 DON'T KNOW 8	YES..... 1 NO..... 2 DON'T KNOW 8
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 466) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 466) ← DON'T KNOW 8
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES..... 1 NO..... 2 DON'T KNOW 8	YES..... 1 NO..... 2 DON'T KNOW 8
466	CHECK 463 AND 464: FEVER OR COUGH?	'YES' IN 463 OR "NO" OR "DK" IN 464 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 472A)	'YES' IN 463 OR "NO" OR "DK" IN 464 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 472A)
467	Did you seek advice or treatment for the fever/cough?	YES..... 1 NO..... 2 (SKIP TO 469) ←	YES..... 1 NO..... 2 (SKIP TO 469) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	<p>Where did you first seek advice or treatment?*</p> <p>RECORD CODE FOR FIRST LOCATION.</p> <p>After the first visit to (NAME OF FIRST LOCATION), did you return to this place or did you seek advice or treatment anywhere else?</p> <p>IF "NO" GO TO Q. 469. IF "YES"; For the second visit, where did you seek advice or treatment? *</p> <p>RECORD CODE FOR SECOND LOCATION.</p> <p>After the second visit to (NAME OF SECOND LOCATION), did you return to this place or did you seek advice or treatment anywhere else?</p> <p>IF "NO" GO TO Q. 469. IF "YES"; For the third visit, where did you next seek advice or treatment? *</p> <p>RECORD CODE FOR THIRD LOCATION.</p>	<p>FIRST LOCATION..... <input type="text"/> <input type="text"/></p> <p>SECOND LOCATION..... <input type="text"/> <input type="text"/></p> <p>THIRD LOCATION <input type="text"/> <input type="text"/></p> <p>IF NO TREATMENT AT THE SECOND AND/OR THIRD LOCATION (S), RECORD '00' IN THE BOXES.</p>	<p>FIRST LOCATION..... <input type="text"/> <input type="text"/></p> <p>SECOND LOCATION..... <input type="text"/> <input type="text"/></p> <p>THIRD LOCATION <input type="text"/> <input type="text"/></p> <p>IF NO TREATMENT AT THE SECOND AND/OR THIRD LOCATION (S), RECORD '00' IN THE BOXES.</p>
469	<p>CHECK 463:</p> <p>HAD FEVER?</p>	<p>'YES' IN 463 <input type="checkbox"/></p> <p>'NO'/'DK' IN 463 <input type="checkbox"/></p> <p>(SKIP TO 472A)</p>	<p>'YES' IN 463 <input type="checkbox"/></p> <p>'NO'/'DK' IN 463 <input type="checkbox"/></p> <p>(SKIP TO 472A)</p>
470	<p>Did (NAME) take any drugs for the fever?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 472A) ←</p> <p>DON'T KNOW 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 472A) ←</p> <p>DON'T KNOW 8</p>
471A	<p>Was (NAME) given anything to treat the fever?</p> <p>IF 'YES'; What was given to treat the fever?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL OR SYRUPA</p> <p>INJECTION.....B</p> <p>(I.V.) INTRAVENOUS.....C</p> <p>HOME REMEDIES/ HERBAL MEDICINES.....D</p> <p>OTHER X</p> <p>NOTHINGY</p>	<p>PILL OR SYRUPA</p> <p>INJECTION.....B</p> <p>(I.V.) INTRAVENOUS.....C</p> <p>HOME REMEDIES/ HERBAL MEDICINES.....D</p> <p>OTHER X</p> <p>NOTHINGY</p>
472A	<p>Has (NAME) had watery diarrhea in the last 2 weeks?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 8</p>
472B	<p>Has (NAME) had diarrhea with blood in the last 2 weeks?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 8</p>

* CODES FOR Q 468

PUBLIC SECTOR

11 = CENTRAL HOSPITAL (P.P.)
 12 = PROVINCIAL HOSPITAL
 13 = DISTRICT HOSPITAL
 14 = HEALTH CENTER
 15 = KHUM CLINIC
 16 = HEALTH WORKER
 17 = OTHER PUBLIC

PRIVATE MEDICAL SECTOR

21 = PRIVATE HOSPITAL
 22 = PRIVATE CLINIC
 23 = HOME OF TRAINED HEALTH WORKER/NURSE
 24 = VISIT OF TRAINED HEALTH WORKER/NURSE
 26 = OTHER PRIVATE MEDICAL

NOT MEDICAL SECTOR

31 = DEDICATED DRUG STORE
 32 = SHOP SELLING DRUGS/MARKET
 33 = KRU KHMER/MAGICIAN
 34 = MONK/RELIG. LEADER
 35 = TRAD. BIRTH ATTENDANT
 96 = OTHER

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
472C	CHECK 472A AND 472B: HAD DIARRHEA?	'YES' IN 472A AND/OR 472B <input type="checkbox"/> ↓ (SKIP TO 480)	'YES' IN 472A AND/OR 472B <input type="checkbox"/> ↓ (SKIP TO 480)
473	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS..... 1 ABOUT THE SAME..... 2 MORE..... 3 NOTHING TO DRINK..... 4 DON'T KNOW..... 8	LESS..... 1 ABOUT THE SAME..... 2 MORE..... 3 NOTHING TO DRINK..... 4 DON'T KNOW..... 8
474	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?	LESS..... 1 ABOUT THE SAME..... 2 MORE..... 3 STOPPED FOOD..... 4 NEVER GAVE FOOD..... 5 DON'T KNOW..... 8	LESS..... 1 ABOUT THE SAME..... 2 MORE..... 3 STOPPED FOOD..... 4 NEVER GAVE FOOD..... 5 DON'T KNOW..... 8
475	Was he/she given any of the following to drink: a A fluid made from a special packet called 'ORALYTE'?	YES NO DK FLUID FROM ORS PKT..... 1 2 8	YES NO DK FLUID FROM ORS PKT..... 1 2 8
	b A recommended home-made fluid prepared with water, salt, and sugar?	HOME-MADE FLUID..... 1 2 8	HOME-MADE FLUID..... 1 2 8
	c A home-made fluid prepared with rice water?	RICE WATER..... 1 2 8	RICE WATER..... 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES..... 1 NO..... 2 (SKIP TO 478) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 478) ← DON'T KNOW..... 8
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES OR COCONUT JUICE..... D OTHER..... X	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES OR COCONUT JUICE..... D OTHER..... X
478	Did you seek advice or treatment for the diarrhea?	YES..... 1 NO..... 2 (SKIP TO 480) ←	YES..... 1 NO..... 2 (SKIP TO 480) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
479	<p>Where did you first seek advice or treatment?*</p> <p>RECORD CODE FOR FIRST LOCATION.</p> <p>After the first visit to (NAME OF FIRST LOCATION), did you return to this place or did you seek advice or treatment anywhere else?</p> <p>IF "NO" GO TO Q. 480. IF "YES"; For the second visit, where did you seek advice or treatment? *</p> <p>RECORD CODE FOR SECOND LOCATION.</p> <p>After the second visit to (NAME OF SECOND LOCATION), did you return to this place or did you seek advice or treatment anywhere else?</p> <p>IF "NO" GO TO Q. 480. IF "YES"; For the third visit, where did you next seek advice or treatment? *</p> <p>RECORD CODE FOR THIRD LOCATION.</p>	<p>FIRST LOCATION..... <input type="text"/></p> <p>SECOND LOCATION..... <input type="text"/></p> <p>THIRD LOCATION <input type="text"/></p> <p>IF NO TREATMENT AT THE SECOND AND/OR THIRD LOCATION (S), RECORD '00' IN THE BOXES.</p>	<p>FIRST LOCATION..... <input type="text"/></p> <p>SECOND LOCATION..... <input type="text"/></p> <p>THIRD LOCATION <input type="text"/></p> <p>IF NO TREATMENT AT THE SECOND AND/OR THIRD LOCATION (S), RECORD '00' IN THE BOXES.</p>
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 485.	GO BACK TO 453 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 485.

* CODES FOR Q 479

PUBLIC SECTOR

11 = CENTRAL HOSPITAL (P.P.)
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 35 = TRAD. BIRTH ATTENDANT
 96 = OTHER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																											
485	CHECK 475a, ALL COLUMNS: <div> NOT ASKED OR NO CHILD RECEIVED FLUID FROM ORS PACKET <div><input type="checkbox"/></div> </div> <div> ANY CHILD RECEIVED FLUID FROM ORS PACKET <div><input type="checkbox"/></div> </div>			→487																											
486	Have you ever heard of a special product called "ORALYTE" you can get for the treatment of diarrhea?	YES.....1 NO2																													
487	CHECK 218: <div> HAS ONE OR MORE CHILDREN LIVING WITH HER <div><input type="checkbox"/></div> </div> <div> HAS NO CHILDREN LIVING WITH HER <div><input type="checkbox"/></div> </div>			→489																											
488	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment?	YES.....1 NO2 DEPENDS3 CHILD NEVER SICK4		→489																											
488A	If (your child/ one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES.....1 NO2 DEPENDS3																													
489	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 problem or not?	<table border="1"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr><td>a) Does not know where to go.</td><td>a) 1</td><td>2</td></tr> <tr><td>b) Getting permission to go.</td><td>b) 1</td><td>2</td></tr> <tr><td>c) Getting money needed for treatment.</td><td>c) 1</td><td>2</td></tr> <tr><td>d) The distance to health facility.</td><td>d) 1</td><td>2</td></tr> <tr><td>e) Having to take transport.</td><td>e) 1</td><td>2</td></tr> <tr><td>f) Not wanting to go alone.</td><td>f) 1</td><td>2</td></tr> <tr><td>g) There may not be a female health provider.</td><td>g) 1</td><td>2</td></tr> <tr><td>h) Not wanting to leave house or child(ren) alone.</td><td>h) 1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) Does not know where to go.	a) 1	2	b) Getting permission to go.	b) 1	2	c) Getting money needed for treatment.	c) 1	2	d) The distance to health facility.	d) 1	2	e) Having to take transport.	e) 1	2	f) Not wanting to go alone.	f) 1	2	g) There may not be a female health provider.	g) 1	2	h) Not wanting to leave house or child(ren) alone.	h) 1	2		
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h) Not wanting to leave house or child(ren) alone.	h) 1	2																													
490	Did you sleep under a bednet last night?	YES.....1 NO2																													
491	Do you currently use cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL MENTIONED.	YES, CIGARETTESA YES, PIPEB YES, SMOKE OTHER TOBACCOC YES, CHEW TOBACCOD NOY		→493A																											
492	CHECK 491: <div> CODE "A" CIRCLED <div><input type="checkbox"/></div> </div> <div> CODE "A" NOT CIRCLED <div><input type="checkbox"/></div> </div>			→493A																											
493	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES .. <div><input type="text"/></div> <div><input type="text"/></div>																													
493A	Do you currently chew Betel Nut?	YES.....1 NO2																													

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 2	→505
502	Have you ever been married?	YES, FORMERLY MARRIED 1 NO 3	→514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→507
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO.	
507	Have you been married only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
508	CHECK 507: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MARRIED ONLY ONCE ↓ In what month and year did you start living with your husband? </div> <div style="text-align: center;"> MARRIED MORE THAN ONCE ↓ Now we will talk about your first husband. In what month and year did you start living with him? </div> </div>	MONTH DON'T KNOW MONTH98 YEAR..... DON'T KNOW YEAR9998	→514
509	How many years passed since your birth when you started living with him?	AGE IN COMPLETED YEARS ...	
514	Now I need to ask you some questions about sexual activity. I realize that these questions are sensitive, but I need to ask so that we can have a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER00 AGE IN COMPLETED YEARS ... FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND96	→524
515	When was the last 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	→524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→517
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/ FEELS PARTNER HAS OTHER PARTNER 4 PARTNER REQUESTED/INSISTED 5 OTHER 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF WOMAN IS 'GIRLFRIEND' OR 'FIANCÉE', ASK:</p> <p>Was your boyfriend/fiancé living with you when you last had sex with him ?</p> <p>IF YES RECORD '1'. IF NO RECORD '2'.</p>	<p>SPOUSE..... 1</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE 2</p> <p>OTHER FRIEND..... 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>RELATIVE 5</p> <p>PROSTITUTE..... 6</p> <p>OTHER 7</p>	→519
518	<p>For how long have you had sexual relations with this man?</p> <p>IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS 1</p> <p>WEEKS..... 2</p> <p>MONTHS 3</p> <p>YEARS..... 4</p>	
519	<p>Have you had sexual intercourse with any other man in the last 12 months?</p>	<p>YES 1</p> <p>NO..... 2</p>	→524
520	<p>The last time you had sexual intercourse with another man, was a condom used?</p>	<p>YES 1</p> <p>NO..... 2</p>	
521	<p>What is your relationship to this man with whom you had sex?</p> <p>IF WOMAN IS 'GIRLFRIEND' OR 'FIANCÉE', ASK:</p> <p>Was your boyfriend/fiancé living with you when you last had sex with him ?</p> <p>IF YES RECORD '1'. IF NO RECORD '2'.</p>	<p>SPOUSE..... 1</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE 2</p> <p>OTHER FRIEND..... 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>RELATIVE 5</p> <p>PROSTITUTE..... 6</p> <p>OTHER 7</p>	→523
522	<p>For how long have you had sexual relations with this man?</p> <p>IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS 1</p> <p>WEEKS..... 2</p> <p>MONTHS 3</p> <p>YEARS..... 4</p>	
523	<p>In total, with how many different men have you had sex in the last 12 months?</p>	<p>NUMBER OF PARTNERS.....</p>	
524	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO..... 2</p>	→601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?</p> <p>IF "HOSPITAL", PROBE;</p> <p>Do you mean a permanent building where health workers are present everyday?</p> <p>IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>CIRCLE THE APPROPRIATE CODE.</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>CENTRAL HOSPITAL (P.P.) A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTER D</p> <p>KHUM CLINIC E</p> <p>HEALTH WORKER F</p> <p>MIDWIFE G</p> <p>OTHER PUBLIC H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>HOME OF TRAINED HEALTH WORKER/NURSE K</p> <p>VISIT OF TRAINED HEALTH WORKER/NURSE L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>OTHER SOURCE</p> <p>DEDICATED DRUG STORE N</p> <p>SHOP SELLING DRUGS/MARKET O</p> <p>KRU KHMER/ MAGICIAN P</p> <p>MONK/ RELIGIOUS LEADER Q</p> <p>TRADITIONAL BIRTH ATTENDENT R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER X</p>	
526	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→614
602	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> </div> <div style="width: 45%;"> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT 4</p> <p>UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5</p> </div> <div> <p>→604</p> <p>→614</p> <p>→610</p> <p>→608</p> </div> </div>	
603	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div style="width: 45%;"> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>MONTHS 1</p> <p>YEARS 2</p> <p>SOON/ NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE 995</p> <p>OTHER 996</p> <p>DON'T KNOW 998</p> </div> <div> <p>→609</p> <p>→614</p> <p>→609</p> </div> </div>	
604	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div>		→610
605	CHECK 310: USING A METHOD? <div style="display: flex; justify-content: space-around;"> <div>NOT ASKED <input type="checkbox"/></div> <div>NO, NOT CURRENTLY USING <input type="checkbox"/></div> <div>YES, CURRENTLY USING <input type="checkbox"/></div> </div>		→608
606	CHECK 603: <div style="display: flex; justify-content: space-around;"> <div>NOT ASKED <input type="checkbox"/></div> <div>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></div> <div>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></div> </div>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>▼</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>▼</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> </div> </div> <p>RECORD ALL MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4</p>	
609	<p>CHECK 310: USING A METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED <input type="checkbox"/></p> <p>▼</p> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>▼</p> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>_____</p> </div> </div>		→ 614
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 612
611	Which method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>DAILY PILL 03</p> <p>MONTHLY PILL 04</p> <p>IUD 05</p> <p>INJECTIONS 06</p> <p>IMPLANTS 07</p> <p>CONDOM 08</p> <p>FEMALE CONDOM 09</p> <p>DIAPHRAGM 10</p> <p>FOAM/JELLY 11</p> <p>LACT. AMEN. METHOD 12</p> <p>PERIODIC ABSTINENCE 13</p> <p>WITHDRAWAL 14</p> <p>OTHER 96</p> <p>UNSURE 98</p>	→ 614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX..... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/ PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 DON'T KNOW 98	→614
613	Would you ever use a method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> PROBE FOR A NUMERIC RESPONSE.	NUMBER <input style="width: 40px;" type="text"/> OTHER 96 (SPECIFY)	→616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> NUMBER <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> OTHER 96 (SPECIFY)	
616	Would you say that you <u>approve</u> or <u>disapprove</u> of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE..... 3	
617	In the last few months have you seen or heard about birth spacing: <div style="margin-left: 40px;"> On the radio? On the television? In a newspaper or magazine? Poster, billboard or leaflet? </div>	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> YES NO </div> RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER, BILLBOARD OR LEAFLET.....1 2	
619	In the last few months, have you discussed the practice of birth spacing with your friends, neighbors, or relatives?	YES 1 NO 2	→621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S) D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>SON G</p> <p>MOTHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS I</p> <p>OTHER X</p>	
621	<p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p>		→701
621A	<p>CHECK 311/311A:</p> <p>ANY CODE CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p>		→622
621B	<p>You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?</p>	<p>MAINLY RESPONDENT 1</p> <p>MAINLY HUSBAND 2</p> <p>JOINT DECISION 3</p> <p>OTHER 6</p>	
622	<p>Now I want to ask you about your husband's views on birth spacing.</p> <p>Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p>	
623	<p>How often have you talked to your husband about birth spacing in the past year?</p>	<p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p>	
623A	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		→701
624	<p>Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: <div style="display: flex; justify-content: space-between;"> <div> YES IN 501 CURRENTLY MARRIED <input type="checkbox"/> </div> <div> YES IN 502 WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/> </div> <div> NO IN 502 NEVER MARRIED <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>→ 703</div> <div>→ 707</div> </div>	
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband ever attend school?	YES 1 NO 2	→ 706
704	What was the highest level of school he attended: primary, secondary, or higher? ¹	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 706
705	What was the highest grade he completed at that level?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> What is your husband's occupation? What was your (last) husband's occupation? That is, what kind of work does he mainly do? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
706A	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED OR SEPARATED <input type="checkbox"/>	→ 707	
706B	CHECK 505: HUSBAND LIVING WITH HER <input type="checkbox"/> HUSBAND STAYING ELSEWHERE <input type="checkbox"/>	→ 707	
706C	Over the past twelve months, has your husband ever lived away from home for work?	YES 1 NO 2	→ 707
706D	Over the past twelve months, how many times did he live away from home for work?	NUMBER OF TIMES <input type="text"/>	
706E	Is he living away from home at present?	YES 1 NO 2	
706F	CHECK 706C: YES, STILL AWAY <input type="checkbox"/> NO, LIVING AT HOME <input type="checkbox"/> How long has he been living away from home? The last time that he lived away from home, how long was he away?	MONTHS <input type="text"/> <input type="text"/> IF LESS THAN ONE MONTH, RECORD '00'.	

*** CODES FOR Q 705

LEVEL	PRIMARY	LOWER SECONDARY	UPPER SECONDARY	HIGHER
GRADE	00= LESS THAN 1 YEAR COMPLETED <div style="display: flex; justify-content: space-between;"> <div> 01= GRADE 1 02= GRADE 2 03= GRADE 3 04= GRADE 4 05= GRADE 5 06= GRADE 6 </div> <div> 07= GRADE 7 08= GRADE 8 09= GRADE 9 </div> <div> 10= GRADE 10 11= GRADE 11 12= GRADE 12 </div> <div> 01= YEAR 1 02= YEAR 2 03= YEAR 3 04= YEAR 4 + </div> </div>			
	98= DON'T KNOW			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706G	<p>CHECK 706E:</p> <p>YES, STILL AWAY <input type="checkbox"/> NO, LIVING AT HOME <input type="checkbox"/></p> <p>Where is he living, now, in Phnom Penh, another town, the countryside, or outside Cambodia? The last time that he lived away from home, where did he live, in Phnom Penh, another town, the countryside, or outside Cambodia?</p>	<p>PHNOM PENH.....1</p> <p>OTHER TOWN.....2</p> <p>COUNTRYSIDE.....3</p> <p>OUTSIDE CAMBODIA.....4</p> <p>DON'T KNOW.....8</p>	
707	Aside from your own housework, are you currently working?	<p>YES.....1</p> <p>NO.....2</p>	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	<p>YES.....1</p> <p>NO.....2</p>	→710
709	Have you done any work in the last 12 months?	<p>YES.....1</p> <p>NO.....2</p>	→801
710	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→713
712	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?	<p>OWN LAND.....1</p> <p>FAMILY LAND.....2</p> <p>RENTED LAND.....3</p> <p>SOMEONE ELSE'S LAND.....4</p>	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER.....1</p> <p>FOR SOMEONE ELSE.....2</p> <p>SELF-EMPLOYED.....3</p>	
714	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR.....1</p> <p>SEASONALLY/PART OF THE YEAR.....2</p> <p>ONCE IN A WHILE.....3</p>	
715	Are you earning money or paid in cash or kind for this work or are you not paid at all?	<p>CASH ONLY.....1</p> <p>CASH AND KIND.....2</p> <p>IN KIND ONLY.....3</p> <p>NOT PAID.....4</p>	↙718
716	Who mainly decides how the money you earn will be used?	<p>RESPONDENT.....1</p> <p>HUSBAND.....2</p> <p>RESPONDENT AND HUSBAND JOINTLY.....3</p> <p>SOMEONE ELSE.....4</p> <p>RESPONDENT AND SOMEONE ELSE JOINTLY.....5</p>	
717	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or almost all?	<p>NONE, ALMOST NONE.....1</p> <p>LESS THAN HALF.....2</p> <p>ABOUT HALF.....3</p> <p>MORE THAN HALF.....4</p> <p>ALL, ALMOST ALL.....5</p>	
718	Do you usually work at home or away from home?	<p>HOME.....1</p> <p>AWAY.....2</p>	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↓→809
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL PRACTITIONER M AVOID SHARING RAZORS, BLADES N AVOID MANICURE OR PEDICURE O OTHER X (SPECIFY) DON'T KNOW Z	
804	Can people protect themselves from getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people protect themselves from getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people protect themselves from getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↓→814
813A	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... a) During pregnancy? b) During delivery? c) During breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 DURING BREASTFEED 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→815A
815	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband)?	YES 1 NO 2	
815A	In your opinion, is it acceptable or unacceptable for AIDS information to be discussed or shown : a) on the radio? b) on the TV? c) In newspapers? d) On posters, or billboards?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2 POSTERS 1 2	
815B	In your opinion, is it acceptable or unacceptable for AIDS to be discussed in : a) Primary schools? b) Secondary schools? c) Work place? d) Temples, pagodas? e) Health facility? f) Community setting?	ACCEPT- NOT ABLE ACCEPT- ABLE PRIMARY SCHOOL 1 2 SECONDARY SCH. 1 2 WORK PLACE 1 2 TEMPLE 1 2 HEALTH FACILITY 1 2 COMMUNITY 1 2	
816	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
817	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	
817A	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK 2 DK/NOT SURE/DEPENDS 8	
817B	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817C	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→817FX
817D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
817E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817F	Where can you go for the test?	PUBLIC MEDICAL SECTOR CENTRAL HOSPITAL (P.P) A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C HEALTH CENTER D KHUM CLINIC E OTHER PUBLIC F	
817FX	Where did you go for the test? IF "HOSPITAL", PROBE; Do you mean a permanent building where health workers are present everyday? IF "YES"; Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? CIRCLE THE APPROPRIATE CODE. Any other place? RECORD ALL MENTIONED.	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL I OTHER SOURCE DEDICATED DRUG STORE J SHOP SELLING DRUGS/MARKET K OTHER PLACE X	
818	Apart from AIDS, have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→820BA
819	In a man, what signs and symptoms would lead you to think that he has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE K SKIN INFECTION L OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
820	In a woman, what signs and symptoms would lead you to think that she has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J HARD TO GET PREGNANT/ HAVE A CHILD K SKIN INFECTION L INFERTILITY M PROBLEM WITH PREGNANCY N OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
820A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→901
820B	During the last 12 months, have you had a sexually-transmitted disease (STD)?	YES 1 NO 2 DON'T KNOW 8	→820D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
820B A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→901															
820D	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																
820E	CHECK 820B/820D: HAS HAD A STD OR GENITAL SORE/ULCER <input type="checkbox"/> HAS NOT HAD A STD OR GENITAL SORE/ULCER OR DOES NOT KNOW <input type="checkbox"/>		→901															
820F	The last time you had (INFECTION FROM 820B/820D), did you seek any kind of advice or treatment?	YES 1 NO 2																
820H	When you had (INFECTION FROM 820B/820D), did you inform the person(s) with whom you were having sexual intercourse?	YES 1 NO 2 SOME/ NOT ALL 3																
820I	When you had (INFECTION FROM 820B/820D) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	1→901															
820J	What did you do to avoid infecting your partner(s)? Did you.... a) Stop having sex? b) Use a condom when having sex? b) Take medicine? d) Do anything else?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>STOP SEXUAL ACTIVITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKE MEDICINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANYTHING ELSE</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <div style="border-bottom: 1px solid black; width: 100%;"></div> (SPECIFY)		YES	NO	STOP SEXUAL ACTIVITY.....	1	2	USE CONDOM.....	1	2	TAKE MEDICINE.....	1	2	ANYTHING ELSE	1	2	
	YES	NO																
STOP SEXUAL ACTIVITY.....	1	2																
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TAKE MEDICINE.....	1	2																
ANYTHING ELSE	1	2																

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	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"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH <input type="checkbox"/> (RESPONDENT ONLY)							•1000A
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	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	
906	Is (NAME) still alive?	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [2]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [3]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [4]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [5]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [6]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
908	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"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [7]	
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	
912	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	
913	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"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1000A								

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	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
906	Is (NAME) still alive?	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [8]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [9]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [10]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [11]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [12]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [13]
907	How old is (NAME)?	<div> </div> <div> </div> GO TO [8]	<div> </div> <div> </div> GO TO [9]	<div> </div> <div> </div> GO TO [10]	<div> </div> <div> </div> GO TO [11]	<div> </div> <div> </div> GO TO [12]	<div> </div> <div> </div> GO TO [13]
908	How many years ago did (NAME) die?	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>
909	How old was (NAME) when he/she died?	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [8]	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [9]	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [10]	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [11]	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [12]	<div> </div> <div> </div> FOR MALE AND FOR FEMALE WHO DIED BEFORE 12 YEARS OF AGE GO TO [13]
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913↙ NO..... 2	YES.....1 GO TO 913↙ NO.....2	YES.....1 GO TO 913↙ NO.....2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913↙ NO..... 2	YES.....1 GO TO 913↙ NO.....2	YES.....1 GO TO 913↙ NO.....2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2	YES..... 1 GO TO 913↙ NO..... 2
912	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
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>

IF NO MORE BROTHERS OR SISTERS, GO TO 1000A

SECTION 10: WOMEN'S STATUS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000A	SEE COVER PAGE : VERIFY THAT THE HOUSEHOLD HAS BEEN SELECTED FOR THE WOMAN'S STATUS MODULE ? YES <input type="checkbox"/> NO <input type="checkbox"/>		→1128
1001A	CHECK 501,502,504: CURRENT MARITAL STATUS AND MARK THE APPROPRIATE BOX	CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	→1009A
1001B	CHECK 507: NUMBER OF TIMES MARRIED MARRIED ONLY ONCE <input type="checkbox"/> IGNORE WORDS IN PARENTHESES IN QUESTIONS. MARRIED MORE THAN ONCE <input type="checkbox"/> 1) IF CURRENTLY MARRIED OR SEPARATED: USE (CURRENT) IN QUESTIONS 2) IF CURRENTLY DIVORCED OR WIDOWED: USE (LAST) IN QUESTIONS		
1002	I would now like to ask some questions about your (current/last) marriage? How long had you known your (current/last) husband before you married him?	MET ON THE WEDDING DAY 1 LESS THAN ONE MONTH 2 1 MONTH TO LESS THAN 1 YEAR 3 1 YEAR OR MORE 4 KNEW SINCE CHILDHOOD 5 OTHER 6	
1004	Who chose your (current/last) husband for you?	RESPONDENT CHOSE 1 RESPONDENT AND HUSB. CHOSE EACH OTHER 2 RESPONDENT WITH SOMEONE ELSE CHOSE 3 RESPONDENT'S FAMILY CHOSE 4 HUSB. OR HIS FAMILY CHOSE RESPONDENT 5 SOMEONE ELSE CHOSE 6 FORCED TO BE MARRIED BY HUSBAND 7	→1006A →1006A
1005	Was your consent sought when your (current/last) husband was being chosen for you, that is, were you asked whether you wanted to marry him or not?	YES 1 NO 2	
1006A	Did you sign a marriage contract in front of the Sangkat Authorities?	YES 1 NO 2	
1006B	Are you registered in your husband's household book or new family book as his wife?	YES 1 NO 2	
1007	CHECK 1001A: MARITAL STATUS: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/ DIVORCED/ WIDOWED/ <input type="checkbox"/>		→1009A
1008	Do you and your husband talk about the following with each other often, sometimes, or never? a) Things that happen at his work/on the farm? b) Things that happen at home? c) What to spend money on? d) Things that happen in the community?	SOME- OFTEN TIMES NEVER EVENTS AT WORK 1 2 3 EVENTS AT HOME 1 2 3 MONEY MATTERS 1 2 3 COMMUNITY HAPPENINGS 1 2 3	

1009A	Who in your family usually has the final say on making large household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1009B	Who in your family usually has the final say on making household purchases for daily needs?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1009C	Who in your family usually has the final say on whether you should do work to earn money?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1009D	Who in your family usually has the final say on your own healthcare?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1009E	Who in your family usually has the final say on whether to use contraception?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1009F	Who in your family usually has the final say on visits to family, friends or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1010	CHECK 202, 204: HAS LIVING CHILDREN HAS ONE OR MORE LIVING CHILDREN <input type="checkbox"/> HAS NO LIVING CHILDREN <input type="checkbox"/>		→ 1013
1011A	Who in your family usually has the final say on any decisions about children's schooling?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1011B	Who in your family usually has the final say on what to do if a child falls sick?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	
1011C	Who in your family usually has the final say on whether to have another child?	RESPONDENT 1 HUSBAND 2 RESPONDENT & HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT & SOMEONE ELSE JOINTLY 5 DECISION NOT MADE /NOT APPLICABLE 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1013	<p>Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement:</p> <p>a) The important decisions in the family should be made by the men of the family.</p> <p>b) If the wife is working outside the home, then the husband should help her with household chores.</p> <p>c) A married woman should not be allowed to work outside the home even if she wants to.</p> <p>d) The wife has a right to express her opinion if she disagrees with what her husband is telling her.</p> <p>e) It is acceptable for a man to have sex outside his marriage.</p> <p>f) A wife should tolerate being beaten by her husband in order to keep the family together.</p> <p>g) It is better to educate a son than a daughter.</p>	<table border="1"> <thead> <tr> <th></th><th>AGREE</th><th>DIS-AGREE</th><th>DK</th></tr> </thead> <tbody> <tr> <td>FAMILY DECISIONS BY MEN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HUSBAND SHOULD HELP</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WOMEN SHOULD NOT WORK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WIFE TO EXPRESS OPINION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SEX OUTSIDE MARRIAGE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TOLERATE BEING BEATEN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BETTER TO EDUCATE SON</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		AGREE	DIS-AGREE	DK	FAMILY DECISIONS BY MEN	1	2	8	HUSBAND SHOULD HELP	1	2	8	WOMEN SHOULD NOT WORK	1	2	8	WIFE TO EXPRESS OPINION	1	2	8	SEX OUTSIDE MARRIAGE	1	2	8	TOLERATE BEING BEATEN	1	2	8	BETTER TO EDUCATE SON	1	2	8	
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1013A	<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>a) She knows her husband has a sexually transmitted disease or AIDS?</p> <p>b) She knows her husband has sex with other women?</p> <p>g) She has recently given birth?</p> <p>d) She is tired or not in the mood?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HAS STD/AIDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER WOMEN ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>RECENT BIRTH.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TIRED/MOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	HAS STD/AIDS	1	2	8	OTHER WOMEN ...	1	2	8	RECENT BIRTH.....	1	2	8	TIRED/MOOD	1	2	8													
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1013B	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) if she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) if food is late or not well prepared?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGLECTS.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FOOD LATE.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGLECTS.....	1	2	8	ARGUES	1	2	8	REFUSES SEX.....	1	2	8	FOOD LATE.....	1	2	8									
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1014	<p>CHECK 1001A: MARITAL STATUS</p> <p>MARRIED <input type="checkbox"/> DIVORCED/ <input type="checkbox"/></p> <p>SEPARATED/ NEVER MARRIED <input type="checkbox"/></p> <p>WIDOWED ▼</p>		→1016																																
1015	<p>Do any of your husband's relatives usually live with you?</p> <p>IF YES: Which of your husband's relatives usually live with you?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER.....A</p> <p>MOTHER.....B</p> <p>BROTHER(S).....C</p> <p>SISTER(S).....D</p> <p>WIFE(WIVES) OF BROTHER(S).....E</p> <p>HUSBAND(S) OF SISTER(S).....F</p> <p>OTHER.....X</p> <p>NO/NONE.....Y</p>																																	
1016	<p>Now tell me about your birth family. Is your father currently living?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>																																	
1017	<p>Is your mother currently living?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>																																	

1018	What is (was) the highest level of school your father attended?	NONE1 PRIMARY2 SECONDARY3 HIGHER THAN SECONDARY4 DON'T KNOW8	→ 1019																																																				
1018A	Could (can) your father read a newspaper or letter?	YES1 NO2 DON'T KNOW8																																																					
1019	What is (was) the highest level of school your mother attended?	NONE1 PRIMARY2 SECONDARY3 HIGHER THAN SECONDARY4 DON'T KNOW8	→ 1020																																																				
1019A	Could (can) your mother read a newspaper or letter?	YES1 NO2 DON'T KNOW8																																																					
1020	Are any members of your birth family living close enough for you to be able to visit them and come home on the same day?	YES1 NO2 LIVING IN THE SAME HOUSE3																																																					
1022	If you need help or have a problem, is there someone from your family who you can depend on to: a) give you shelter for a few nights if you need it? b) give you financial support if you need	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>SHELTER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ECONOMIC SUPPORT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	SHELTER	1	2	8	ECONOMIC SUPPORT	1	2	8																																									
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1028	Now I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women. Please tell me if you alone, or jointly with someone else own the following: a) Land? b) This house/dwelling or the house/dwelling where you usually live? c) Any other house, apartment, or other dwelling? d) Jewelry or gems? e) Livestock such as ox, cow, buffalo? f) Car or motorbike?	<table border="0"> <tr> <td></td> <td>YES ALONE</td> <td>YES JOINTLY</td> <td>DOES NOT OWN</td> </tr> <tr> <td>LAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>THIS/USUAL DWELLING</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER DWELLING</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>JEWELRY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>LIVESTOCK</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CAR OR MOTORBIKE</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES ALONE	YES JOINTLY	DOES NOT OWN	LAND	1	2	3	THIS/USUAL DWELLING	1	2	3	OTHER DWELLING	1	2	3	JEWELRY	1	2	3	LIVESTOCK	1	2	3	CAR OR MOTORBIKE	1	2	3																									
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1029	CHECK 1028: AT LEAST ONE "1" CIRCLED. OWNS AT LEAST <input type="checkbox"/> ONE ASSET ALONE ▼	NOT ONE '1' CIRCLED. DOES NOT OWN <input type="checkbox"/> ANY ASSET ALONE	→ 1031																																																				
1030	In an emergency, could you sell (any of) these assets without anyone else's permission? (ASK ONLY THOSE ASSETS CODED '1' IN 1028; FOR ASSETS CODED '2' OR '3' IN 1028, CIRCLE CODE '3')	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DOES NOT OWN ALONE</td> </tr> <tr> <td>a) The Land?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) This/ usual house/dwelling?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>THIS/USUAL DWELLING</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) The other house, apartment, or other dwelling?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER DWELLING</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) The jewelry or gems?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>JEWELRY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) The livestock?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIVESTOCK</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) The car or motorbike?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CAR OR MOTORBIKE</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	NO	DOES NOT OWN ALONE	a) The Land?				LAND	1	2	3	b) This/ usual house/dwelling?				THIS/USUAL DWELLING	1	2	3	c) The other house, apartment, or other dwelling?				OTHER DWELLING	1	2	3	d) The jewelry or gems?				JEWELRY	1	2	3	e) The livestock?				LIVESTOCK	1	2	3	f) The car or motorbike?				CAR OR MOTORBIKE	1	2	3	
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a) The Land?																																																							
LAND	1	2	3																																																				
b) This/ usual house/dwelling?																																																							
THIS/USUAL DWELLING	1	2	3																																																				
c) The other house, apartment, or other dwelling?																																																							
OTHER DWELLING	1	2	3																																																				
d) The jewelry or gems?																																																							
JEWELRY	1	2	3																																																				
e) The livestock?																																																							
LIVESTOCK	1	2	3																																																				
f) The car or motorbike?																																																							
CAR OR MOTORBIKE	1	2	3																																																				

1031	Do you yourself control the money needed to buy the following things?	YES	NO	DOES NOT BUY	
	a) Perishable food items like vegetables or fruits?	PERISHABLE FOOD	1	2	3
	b) Staple foods such as rice?	STAPLES	1	2	3
	c) Clothes for yourself?	CLOTHES	1	2	3
	d) Any kind of medicinal care for yourself?	MEDICINE	1	2	3
	e) Toiletries for yourself like lipstick or perfume?	TOILETRIES	1	2	3
1035	Do you know of any programs in this area that give loans to women so they can start or expand a business of their own?	YES	1		
		NO	2		
1036	Have you yourself ever taken out or been given a loan either in cash or in kind to start or expand a business?	YES	1		
		NO	2		
1037	Are you a member of any type of association, group or club, which holds regular meetings?	YES	1		
		NO	2		→1039
1038	What kind of association/group/club is it? RECORD ALL MENTIONED.	RELIGIOUS	A		
		SOCIAL	B		
		WOMEN'S ORGANIZATION	C		
		LABOR UNION	D		
		POLITICAL	E		
		DEVELOPMENT COMMITTEE	F		
		OTHER	X		
1039	When there is a local or a national election of any kind do you vote always, sometimes, or never?	ALWAYS VOTES	1		
		SOMETIMES VOTES	2		
		NEVER VOTES	3		
		TOO YOUNG TO VOTE	4		
		NEVER AN ELECTION	5		
1039A	Are you aware of the trafficking of women?	YES	1		
		NO	2		
1039B	Do you know if there are any laws in Cambodia protecting women's rights?	YES	1		
		NO	2		→1100A
1039C	Could you tell me what laws have you heard about? RECORD ALL MENTIONED.	EQUAL RIGHTS	A		
		MARRIAGE/DIVORCE	B		
		LABOR	C		
		ABORTION	D		
		TRAFFICKING	E		
		OTHER	X		

SECTION 11: HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100A	SEE COVER PAGE : VERIFY THAT THE WOMAN YOU ARE INTERVIEWING IS THE ONE SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		→1128
1100B	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED <input type="checkbox"/> PRIVACY NOT POSSIBLE <input type="checkbox"/>		→1127
	<p>READ TO ALL RESPONDENTS: Now I would like to ask you questions about some aspects of the relationship between couples. I know that some of these questions are very personal. However, your answers are very important for helping to understand the condition of women in Cambodia. Let me assure you that your answers are completely confidential and will not be told to anyone. No one in the household will be asked or hear the questions. The interviewing must pause if privacy is lost.</p>		
1101	CHECK 501, 504: MARITAL STATUS YES IN 501 CURRENTLY MARRIED <input type="checkbox"/> CODES 1, 2 OR 3 CIRCLED IN 504 SEPARATED/DIVORCED/ <input type="checkbox"/> WIDOWED <input type="checkbox"/> (READ IN PAST TENSE)		
1103	<p>Now I am going to ask you about some situations which happen to some women. Please tell me if these phrases apply to your relationship with your (last) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your girl friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all time?</p> <p>f) He (does/did) not trust you with any money?</p>	<p align="right">YES NO DK</p> <p>JEALOUS 1 2 8</p> <p>ACCUSES 1 2 8</p> <p>NOT MEET FRIENDS 1 2 8</p> <p>NO FAMILY..... 1 2 8</p> <p>WHERE YOU ARE..... 1 2 8</p> <p>MONEY..... 1 2 8</p>	
1104	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.</p> <p>1104A. (Does/did) your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten you or someone close to you with harm?</p> <p>c) Swear at you?</p>	<p>1104B How many times did this happen during the last 12 months?</p> <p>a) NUMBER OF TIMES..... <input type="text"/></p> <p>b) NUMBER OF TIMES..... <input type="text"/></p> <p>c) NUMBER OF TIMES..... <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105	<p>1105A. (Does/did) your (last) husband ever:</p> <p>a) push you, shake you, or throw something at you? YES 1 → NO 2 ↴</p> <p>b) slap you or twist your arm? YES 1 → NO 2 ↴</p> <p>c) punch you with his fist or with something that could hurt you? YES 1 → NO 2 ↴</p> <p>d) kick you or drag you? YES 1 → NO 2 ↴</p> <p>e) try to strangle you or burn you? YES 1 → NO 2 ↴</p> <p>f) threaten you with a knife, gun, or other type of weapon? YES 1 → NO 2 ↴</p> <p>g) attack you with a knife, gun, or other type of weapon? YES 1 → NO 2 ↴</p> <p>h) physically force you to have sexual intercourse even when you did not want to? YES 1 → NO 2 ↴</p> <p>i) force you to perform types of other sexual acts you did not want to? YES 1 → NO 2 ↴</p>	<p>1105B. How many times did this happen during the last 12 months?</p> <p>a) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>b) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>c) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>d) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>g) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>h) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>i) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p>	
1106	<p>CHECK 1105:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→1108
1107	<p>How long after you first got married to your (last) husband did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR ENTER '00'.</p>	<p>NUMBER OF YEARS..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE..... 95</p> <p>AFTER SEPARATION/DIVORCE..... 96</p>	
1108	<p>1108A Did the following ever happen because of something your (last) husband did to you:</p> <p>a) You had bruises and aches? YES 1 → NO 2 ↴</p> <p>b) You had an injury or a broken bone? YES 1 → NO 2 ↴</p> <p>c) You went to a health facility as a result of something your husband had done to you? YES 1 → NO 2 ↴</p>	<p>1108B. How many times did this happen during the last 12 months?</p> <p>a) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>b) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>c) NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p>	
1109	<p>Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→1111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband at a time when he was not already beating or physically hurting you?	NUMBER OF TIMES <input type="text"/>	
1111	Does (did) your husband drink (alcohol)?	YES 1 NO 2	→ 1113
1112	How often does(did) he get drunk: very often, only sometimes or never?	VERY OFTEN 1 SOMETIMES 2 NEVER 3	
1113	From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 NO ANSWER 6	↓ 1118
1114	Who has physically hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER H SON G EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE IN-LAWS L OTHER MALE IN-LAWS M OTHER FEMALE RELATIVES N OTHER MALE RELATIVES O FEMALE FRIEND/ACQUAINTANCE P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICEMAN/MILITARY T STRANGER U OTHER X	
1115	CHECK 1114: MORE THAN ONE PERSON MENTIONED <input type="checkbox"/> ONLY ONE PERSON MENTIONED <input type="checkbox"/>		→ 1117
1116	Who is the person who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER 01 FATHER 02 STEP-MOTHER 03 STEP-FATHER 04 SISTER 05 BROTHER 06 DAUGHTER 07 SON 08 EX-HUSBAND 10 MOTHER-IN-LAW 11 FATHER-IN-LAW 12 OTHER FEMALE IN-LAWS 13 OTHER MALE IN-LAWS 14 OTHER FEMALE RELATIVES 15 OTHER MALE RELATIVES 16 FEMALE FRIEND/ACQUAINTANCE 17 MALE FRIEND/ACQUAINTANCE 18 TEACHER 19 EMPLOYER 20 POLICEMAN/MILITARY 21 STRANGER 22 OTHER 96	
1117	In the last 12 months, how many times has this person hit, slapped, kicked, or done something to physically hurt you in any other way?	NUMBER OF TIMES <input type="text"/>	
1118	CHECK 201, 223, 226: LIVE BIRTHS, PREGNANCY STATUS, AND NON-LIVE BIRTHS ONE OR MORE LIVE OR NON-LIVE BIRTHS <input type="checkbox"/> CURRENTLY PREGNANT <input type="checkbox"/> NO LIVE BIRTHS, NOT PREGNANT AND NO NON-LIVE BIRTHS <input type="checkbox"/>		→ 1121

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	Has any one ever hit, slapped, kicked, or done something else to hurt you physically during (any/this or any other) pregnancy?	YES..... 1 NO..... 2	→ 1121
1120	Who has done any of these things to physically hurt you during pregnancy? Anyone else? RECORD ALL MENTIONED.	MOTHER..... A FATHER..... B STEP-MOTHER..... C STEP-FATHER..... D SISTER..... E BROTHER..... F DAUGHTER..... H SON..... G LATE HUSBAND..... H EX-HUSBAND..... I MOTHER-IN-LAW..... J FATHER-IN-LAW..... K OTHER FEMALE IN-LAWS..... L OTHER MALE IN-LAWS..... M OTHER FEMALE RELATIVES..... N OTHER MALE RELATIVES..... O FEMALE FRIEND/ACQUAINTANCE..... P MALE FRIEND/ACQUAINTANCE..... Q TEACHER..... R EMPLOYER..... S POLICEMAN/MILITARY..... T STRANGER..... U OTHER..... X	
1121	CHECK 1105, 1108, 1113 AND 1119: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1125
1122	Have you ever tried to get help?	YES..... 1 NO..... 2	→ 1124
1123	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	MOTHER..... A FATHER..... B SISTER..... C BROTHER..... D MOTHER-IN-LAW..... E FATHER-IN-LAW..... F OTHER FEMALE IN-LAWS..... G OTHER MALE IN-LAWS..... H OTHER MALE RELATIVES..... I OTHER FEMALE RELATIVES..... J FRIEND..... K NEIGHBOR..... L DOCTOR/MEDICAL PERSONNEL..... M POLICE..... N VILLAGE CHIEF/SANGKAT CHIEF..... O LAWYER..... P OTHER..... X	→ 1125
1124	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO..... 01 NO USE..... 02 PART OF LIFE..... 03 AFRAID OF DIVORCE/DESERTION..... 04 AFRAID OF FURTHER BEATINGS..... 05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE..... 06 EMBARRASSED..... 07 NO MONEY..... 08 OTHER..... 96 (SPECIFY)	
1125	As far as you know, did your father ever beat your mother?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
	THANK THE RESPONDENT AGAIN FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE IMPLEMENTATION OF THE HOUSEHOLD RELATIONS MODULE ONLY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1126	PRESENCE OF CHILDREN	PRESENT ALL THE TIME	PRESENT SOME OF THE TIME	NOT PRESENT	
		CHILDREN UNDER 10 YEARS..... 1	2	3	
		CHILDREN AGE 10 OR OVER..... 1	2	3	
1127	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE THE LISTED PERSON WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE	YES, MORE THAN ONCE	NO	
		HUSBAND 1	2	3	
		OTHER MALE ADULT 1	2	3	
		FEMALE ADULT..... 1	2	3	

INTERVIEWER'S COMMENTS ON THE HOUSEHOLD RELATIONS MODULE ONLY.

1128	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S 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: _____