QUESTIONNAIRES

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005
HOUSEHOLD QUESTIONNAIRE

MINISTRY OF PLANNING
NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH
NATIONAL INSTITUTE OF PUBLIC HEALTH

DOMAIN . . . . DOMAIN

PROVINCE _____ PROVINCE

DISTRICT _____ DISTRICT

COMMUNE _____ COMMUNE

VILLAGE _____ VILLAGE

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . CLUSTER

HOUSEHOLD NUMBER . . . . HOUSEHOLD

IS THIS HOUSEHOLD SELECTED FOR HIV TESTING OF MEN AND WOMEN ? (1 = Yes, 2 = NO) HIV

IS THIS HOUSEHOLD SELECTED FOR ANEMIA OF WOMEN AND CHILDREN ? (1 = Yes, 2 = NO) ANEMIA

IS THIS HOUSEHOLD SELECTED FOR HEIGHT AND WEIGHT OF WOMEN AND CHILDREN ? (1 = Yes, 2 = NO) HEIGHT/WEIGHT

IS THIS HOUSEHOLD SELECTED FOR CAUSE OF DEATH MODULE ? (1 = Yes, 2 = NO) CAUSE OF DEATH

IS THIS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE ? (1 = Yes, 2 = NO) WOMEN'S STATUS

IS THIS HOUSEHOLD SELECTED FOR HOUSEHOLD RELATIONS MODULE ? (1 = Yes, 2 = NO) HH RELATIONS

RECORD LINE NUMBER OF WOMAN SELECTED FOR HH RELATIONS, IF NO WOMAN SELECTED,RECORD **00.** WOMAN SELECTED

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT *
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
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	MARITAL STATUS	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)? RECORD IN COMPLETED YEARS. IF LESS THAN ONE YEAR RECORD 00.	IF AGE 15 YEARS OR OLDER What is (NAME)'s current marital status?**	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M	F	YES NO	YES NO	IN YEARS				
01		☐☐	1	2	1 2	1 2	☐☐	☐	01	01	01
02		☐☐	1	2	1 2	1 2	☐☐	☐	02	02	02
03		☐☐	1	2	1 2	1 2	☐☐	☐	03	03	03
04		☐☐	1	2	1 2	1 2	☐☐	☐	04	04	04
05		☐☐	1	2	1 2	1 2	☐☐	☐	05	05	05
06		☐☐	1	2	1 2	1 2	☐☐	☐	06	06	06
07		☐☐	1	2	1 2	1 2	☐☐	☐	07	07	07
08		☐☐	1	2	1 2	1 2	☐☐	☐	08	08	08
09		☐☐	1	2	1 2	1 2	☐☐	☐	09	09	09
10		☐☐	1	2	1 2	1 2	☐☐	☐	10	10	10

* CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

** CODES FOR Q. 8 MARITAL STATUS:

1 = MARRIED/LIVING TOGETHER
2 = DIVORCED/SEPARATED
3 = WIDOWED
4 = NEVER MARRIED/ NEVER LIVED WITH A PARTNER

LINE NO.	SICK PERSON	BASIC MATERIAL NEEDS			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
	IF AGE 15 YRS OR OLDER	IF AGE 5-17 YEARS			IF AGE 0-17 YEARS						
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER ***	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER ***	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	CHECK Q.16 AND Q.19: IF YES TO Q.16 AND Q.19 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK		Y N DK	Y N DK		Y N DK	YES NO
01	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
02	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
03	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
04	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
05	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
06	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
07	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
08	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
09	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27
10	1 2 8	1 2 8	1 2 8	1 2 8	1 2 —— 8 ↓ GO TO 19		1 2 8	1 2 —— 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27

***Qs. 17 AND 20
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

LINE NO.	BROTHERS AGE 0-17YEARS		SISTERS AGE 0-17YEARS		EDUCATION						BIRTH REGIS-TRATION
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4
	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean of the same mother and same father.	Do all of (NAME)'s natural brothers who are under age 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean of the same mother and same father.	Do all of (NAME)'s natural sisters who are under age 18 live in this household?	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?****	Did (NAME) attend school at any time during the 2004 - 2005 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?****	Did (NAME) attend school at any time during the previous school year, that is, 2003 - 2004 ?	During that school year, what level and grade did (NAME) attend?****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? *****
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
	Y N DK	YES NO	Y N DK	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	C R N DK
01	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
02	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
03	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
04	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
05	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
06	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
07	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
08	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
09	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8
10	1 2┬8 GO TO 25	1 2	1 2┬8 GO TO 27	1 2	1 2 NEXT LINE	☐ ☐	1 2 GO TO 31	☐ ☐	1 2 NEXT LINE	☐ ☐	1 2 3 8

****CODES FOR Qs. 28, 30 AND 32

LEVEL	Pre-Primary =0	Primary =1	Lower Secondary =2	Upper Secondary =3	Higher =4	DK =8
G R A D E	00= ANY YEAR	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

*****CODES FOR Q.33
C = CERTIFICATE
R = REGISTRATION
N = NEITHER
DK = DON'T KNOW

00 = LESS THAN 1 YEAR COMPLETED CODE ONLY FOR Q. 28 IF NEEDED. NOT ALLOWED IN Q30 OR 32.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	MARITAL STATUS	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)? RECORD IN COMPLETED YEARS. IF LESS THAN ONE YEAR RECORD **00**.	IF AGE 15 YEARS OR OLDER What is (NAME)'s current marital status?**	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M	F	YES NO	YES NO	IN YEARS				
11		☐☐	1	2	1 2	1 2	☐☐	☐	11	11	11
12		☐☐	1	2	1 2	1 2	☐☐	☐	12	12	12
13		☐☐	1	2	1 2	1 2	☐☐	☐	13	13	13
14		☐☐	1	2	1 2	1 2	☐☐	☐	14	14	14
15		☐☐	1	2	1 2	1 2	☐☐	☐	15	15	15
16		☐☐	1	2	1 2	1 2	☐☐	☐	16	16	16
17		☐☐	1	2	1 2	1 2	☐☐	☐	17	17	17
18		☐☐	1	2	1 2	1 2	☐☐	☐	18	18	18
19		☐☐	1	2	1 2	1 2	☐☐	☐	19	19	19
20		☐☐	1	2	1 2	1 2	☐☐	☐	20	20	20

* CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

** CODES FOR Q. 8 MARITAL STATUS:

1 = MARRIED/LIVING TOGETHER
2 = DIVORCED/SEPARATED
3 = WIDOWED
4 = NEVER MARRIED/ NEVER LIVED WITH A PARTNER

To make sure that I have a complete household listing

1) Are there any small children or infants we have not listed? YES → LIST   NO ☐

2) Any friends, domestic servants, or lodgers who are not members of your family but usually live here? YES → LIST   NO ☐

3) Did any guests or visitors sleep here last night who have not been listed? YES → LIST   NO ☐

LINE NO.	SICK PERSON	BASIC MATERIAL NEEDS			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
	IF AGE 15 YRS OR OLDER	IF AGE 5-17 YEARS			IF AGE 0-17 YEARS						
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER ***	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER ***	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	CHECK Q.16 AND Q.19: IF YES TO Q.16 AND Q.19 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK			Y N DK	Y N DK	Y N DK	YES NO
11	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
12	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
13	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
14	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
15	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
16	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
17	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
18	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
19	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27
20	1 2 8	1 2 8	1 2 8	1 2 8	1 2 ┬ 8 / GO TO 19			1 2 8	1 2 ┬ 8 / GO TO 22	1 2 8	1 2 / GO TO 27

***Qs. 17 AND 20
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

LINE NO.	BROTHERS AGE 0-17YEARS		SISTERS AGE 0-17YEARS		EDUCATION						BIRTH REGIS- TRATION
	IFAGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4
	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean of the same mother and same father.	Do all of (NAME)'s natural brothers who are under age 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean of the same mother and same father.	Do all of (NAME)'s natural sisters who are under age 18 live in this household?	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?****	Did (NAME) attend school at any time during the 2004 - 2005 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?****	Did (NAME) attend school at any time during the previous school year, that is, 2003 - 2004 ?	During that school year, what level and grade did (NAME) attend?****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis- tered with the civil authority? *****
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
11	Y N DK 1 2┬8 ↓ GO TO 25	YES NO 1 2	Y N DK 1 2┬8 ↓ GO TO 27	YES NO 1 2	YES NO 1 2 ↓ NEXT LINE	LEVEL GRADE ☐ ☐ ☐	YES NO 1 2 ↓ GO TO 31	LEVEL GRADE ☐ ☐ ☐	YES NO 1 2 ↓ NEXT LINE	LEVEL GRADE ☐ ☐ ☐	C R N DK 1 2 3 8
12	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
13	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
14	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
15	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
16	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
17	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
18	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
19	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8
20	1 2┬8 ↓ GO TO 25	1 2	1 2┬8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 ↓ GO TO 31	☐ ☐ ☐	1 2 ↓ NEXT LINE	☐ ☐ ☐	1 2 3 8

TICK HERE IF CONTINUATION SHEET USED

☐

****CODES FOR Qs. 28, 30 AND 32

*****CODES FOR Q.33
C = CERTIFICATE
R = REGISTRATION
N = NEITHER
DK = DON'T KNOW

LEVEL	Pre-Primary =0	Primary =1	Lower Secondary =2	Upper Secondary =3	Higher =4	DK =8
G R A D E	00= ANY YEAR	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

00 = LESS THAN 1 YEAR COMPLETED CODE ONLY FOR Q. 28 IF NEEDED. NOT ALLOWED IN Q30 OR 32.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
50	Was any person of your household injured or killed in an accident in the past 12 months?	YES . . . . 1 NO . . . . 2 (GO TO 59)	
51	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.		
52	NAME INJURED/KILLED	NAME _____	NAME _____

53	Could you tell me in what type of accident (NAME) was injured or killed?	LANDMINE/UNEXPLODED
		   BOMB (UXO) 01
		GUN SHOT/WEAPON 02
		ROAD ACCIDENT 03
		FIRE/BURNING 04
		SNAKE/ANIMAL BITE 05
		FALL FROM TREE/BUILDING 06
		DROWNING 07
		POISONING (CHEMICAL) 08
		VIOLENCE 09
		OTHER 96
		DON'T KNOW 98
			LANDMINE/UNEXPLODED
			   BOMB (UXO) 01
			GUN SHOT/WEAPON 02
			ROAD ACCIDENT 03
			FIRE/BURNING 04
			SNAKE/ANIMAL BITE 05
			FALL FROM TREE/BUILDING 06
			DROWNING 07
			POISONING (CHEMICAL) 08
			VIOLENCE 09
			OTHER 96
			DON'T KNOW 98

54	Is (NAME) still alive?	YES . . . . 1 NO . . . . 2 (GO TO 57)	YES . . . . 1 NO . . . . 2 (GO TO 57)
55	In your opinion, was (NAME)'s 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
56	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1).	LINE NUMBER . . . . ☐☐ (GO TO 58)	LINE NUMBER . . . . ☐☐ (GO TO 58)
57	Was (NAME)'s death due to the accident?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
58		GO BACK TO 52 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 59.	GO TO 52 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 59.
59	Is there any person who usually lives in your household who has any type of physical impairment?	YES . . . . 1 NO . . . . 2 (GO TO 65)	
60	Please give me the name of each individual who has a physical impairment. ENTER THE LINE NUMBER AND NAME OF EACH PERSON WITH A PHYSICAL IMPAIRMENT. IF THERE ARE MORE THAN TWO PEOPLE WITH A PHYSICAL IMPAIRMENT, USE ADDITIONAL QUESTIONNAIRE.		
61	LINE NUMBER AND NAME FROM COL. (1) AND (2).	NAME _____ LINE NUMBER . . . . ☐☐	NAME _____ LINE NUMBER . . . . ☐☐
62	Has (NAME) been physically impaired since birth, or was (NAME)'s impairment due to an illness or accident?	SINCE BIRTH . . . . 1 (SKIP TO 64) FROM ILLNESS . . . . 2 ACCIDENT . . . . 3 DON'T KNOW 8	SINCE BIRTH . . . . 1 (SKIP TO 64) FROM ILLNESS . . . . 2 ACCIDENT . . . . 3 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	

63	What type of accident?	LANDMINE/UNEXPLODED
		   BOMB (UXO) 01
		GUN SHOT/WEAPON 02
		ROAD ACCIDENT 03
		SEVERE BURNING 04
		SNAKE/ANIMAL BITE 05
		FALL FROM TREE/BUILDING 06
		DROWNING 07
		POISONING (CHEMICAL) 08
		VIOLENCE 09
		OTHER 96
		DON'T KNOW 98
			LANDMINE/UNEXPLODED
			   BOMB (UXO) 01
			GUN SHOT/WEAPON 02
			ROAD ACCIDENT 03
			SEVERE BURNING 04
			SNAKE/ANIMAL BITE 05
			FALL FROM TREE/BUILDING 06
			DROWNING 07
			POISONING (CHEMICAL) 08
			VIOLENCE 09
			OTHER 96
			DON'T KNOW 98	

64		GO BACK TO 61 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 65.	GO TO 61 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 65.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
65	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?	YES . . . . 1 NO . . . . 2 (GO TO 101A) ←		
66	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 LINE NUMBER AND NAME OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRE).			
67	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER . . . . [ ][ ] NAME _____	LINE NUMBER . . . . [ ][ ] NAME _____	LINE NUMBER . . . . [ ][ ] NAME _____
68	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
69	Was advice or treatment sought for (NAME)'s illness/injury?	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ← COLUMN OR TO 101A)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ← COLUMN OR TO 101A)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ← COLUMN OR TO 101A)

70	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
		  NATIONAL HOSP.
		    (PP) 11
		  PROVINCIAL
		    HOSP. (RH) 12
		  DISTRICT H. (RH) . 13
		  HEALTH CENTER . 14
		  HEALTH POST . . . 15
		  OUTREACH 16
		  OTHER PUBLIC . . . 17
		
		PRIVATE MEDICAL
		  PRIVATE
		    HOSPITAL 21
		  PRIVATE CLINIC . . . 22
		  PRIVATE
		    PHARMACY 23
		  HOME/OFFICE OF
		    TRAINED HEALTH
		    WORKER/
		    NURSE 24
		  VISIT OF TRAINED
		    HLTH. WORKER/
		    NURSE 25
		  OTHER PRIVATE
		    MEDICAL 26
		NOT MEDICAL SECTOR
		  SHOP SELLING
		    DRUGS/MARKET . 31
		  KRU KHMER/
		    MAGICIAN 32
		  MONK/RELIGIOUS
		    LEADER 33
		  TRADITIONAL
		    BIRTH
		    ATTENDANT . . . 34
		OTHER 96
			PUBLIC SECTOR
			  NATIONAL HOSP.
			    (PP) 11
			  PROVINCIAL
			    HOSP. (RH) 12
			  DISTRICT H. (RH) . 13
			  HEALTH CENTER . 14
			  HEALTH POST . . . 15
			  OUTREACH 16
			  OTHER PUBLIC . . . 17
			
			PRIVATE MEDICAL
			  PRIVATE
			    HOSPITAL 21
			  PRIVATE CLINIC . . . 22
			  PRIVATE
			    PHARMACY 23
			  HOME/OFFICE OF
			    TRAINED HEALTH
			    WORKER/
			    NURSE 24
			  VISIT OF TRAINED
			    HLTH. WORKER/
			    NURSE 25
			  OTHER PRIVATE
			    MEDICAL 26
			NOT MEDICAL SECTOR
			  SHOP SELLING
			    DRUGS/MARKET . 31
			  KRU KHMER/
			    MAGICIAN 32
			  MONK/RELIGIOUS
			    LEADER 33
			  TRADITIONAL
			    BIRTH
			    ATTENDANT . . . 34
			OTHER 96
				PUBLIC SECTOR
				  NATIONAL HOSP.
				    (PP) 11
				  PROVINCIAL
				    HOSP. (RH) 12
				  DISTRICT H. (RH) . 13
				  HEALTH CENTER . 14
				  HEALTH POST . . . 15
				  OUTREACH 16
				  OTHER PUBLIC . . . 17
				
				PRIVATE MEDICAL
				  PRIVATE
				    HOSPITAL 21
				  PRIVATE CLINIC . . . 22
				  PRIVATE
				    PHARMACY 23
				  HOME/OFFICE OF
				    TRAINED HEALTH
				    WORKER/
				    NURSE 24
				  VISIT OF TRAINED
				    HLTH. WORKER/
				    NURSE 25
				  OTHER PRIVATE
				    MEDICAL 26
				NOT MEDICAL SECTOR
				  SHOP SELLING
				    DRUGS/MARKET . 31
				  KRU KHMER/
				    MAGICIAN 32
				  MONK/RELIGIOUS
				    LEADER 33
				  TRADITIONAL
				    BIRTH
				    ATTENDANT . . . 34
				OTHER 96

71	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.70)? RECORD IN RIELS OR IN DOLLARS.	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998
72	How much in total was spent on (NAME)'s treatment at the (NAME (NAME OF PLACE FROM Q.70)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 [ ][ ][ ][ ][ ][ ] DOLLARS . . . . . . 2 [0][0][ ][ ][ ] FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998
73	After the first visit to (NAME OF PLACE FROM Q.70), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT◀┘ COLUMN OR TO 81)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT◀┘ COLUMN OR TO 81)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT◀┘ COLUMN OR TO 81)
74	For the second visit, where was advice or treatment 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 NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OTHER 96	PUBLIC SECTOR NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OTHER 96	PUBLIC SECTOR NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OTHER 96

75	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.74)? RECORD IN RIELS OR IN DOLLARS.	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998
76	How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.74)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998	RIELS ...... 1 ☐☐☐☐☐☐ DOLLARS ...... 2 [0][0]☐☐☐☐ FREE/NO COST 0000000 IN KIND ...... 9999996 DON'T KNOW . 9999998
77	After the second visit to (NAME OF PLACE FROM Q.74), was there a third visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?	YES .... 1 NO .... 2 (SKIP TO NEXT◄──┘ COLUMN OR TO 81)	YES .... 1 NO .... 2 (SKIP TO NEXT◄──┘ COLUMN OR TO 81)	YES .... 1 NO .... 2 (SKIP TO NEXT◄──┘ COLUMN OR TO 81)

78	For the third visit, where was advice or treatment 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
		  NATIONAL HOSP.
		    (PP) 11
		  PROVINCIAL
		    HOSP. (RH) 12
		  DISTRICT H. (RH) . 13
		  HEALTH CENTER . 14
		  HEALTH POST ... 15
		  OUTREACH 16
		  OTHER PUBLIC ... 17
		
		PRIVATE MEDICAL
		  PRIVATE
		    HOSPITAL 21
		  PRIVATE CLINIC ... 22
		  PRIVATE
		    PHARMACY 23
		  HOME/OFFICE OF
		    TRAINED HEALTH
		    WORKER/
		    NURSE 24
		  VISIT OF TRAINED
		    HLTH. WORKER/
		    NURSE 25
		  OTHER PRIVATE
		    MEDICAL 26
		NOT MEDICAL SECTOR
		  SHOP SELLING
		    DRUGS/MARKET . 31
		  KRU KHMER/
		    MAGICIAN 32
		  MONK/RELIGIOUS
		    LEADER 33
		  TRADITIONAL
		    BIRTH
		    ATTENDANT ... 34
		OTHER 96
			PUBLIC SECTOR
			  NATIONAL HOSP.
			    (PP) 11
			  PROVINCIAL
			    HOSP. (RH) 12
			  DISTRICT H. (RH) . 13
			  HEALTH CENTER . 14
			  HEALTH POST ... 15
			  OUTREACH 16
			  OTHER PUBLIC ... 17
			
			PRIVATE MEDICAL
			  PRIVATE
			    HOSPITAL 21
			  PRIVATE CLINIC ... 22
			  PRIVATE
			    PHARMACY 23
			  HOME/OFFICE OF
			    TRAINED HEALTH
			    WORKER/
			    NURSE 24
			  VISIT OF TRAINED
			    HLTH. WORKER/
			    NURSE 25
			  OTHER PRIVATE
			    MEDICAL 26
			NOT MEDICAL SECTOR
			  SHOP SELLING
			    DRUGS/MARKET . 31
			  KRU KHMER/
			    MAGICIAN 32
			  MONK/RELIGIOUS
			    LEADER 33
			  TRADITIONAL
			    BIRTH
			    ATTENDANT ... 34
			OTHER 96
				PUBLIC SECTOR
				  NATIONAL HOSP.
				    (PP) 11
				  PROVINCIAL
				    HOSP. (RH) 12
				  DISTRICT H. (RH) . 13
				  HEALTH CENTER . 14
				  HEALTH POST ... 15
				  OUTREACH 16
				  OTHER PUBLIC ... 17
				
				PRIVATE MEDICAL
				  PRIVATE
				    HOSPITAL 21
				  PRIVATE CLINIC ... 22
				  PRIVATE
				    PHARMACY 23
				  HOME/OFFICE OF
				    TRAINED HEALTH
				    WORKER/
				    NURSE 24
				  VISIT OF TRAINED
				    HLTH. WORKER/
				    NURSE 25
				  OTHER PRIVATE
				    MEDICAL 26
				NOT MEDICAL SECTOR
				  SHOP SELLING
				    DRUGS/MARKET . 31
				  KRU KHMER/
				    MAGICIAN 32
				  MONK/RELIGIOUS
				    LEADER 33
				  TRADITIONAL
				    BIRTH
				    ATTENDANT ... 34
				OTHER 96

79	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.78)? RECORD IN RIELS OR IN DOLLARS.	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998
80	How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.78)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS. IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . . 2 ⓪⓪☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . . 9999996 DON'T KNOW . 9999998

81	CHECK 71, 72 75 76 79 AND 80 (ALL COLUMNS): MONEY ☐ NO EXPENSES ☐ ⟶ 101A WAS SPENT ↓ IN CASH

82	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?	WAGES/POCKET MONEY . . . . 01 GIFT FROM RELATIVE/FRIEND . . . . 02 SAVINGS . . . . 03 BORROW FROM (NO INTEREST) . . . . 04 LOAN (WITH INTEREST) . . . . 05 SALE OF ASSETS . . . . 06 OTHER 96

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

101A	What is the main source of drinking water during the dry season for members of your household?	PIPED WATER
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		RAINWATER 51
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		       IRRIGATION CHANNEL) 61
		
		TANKER TRUCK/WATER VENDOR 71
		BOTTLED WATER 81
		
		OTHER _____ 96
		            (SPECIFY)
			→ 101E

101B	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 101E
101C	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ ON PREMISES .... 996 DON'T KNOW 998	→ 101E

101D	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		ADULT MAN 2
		FEMALE CHILD
		    UNDER 15 YEARS OLD 3
		MALE CHILD
		    UNDER 15 YEARS OLD 4
		
		OTHER _____ 6
		           (SPECIFY)	

101E	During the wet season, is the main source of drinking water for members of your household the same as during the dry season?	YES .... 1 NO 2	→ 103A

102A	What is the main source of drinking water during the wet season for members of your household?	PIPED WATER
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		RAINWATER 51
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		       IRRIGATION CHANNEL) 61
		
		TANKER TRUCK/WATER VENDOR 71
		BOTTLED WATER 81
		
		OTHER _____ 96
		            (SPECIFY)
			→ 103A

102B	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 103A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102C	How long does it take to go there, get water, and come back?	MINUTES . . . . ☐☐☐ ON PREMISES . . . . 996 DON'T KNOW 998	→ 103A

102D	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		 ADULT MAN 2
		 FEMALE CHILD
		   UNDER 15 YEARS OLD 3
		 MALE CHILD
		   UNDER 15 YEARS OLD 4
		
		 OTHER _____ 6
		           (SPECIFY)	

103A	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		 TUBE WELL OR BOREHOLE 21
		 DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		 WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		 RAINWATER 51
		 TANKER TRUCK 61
		 CART WITH SMALL TANK 71
		 SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		     IRRIGATION CHANNEL) 81
		
		 OTHER _____ 96
		           (SPECIFY)
			→ 106

103B	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 106
103C	How long does it take to go there, get water, and come back?	MINUTES . . . . ☐☐☐ ON PREMISES . . . . 996 DON'T KNOW 998	→ 106

103D	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		 ADULT MAN 2
		 FEMALE CHILD
		   UNDER 15 YEARS OLD 3
		 MALE CHILD
		   UNDER 15 YEARS OLD 4
		
		 OTHER _____ 6
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you treat your water in any way to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⬏ 108

107	What do you usually do to the water to make it safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE . . . . B
		WHITE ALUM C
		STRAIN THROUGH A CLOTH . . . . D
		USE WATER FILTER (CERAMIC/
		   SAND/COMPOSITE/ETC.) . . . . E
		SOLAR DISINFECTION . . . . F
		LET IT STAND AND SETTLE . . . . G
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET
		  FLUSH TO PIPED SEWER
		    SYSTEM 11
		  FLUSH TO SEPTIC TANK 12
		  FLUSH TO PIT LATRINE 13
		  FLUSH TO SOMEWHERE ELSE . 14
		  FLUSH, DON'T KNOW WHERE . 15
		PIT LATRINE
		  VENTILATED IMPROVED
		    PIT LATRINE (VIP) 21
		  PIT LATRINE WITH SLAB 22
		  PIT LATRINE WITHOUT SLAB/
		    OPEN PIT 23
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		TOILET OVER WATER 51
		NO TOILET/FIELD/FOREST 61
		
		OTHER _____ 96
		          (SPECIFY)
			➡ 111

109	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	➡ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
111	Does your household have: Electricity? A radio? A television? A mobile telephone? A refrigerator? A wardrobe? A Sewing machine or loom?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 MOBILE TELEPHONE . . . . 1 2 REFRIGERATOR . . . . 1 2 WARDROBE . . . . 1 2 SEWING MACHINE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . 01 LPG . . . . 02 BIOGAS . . . . 03 KEROSENE . . . . 04 COAL . . . . 05 CHARCOAL . . . . 06 WOOD . . . . 07 STRAW/SHRUBS/GRASS . . . . 08 AGRICULTURAL CROP . . . . 09 ANIMAL DUNG . . . . 10 OTHER _____ 96 (SPECIFY)	→ 114
113	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE EMBER PILES/STOVE WITHOUT CHIMNEY . . . . 1 OPEN FIRE OR STOVE WITH CHIMNEY . . . . 2 CLOSED STOVE WITH CHIMNEY . . . 3 OTHER _____ 6 (SPECIFY)	
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . 1 UNDER THE HOUSE . . . . 2 IN A SEPARATE BUILDING . . . . 3 OUTDOORS . . . . 4 OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	
116	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/CLAY . . . . 11 RUDIMENTARY FLOOR WOOD PLANKS . . . . 21 PALM/BAMBOO . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . 33 CEMENT TILES . . . . 34 CEMENT . . . . 35 FLOATING HOUSE . . . . 41 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

117	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		    NO ROOF 11
		    PALM/BAMBOO/THATCH 12
		RUDIMENTARY ROOFING
		    PLASTIC SHEET 21
		    WOOD PLANKS 22
		
		FINISHED ROOFING
		    METAL 31
		    CALAMINE/CEMENT FIBER 32
		    CERAMIC TILES 33
		    CLAY TILES 34
		    CEMENT 35
		
		OTHER _____ 96
		            (SPECIFY)	

118	MAIN MATERIAL OF THE WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		    NO WALLS 11
		    PALM/BAMBOO/THATCH 12
		    DIRT 13
		RUDIMENTARY WALLS
		    BAMBOO WITH MUD 21
		    STRAW WITH MUD 22
		    STONE WITH MUD 23
		    UNCOVERED ADOBE 24
		    PLYWOOD 25
		    CARTON 26
		    REUSED WOOD 27
		    METAL 28
		FINISHED WALLS
		    CEMENT 31
		    STONE WITH LIME/CEMENT . . . 32
		    BRICKS 33
		    CEMENT BLOCKS 34
		    WOOD PLANKS 35
		
		OTHER _____ 96
		            (SPECIFY)	

119	TYPE OF WINDOWS. RECORD OBSERVATION.	YES NO ANY WINDOWS . . . . 1 2 WINDOWS WITH GLASS . . . 1 2 WINDOWS WITH SCREENS . 1 2 WINDOWS WITH CURTAINS OR SHUTTERS 1 2	
120	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	
121	Does any member of this household own: A bicycle or cyclo? A motorcycle or moped or motor scooter? A car or truck or van? A boat with a motor? A boat without a motor? An oxcart or horsecart?	YES NO BICYCLE/CYCLO . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK/VAN . . . . 1 2 BOAT WITH MOTOR . . . . 1 2 BOAT WITHOUT MOTOR . . . 1 2 OXCART 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Does any member of this household own any land that can be used for agriculture?	YES . . . . 1 NO 2	→ 124
123	How many hectares of agricultural land do members of this household own?	SQ. METER 1 A . . . . 2 HECTARE 3 RAY . . . . . . 4 KONG . . . 5 DON'T KNOW 999998	
124	Does this household own any livestock, herds, or farm animals?	YES . . . . 1 NO 2	→ 126
125	How many of the following animals does this household own? Water buffalo? Cows or bulls? Horses? Goats? Pigs? Chickens or ducks? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	WATER BUFFALO . . . . COWS/BULLS . . . . HORSES . . . . GOATS . . . . PIGS . . . . CHICKENS/DUCKS	
126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	

		NET # 1	NET # 2	NET # 3	
128	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ... 1 NOT OBSERVED . 2	OBSERVED ... 1 NOT OBSERVED . 2	OBSERVED ... 1 NOT OBSERVED . 2	
129	How long ago did your household obtain the mosquito net?	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	
130	WHERE DID YOU GET THIS NET?	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES .... 1 NO .... 2 (SKIP TO 134)← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134)← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134)← NOT SURE 8	
133	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	
134	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 136)← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136)← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136)← NOT SURE 8	

		NET # 1	NET # 2	NET # 3	
135	Who slept under this mosquito net last night? RECORD NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ]	NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ]	NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ]	
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.	

		NET # 4	NET # 5	NET # 6	
128	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ... 1 NOT OBSERVED . 2	OBSERVED ... 1 NOT OBSERVED . 2	OBSERVED ... 1 NOT OBSERVED . 2	
129	How long ago did your household obtain the mosquito net?	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	MONTHS AGO ☐☐ MORE THAN 3 YEARS AGO ... 95	
130	WHERE DID YOU GET THIS NET?	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET .... 3 HAWKER .... 4 OTHER .... 6 DON'T KNOW ... 8	
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES .... 1 NO .... 2 (SKIP TO 134)←⏋ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134)←⏋ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134)←⏋ NOT SURE 8	
133	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 2 YEARS AGO ... 95 NOT SURE 98	
134	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 136)←⏋ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136)←⏋ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136)←⏋ NOT SURE 8	

		NET # 4	NET # 5	NET # 6	
135	Who slept under this mosquito net last night? RECORD NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.	

137	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT . . . . 1 NO IODINE . . . . 2 NO SALT IN HH . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

RANDOM NUMBER TABLE FOR
SELECTION OF WOMAN AS RESPONDENT TO HOUSEHOLD RELATIONS MODULE

CHECK THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE.
THIS IS THE NUMBER OF THE ROW TO SELECT.
CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE.
THIS IS THE NUMBER OF THE COLUMN TO SELECT.
FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THAT NUMBER.
THIS IS THE POSITION NUMBER OF THE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS MODULE.
IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE,
DRAW A BOX AROUND THE LINE NUMBER OF THE ELIGIBLE WOMAN IN THAT POSITION.

FOR EXAMPLE, IF THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS 6
AND THERE ARE 3 ELIGIBLE WOMEN, THE NUMBER IN THE BOX WHERE ROW 6 AND COLUMN 3 MEET IS 2.
NOW SUPPOSE THE THREE ELIGIBLE WOMEN'S LINE NUMBERS ARE '02', '03', AND '07',
THEN THE WOMAN WITH LINE NUMBER '03' IS SELECTED FOR THE HOUSEHOLD RELATIONS MODULE.

LAST DIGIT HH No.	Total number of eligible women in the household									
	1	2	3	4	5	6	7	8	9	10+
0	1	2	2	3	5	5	3	6	8	9
1	1	1	3	4	1	6	4	7	9	10
2	1	2	1	1	2	1	5	8	1	1
3	1	1	2	2	3	2	6	1	2	2
4	1	2	3	3	4	3	7	2	3	3
5	1	1	1	4	5	4	1	3	4	4
6	1	2	2	1	1	5	2	4	5	5
7	1	1	3	2	2	6	3	5	6	6
8	1	2	1	3	3	1	4	6	7	7
9	1	1	2	4	4	2	5	7	8	8

* VOLUNTARY CONSENT STATEMENT FOR ANEMIA TESTING

Hello, my name is _____. I'm from the Ministry of Health and Ministry of Planning.
As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that 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 2000 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.

If you decide not to have the test done, it is your decision and we will respect your decision.
Please tell me if you agree for yourself (and NAME OF CHILDREN) to participate in the anemia test.
GO TO COLUMN (160). CIRCLE THE APPROPRIATE CODE AND SIGN.

---

* VOLUNTARY CONSENT STATEMENT FOR HIV TESTING OF ADULTS AGE 18 OR OLDER

Hello, my name is _____. I'm from the Ministry of Health and Ministry of Planning.
As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years.
As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death.
We are conducting tests to measure the extent of the disease in Cambodia. The results of the survey will assist the government
in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger.
Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample.
The results will be completely anonymous and for this reason we cannot provide you with results of the test.
However, if you would like to know your HIV status then we will give you a coupon for a free test at a Voluntary Counseling and Testing center.

I hope you will agree to participate in the testing. But if you decide not to have the test done, it is your right and I will respect your decision.
Do you have any questions about this?
Please tell me if you agree to participate in the HIV test.

GO TO COLUMN (172). CIRCLE THE APPROPRIATE CODE AND SIGN.

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.

---

* VOLUNTARY CONSENT STATEMENT FOR HIV TESTING OF YOUNG WOMEN AND MEN AGE 15-17 YEARS

STEP ONE: ASK CONSENT OF THE PARENT OR RESPONSIBLE ADULT.

The study of HIV/AIDS includes young women and men starting at age 15. For testing of young women and men age 15-17 we ask
that the parent or responsible adult provide their consent, as well as the eligible young woman or young man.

We request that (NAME) participate in the HIV testing part of the survey by permitting us to take a few drops of blood from her or his finger.
Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, no name or personally identifying information
will be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide results of the test.
However, if (NAME) wishes to know their status then we will give (NAME) a coupon for a free test at a Voluntary Counseling and Testing center.

Please tell me if you agree for (NAME) to participate in the HIV test.

GO TO COLUMN (171). CIRCLE THE APPROPRIATE CODE AND SIGN.

STEP TWO: ASK CONSENT OF THE YOUNG WOMAN OR YOUNG MAN.
IF THE PARENT OR RESPONSIBLE ADULT AGREES THAT THE YOUNG PERSON CAN BE TESTED,
READ THE STATEMENT TO THE YOUNG PERSON.

As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years.
As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death.
We are conducting tests to measure the extent of the disease in Cambodia. The results of the survey will assist the government
in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger.
Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample.
The results will be completely anonymous and for this reason we cannot provide you with results of the test.
However, if you would like to know your HIV status then we will give you a coupon for a free test at a Voluntary Counseling and Testing center.

I hope you will agree to participate in the testing. But if you decide not to have the test done, it is your right and I will respect your decision.
Do you have any questions about this?
Please tell me if you agree to participate in the HIV test.

GO TO COLUMN (172). CIRCLE THE APPROPRIATE CODE AND SIGN.

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.

GIVE EACH ELIGIBLE PERSON A COUPON FOR A FREE HIV TEST AT A VOLUNTARY COUNSELING AND TESTING CENTER.

HEIGHT AND WEIGHT

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR HEIGHT AND WEIGHT?

YES ☐

REQUEST PERMISSION MEASURE HEIGHT/WEIGHT OF WOMEN AND CHILDREN ↓

NO ☐ ──────────────────────────→ GO TO NEXT PAGE

CHECK COLUMNS (9) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(150)	(151)	(152)	(153)	(154)	(155)	(156)	(157)
☐☐		YEARS ☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (11)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐

* COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY OF BIRTH.
FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR.   TICK HERE IF CONTINUATION SHEET USED ☐

ANEMIA TESTING

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR ANEMIA TESTING?

YES ☐

REQUEST CONSENT
MEASURE HEMOGLOBIN
OF WOMEN AND CHILDREN

NO ☐ ─────────────────────→ GO TO HIV
TESTING PAGE

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49

CHECK COLUMN (152):	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
(158)	(159)	(160)	(161)	(162)	(163)
AGE 15-17 AGE 18-49 1 2 GO TO 160 ↵	☐☐	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ↵	☐☐.☐	YES NO/DK 1 2	☐
1 2 GO TO 160 ↵	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐	1 2	☐
1 2 GO TO 160 ↵	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐	1 2	☐

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER

CHECK COLUMN (153): BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS OTHER	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
1 2 ↳ NEXT CHILD	☐☐	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
1 2 ↳ NEXT CHILD	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
1 2 ↳ NEXT CHILD	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
1 2 ↳ NEXT CHILD	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
1 2 ↳ NEXT CHILD	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
1 2 ↳ NEXT CHILD	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐

164	CHECK 161 AND 162:
	NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*
	ONE OR MORE ☐ NONE ☐
	↓ ↓
	GIVE EACH RESPONSIBLE ADULT/PARENT GIVE EACH RESPONSIBLE ADULT/PARENT RESULT OF HEMOGLOBIN MEASUREMENT AND RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 165.** END INTERVIEW.
165	We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.165 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

HIV TESTING - WOMEN AND MEN

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR HIV TESTING?

YES ☐   NO ☐

REQUEST CONSENT
COLLECT DRIED BLOOD SPOTS
FROM WOMEN AND MEN

→ END OF HOUSEHOLD QUESTIONNAIRE

CHECK COLUMNS (9) AND (10): RECORD THE LINE NUMBER, SEX AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-49. THIS PAGE WILL BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL. (9) AND (10) (166)	SEX FROM COL. (4) (167)	AGE FROM COL. (7) (168)	CHECK AGE FROM COL. (168): (169)	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE (170)	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT CIRCLE CODE (AND SIGN) (171)	READ CONSENT STATEMENT TO MAN/WOMAN CIRCLE CODE (AND SIGN) (172)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY) (173)	SAMPLE BAR CODE (174)
☐☐	M 1 / F 2	YEARS ☐☐	AGE 15-17 1 GO TO 172 / AGE 18+ 2	☐☐	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
☐☐	M 1 / F 2	YEARS ☐☐	AGE 15-17 1 GO TO 172 / AGE 18+ 2	☐☐	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
☐☐	M 1 / F 2	YEARS ☐☐	AGE 15-17 1 GO TO 172 / AGE 18+ 2	☐☐	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
☐☐	M 1 / F 2	YEARS ☐☐	AGE 15-17 1 GO TO 172 / AGE 18+ 2	☐☐	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
☐☐	M 1 / F 2	YEARS ☐☐	AGE 15-17 1 GO TO 172 / AGE 18+ 2	☐☐	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	GRANTED 1 SIGN ___ / REFUSED 2 NEXT LINE	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

LINE NO. FROM COL. (9) AND (10)	SEX FROM COL. (4)	AGE FROM COL. (7)	CHECK AGE FROM COL. (168):	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)	READ CONSENT STATEMENT TO MAN/WOMAN CIRCLE CODE (AND SIGN)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
(166)	(167)	(168)	(169)	(170)	(171)	(172)	(173)	(174)
☐☐	M F 1 2	YEARS ☐☐	AGE 15-17 AGE 18+ 1 GO TO 172 →2	☐☐	GRANTED REFUSED 1 SIGN _____ NEXT LINE →2	GRANTED REFUSED 1 SIGN _____ NEXT LINE →2	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
☐☐	M F 1 2	YEARS ☐☐	AGE 15-17 AGE 18+ 1 GO TO 172 →2	☐☐	GRANTED REFUSED 1 SIGN _____ NEXT LINE →2	GRANTED REFUSED 1 SIGN _____ NEXT LINE →2	☐	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____   DATE: _____

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005
WOMAN'S QUESTIONNAIRE

MINISTRY OF PLANNING   **MINISTRY OF HEALTH**
NATIONAL INSTITUTE OF STATISTICS   **NATIONAL INSTITUTE OF PUBLIC HEALTH**

DOMAIN	DOMAIN
PROVINCE _____	PROVINCE
DISTRICT _____	DISTRICT
COMMUNE _____	COMMUNE
VILLAGE _____	VILLAGE
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	CLUSTER
HOUSEHOLD NUMBER	HOUSEHOLD
NAME AND LINE NUMBER OF WOMAN _____	

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE:

IS THIS HOUSEHOLD SELECTED FOR CAUSE OF DEATH MODULE ?	(YES = 1, NO = 2)	CAUSE OF DEATH	
IS THIS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE?	(YES = 1, NO = 2)	WOMEN'S STATUS	
IS THIS HOUSEHOLD SELECTED FOR HOUSEHOLD RELATIONS MODULE?	(YES = 1, NO = 2)	HOUSEHOLD FOR HH RELATIONS	
IS THIS WOMAN SELECTED FOR HOUSEHOLD RELATIONS MODULE?	(YES = 1, NO = 2)	WOMAN FOR HH RELATIONS	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT *	_____	_____	_____	RESULT *
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

INTRODUCTION AND CONSENT

```
INFORMED CONSENT

Hello.  My name is _____ and I am working with the Ministry of Health and Ministry of Planning.
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 about 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 . . . . ▢▢ MINUTES . . . . ▢▢	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ▢▢ ALWAYS . . . . 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . 1 TOWN . . . . 2 COUNTRYSIDE 3	
105	In what month and year were you born? IF RESPONDENT DOES NOT KNOW GREGORIAN MONTH AND YEAR OF BIRTH, ASK FOR KHMER MONTH AND YEAR. USE DATE CONVERSION CHART. _____ (SPECIFY KHMER MONTH AND YEAR OF BIRTH)	GREGORIAN MONTH . . . . ▢▢ DON'T KNOW MONTH . . . . 98 GREGORIAN YEAR . . . . ▢▢▢▢ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? IF GREGORIAN DATE IS RECORDED IN 105, COMPARE AGE TO DATE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ▢▢	
107	Have you ever attended school?	YES . . . . 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY . . . . 1 LOWER SECONDARY . . . . 2 UPPER SECONDARY . . . . 3 HIGHER 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest grade you completed at that level?	GRADE . . . . [ ][ ]	
110	CHECK 108: PRIMARY [ ] SECONDARY [ ] ↓ OR HIGHER		→ 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 part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		            (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

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 '2', '3' [ ] CODE '1' OR '5' [ ] OR '4' CIRCLED 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	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
116A	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . [ ][ ] NONE 00	→ 117
116B	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	
117	What is your religion?	BUDDHIST . . . . 1 MOSLEM . . . . 2 CHRISTIAN . . . . 3 OTHER 4	

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 are living with you? And how many daughters are living with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ▢▢ DAUGHTERS AT HOME . . . . . . ▢▢	
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 . . . . ▢▢ DAUGHTERS ELSEWHERE . ▢▢	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ▢▢ GIRLS DEAD . . . . ▢▢	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ▢▢	
209	CHECK 208: To make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ▢ NO ▢ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ▢ NO BIRTHS ▢		→ 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 KHMER DATE OF BIRTH AND CONVERT.	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died ? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR KHMER DATE OF BIRTH AND CONVERT.	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: 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.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS	YES ... 1 NO 2	LINE NUMBER (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS	YES ... 1 NO 2	LINE NUMBER (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS	YES ... 1 NO 2	LINE NUMBER (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS	YES ... 1 NO 2	LINE NUMBER (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS	YES ... 1 NO 2	LINE NUMBER (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES .... 1 NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.

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 . . . . ☐☐	
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	→ 237
230	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY ☐ LAST PREGNANCY ☐ ENDED IN ENDED BEFORE JAN. 2000 OR LATER ↓ JAN. 2000		→ 233A
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
232A	Did this pregnancy end in an induced abortion?	YES . . . . 1 NO 2	→ 233

232B	In the seven days after the abortion did you experience:
	    fever?
	    excessive bleeding?
		YES NO DK
		FEVER 1 2 8
		BLEEDING 1 2 8	

232C	Did anyone help you to initiate the induced abortion?
	
	IF YES: Who helped you to initiate the abortion?
	
	Anyone else?
	
	RECORD ALL PERSONS ASSISTING.
		HEALTH PROFESSIONAL
		   DOCTOR/MEDICAL ASSISTANT . . . A
		   NURSE . . . . B
		   MIDWIFE C
		   OTHER HEALTH PROF. . . . . D
		
		OTHER PERSON
		   TRADITIONAL BIRTH ATTENDANT . E
		   PHARMACIST . . . . F
		   KRU KHMER/MAGICIAN . . . . G
		   RELATIVE/FRIEND . . . . H
		
		OTHER _____ X
		           (SPECIFY)
		NO ONE . . . . Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

232D	Where did the induced abortion 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?
	
	WRITE THE NAME OF THE PLACE AND
	CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		  NATIONAL HOSPITAL (PP) 11
		  PROVINCIAL HOSPITAL (RH) 12
		  DISTRICT HOSPITAL (RH) 13
		  HEALTH CENTER 14
		  HEALTH POST 15
		  MILITARY HOSPITAL 16
		  OTHER PUBLIC 17
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 21
		  PRIVATE CLINIC 22
		  OTHER PRIVATE MEDICAL 26
		
		HOME
		  YOUR HOME 31
		  OTHER HOME 32
		
		OTHER PLACE _____ 96
		              (SPECIFY)	

232E	Was anyone present to help you at the time of the abortion?
	
	IF YES: Who was present to help you?
	
	Anyone else?
	
	RECORD ALL PERSONS ASSISTING.
		HEALTH PROFESSIONAL
		  DOCTOR/MEDICAL ASSISTANT ... A
		  NURSE .... B
		  MIDWIFE C
		  OTHER HEALTH PROF. .... D
		
		OTHER PERSON
		  TRADITIONAL BIRTH ATTENDANT . E
		  PHARMACIST .... F
		  KRU KHMER/MAGICIAN .... G
		  RELATIVE/FRIEND .... H
		
		OTHER PERSON _____ X
		           (SPECIFY)
		NO ONE .... Y	

233	Have you had any other pregnancies that miscarried, were aborted, or ended in a still birth?	YES .... 1 NO 2	⟶ 237
233A	In total, how many induced abortions have you had in your lifetime? IF NONE, RECORD '00'.	TOTAL NUMBER ABORTIONS ...... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 240
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . 1 DURING HER PERIOD . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
240	Are you the primary care giver for any of your own children or any other children?	YES . . . . 1 NO 2	→ 301
241	Are any of these children for whom you are the primary caregiver under the age of 18 years?	YES . . . . 1 NO 2	→ 301
242	Now I would like to ask you about the children who are under the age of 18 years and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES . . . . 1 NO . . . . 2 UNSURE 8	

301	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. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
04	MONTHLY PILL or CHINESE PILL Women can take a pill once a month to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
05	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
06	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
07	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
08	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
09	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . 1 NO 2	YES . . . . 1 NO 2
11	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
12	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
13	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE AT LEAST ONE "YES" "YES" (NEVER USED) (EVER USED)			→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 329
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 . . . . . . ☐☐	
308	CHECK 302: WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 329
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B DAILY PILL . . . . C MONTHLY PILL . . . . D IUD . . . . E INJECTABLES . . . . F IMPLANTS . . . . G CONDOM . . . . H FEMALE CONDOM . . . . I DIAPHRAGM . . . . J FOAM/JELLY . . . . K LACTATIONAL AMEN. METHOD . . . . . . L RHYTHM METHOD . . . . M WITHDRAWAL . . . . N OTHER _____ X (SPECIFY)	→ 313 → 312C → 312C → 316A
312	May I see the package of (pills/condoms) you are using? RECORD NAME OF BRAND.	PACKAGE SEEN . . . . 01 BRAND NAME _____ ☐☐ (SPECIFY) PACKAGE NOT SEEN 02	→ 312B
312A	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	
312B	How many (monthly pill cycles/packages of condoms) did you get the last time?	NUMBER OF CYCLES/PACKAGES ☐☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312C	The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	RIELS ...... 1 DOLLARS .. 2 FREE .... 999995 DON'T KNOW 999998	→ 316A

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)
		PUBLIC MEDICAL SECTOR
		   NATIONAL HOSPITAL (PP) 11
		   PROVINCIAL HOSPITAL (RH) 12
		   DISTRICT HOSPITAL (RH) 13
		   HEALTH CENTER 14
		   HEALTH POST 15
		   MILITARY HOSPITAL 16
		   OTHER PUBLIC _____ 17
		                 (SPECIFY)
		
		 PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 21
		   PRIVATE CLINIC 22
		   OTHER PRIV. MEDICAL _____ 26
		                 (SPECIFY)
		
		 OTHER _____ 96
		              (SPECIFY)
		 DON'T KNOW 98	

315	CHECK 311/311A: CODE 'A' CODE 'A' CIRCLED NOT CIRCLED Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES .... 1 NO .... 2 DON'T KNOW 8	
315A	How much did you pay in total for the sterilization, including any consultation you may have had?	RIELS ...... 1 DOLLARS .. 2 FREE .... 999995 DON'T KNOW 999998	
316	In what month and year was the sterilization performed?		
316A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping? IF RESPONDENT DOES NOT KNOW GREGORIAN YEAR, USE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR.	MONTH .... YEAR	
316B	CHECK 316/316A, 215 AND 230: DID RESPONDENT GIVE BIRTH OR HAVE A PREGNANCY TERMINATION AFTER MONTH AND YEAR REPORTED IN 316/316A ? YES NO GO BACK TO 316/316A, PROBE AND CORRECT THE MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 DAILY PILL . . . . 03 MONTHLY PILL . . . . 04 IUD . . . . 05 INJECTABLES . . . . 06 IMPLANTS . . . . 07 CONDOM . . . . 08 FEMALE CONDOM . . . . 09 DIAPHRAGM . . . . 10 FOAM/JELLY . . . . 11 LACTATIONAL AMEN. METHOD . . . 12 RHYTHM METHOD . . . . 13 WITHDRAWAL . . . . 14 OTHER METHOD 96	→ 329 → 322 → 331 → 328 → 325 → 331

321	Where did you obtain (CURRENT METHOD) when you started using it in (DATE in 316A) ?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		  NATIONAL HOSPITAL (PP) 11
		  PROVINCIAL HOSPITAL (RH) 12
		  DISTRICT HOSPITAL (RH) 13
		  HEALTH CENTER 14
		  HEALTH POST 15
		  MILITARY HOSPITAL 16
		  OTHER PUBLIC _____ 17
		       (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 21
		  PRIVATE CLINIC 22
		  OTHER PRIV. MEDICAL ___ 26
		       (SPECIFY)
		
		OTHER SOURCE
		  SHOP 31
		  COMMUNITY DISTRIBUTOR 32
		  FRIEND/RELATIVE 33
		
		OTHER _____ 96
		      (SPECIFY)	

322	Were you told about side effects or problems you might have with (CURRENT METHOD) when obtained it from (SOURCE OF METHOD IN 321) in (DATE IN 316A) ?	YES . . . . 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 325
324	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
325	Were you told about other methods of birth spacing you could use?	YES . . . . 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of birth spacing that you could use?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	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 INJECTABLES .... 06 IMPLANTS .... 07 CONDOM .... 08 FEMALE CONDOM .... 09 DIAPHRAGM .... 10 FOAM/JELLY .... 11 LACTATIONAL AMEN. METHOD ... 12 RHYTHM METHOD .... 13 WITHDRAWAL .... 14 OTHER METHOD 96	→ 331 → 331

328	Where did you obtain (CURRENT METHOD) the last time?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		  NATIONAL HOSPITAL (PP) 11
		  PROVINCIAL HOSPITAL (RH) 12
		  DISTRICT HOSPITAL (RH) 13
		  HEALTH CENTER 14
		  HEALTH POST 15
		  MILITARY HOSPITAL 16
		  OTHER PUBLIC _____ 17
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 21
		  PRIVATE CLINIC 22
		  OTHER PRIV. MEDICAL ____ 26
		        (SPECIFY)
		
		OTHER SOURCE
		  SHOP 31
		  COMMUNITY DISTRIBUTOR 32
		  FRIEND/RELATIVE 33
		
		OTHER _____ 96
		        (SPECIFY)
			→ 331

329	Do you know of a place where you can obtain a method of birth spacing?	YES .... 1 NO 2	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC MEDICAL SECTOR 　NATIONAL HOSPITAL (PP) .... A 　PROVINCIAL HOSPITAL (RH) ...... B 　DISTRICT HOSPITAL (RH) .... C 　HEALTH CENTER .... D 　HEALTH POST .... E 　MILITARY HOSPITAL .... F 　OTHER PUBLIC _____ G 　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL .... H 　PRIVATE CLINIC .... I 　OTHER PRIV. MEDICAL _____ J 　　　　　　　　(SPECIFY) OTHER SOURCE 　SHOP .... K 　COMMUNITY DISTRIBUTOR ...... L 　FRIEND/RELATIVE .... M OTHER _____ X 　　　　　　(SPECIFY)	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES .... 1 NO 2	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→ 401
333	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2000 OR LATER ☐ ↓	NO BIRTHS IN 2000 OR LATER ☐ ─────────────────────→	550

402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)

403		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM 212	LINE NUMBER ..... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓

405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN .... 1 (SKIP TO 407) ←──┘ LATER .... 2 NOT AT ALL .... 3 (SKIP TO 407) ←──┘	THEN .... 1 (SKIP TO 429) ←──┘ LATER .... 2 NOT AT ALL............. 3 (SKIP TO 429) ←──┘	THEN .... 1 (SKIP TO 429) ←──┘ LATER .... 2 NOT AT ALL............. 3 (SKIP TO 429) ←──┘

406	How much longer would you have liked to wait?	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW 998	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW 998	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW 998

407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT .... A NURSE .... B MIDWIFE .... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... D OTHER _____ X (SPECIFY) NO ONE .... Y (SKIP TO 414) ←──┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

408	Where did you receive antenatal care for this pregnancy?
	
	CIRCLE ALL MENTIONED.
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME .... A
		  MIDWIFE/
		    TBA HOME .... B
		  OTHER HOME C
		
		PUBLIC SECTOR
		  NATL HOSP (PP) ..... D
		  PROV HOSP (RH) E
		  DIST HOSP (RH) ..... F
		  HLTH CENTER ..... G
		  HLTH POST .... H
		  OUTREACH I
		  MILITARY HOSP ..... J
		  OTHER PUBLIC
		  _____ K
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP L
		  PRIV. CLINIC .... M
		  OTHER PRIVATE
		  MED. _____ N
		    (SPECIFY)
		
		OTHER _____ X
		    (SPECIFY)		

409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... [ ][ ] DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .. [ ][ ] DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your height taken? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT ..... 1 2 HEIGHT ..... 1 2 BP .... 1 2 URINE .... 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES .... 1 NO .... 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES .... 1 NO .... 2 DON'T KNOW 8		
414	Do you have a card where your vaccinations are written down? IF YES: May I see it please?	YES, SEEN .... 1 YES, NOT SEEN ..... 2 (SKIP TO 415) ← NO CARD 3		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414A	COPY TETANUS VACCINATION DATE FOR EACH VACCINE FROM THE CARD. WRITE '44' IN DAY COLUMN IF CARD SHOWS VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	D D M M Y Y TT1 . . . . TT2 . . . . TT3 . . . . TT4 . . . . TT5		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES (SKIP TO 420)		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . DON'T KNOW 8		

420	Where did you receive most of your tetanus vaccinations?	OUTREACH
		  ACTIVITIES 1
		HEALTH CENTER 2
		NATL HOSP/
		  PROV OR DIST
		  TOWN 3
		PRIV PRACTICE/
		  PRIV CLINIC 4
		OTHER 6		

421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 (SKIP TO 422A) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER DAYS DON'T KNOW 998		
422A	During this pregnancy, did you take any drug for intestinal parasites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1
		LARGER THAN
		  AVERAGE 2
		AVERAGE 3
		SMALLER THAN
		  AVERAGE 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY LARGE 1
			LARGER THAN
			  AVERAGE 2
			AVERAGE 3
			SMALLER THAN
			  AVERAGE 4
			VERY SMALL 5
			DON'T KNOW 8
				VERY LARGE 1
				LARGER THAN
				  AVERAGE 2
				AVERAGE 3
				SMALLER THAN
				  AVERAGE 4
				VERY SMALL 5
				DON'T KNOW 8

430	Was (NAME) weighed at birth?	YES 1
		
		NO 2
		    (SKIP TO 432) ◄———
		DON'T KNOW 8
			YES 1
			
			NO 2
			    (SKIP TO 432) ◄———
			DON'T KNOW 8
				YES 1
				
				NO 2
				    (SKIP TO 432) ◄———
				DON'T KNOW 8

431	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998

432	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PROFESSIONAL
		  DOCTOR/MEDICAL
		    ASSISTANT . . . . A
		  NURSE . . . . B
		  MIDWIFE C
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . . . . . D
		  RELATIVE/FRIEND . . . . . E
		
		OTHER _____ X
		    (SPECIFY)
		NO ONE . . . . Y
			HEALTH PROFESSIONAL
			  DOCTOR/MEDICAL
			    ASSISTANT . . . . A
			  NURSE . . . . B
			  MIDWIFE C
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT . . . . . D
			  RELATIVE/FRIEND . . . . . E
			
			OTHER _____ X
			    (SPECIFY)
			NO ONE . . . . Y
				HEALTH PROFESSIONAL
				  DOCTOR/MEDICAL
				    ASSISTANT . . . . A
				  NURSE . . . . B
				  MIDWIFE C
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT . . . . D
				  RELATIVE/FRIEND . . . . . E
				
				OTHER _____ X
				    (SPECIFY)
				NO ONE . . . . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

433	Where did you give birth to (NAME)?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME .... 11⌐
		  MIDWIFE/
		    TBA HOME .... 12—
		  OTHER HOME ..... 13⌐
		    (SKIP TO 440) ◄—┘
		
		PUBLIC SECTOR
		  NATL HOSP (PP) 21
		  PROV HOSP (RH) 22
		  DIST HOSP (RH) 23
		  HLTH CENTER 24
		  HLTH POST 25
		  MILITARY HOSP 26
		  OTHER PUBLIC
		  _____ 27
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP 31
		  PRIV. CLINIC 32
		  OTHER PRIVATE
		  MED. _____ 36
		    (SPECIFY)
		OTHER _____ 96
		  (SPECIFY)
		  (SKIP TO 440) ◄—┘
			HOME
			  YOUR HOME .... 11⌐
			  MIDWIFE/
			    TBA HOME .... 12—
			  OTHER HOME .... 13⌐
			    (SKIP TO 441) ◄—┘
			
			PUBLIC SECTOR
			  NATL HOSP (PP) 21
			  PROV HOSP (RH) 22
			  DIST HOSP (RH) 23
			  HLTH CENTER 24
			  HLTH POST 25
			  MILITARY HOSP 26
			  OTHER PUBLIC
			  _____ 27
			    (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PRIV. HOSP 31
			  PRIV. CLINIC 32
			  OTHER PRIVATE
			  MED. _____ 36
			    (SPECIFY)
			OTHER _____ 96
			  (SPECIFY)
			  (SKIP TO 441) ◄—┘
				HOME
				  YOUR HOME .... 11⌐
				  MIDWIFE/
				    TBA HOME .... 12—
				  OTHER HOME .... 13⌐
				    (SKIP TO 441) ◄—┘
				
				PUBLIC SECTOR
				  NATL HOSP (PP) 21
				  PROV HOSP (RH) 22
				  DIST HOSP (RH) 23
				  HLTH CENTER 24
				  HLTH POST 25
				  MILITARY HOSP........ 26
				  OTHER PUBLIC
				  _____ 27
				    (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PRIV. HOSP 31
				  PRIV. CLINIC 32
				  OTHER PRIVATE
				  MED. _____ 36
				    (SPECIFY)
				OTHER _____ 96
				  (SPECIFY)
				  (SKIP TO 441) ◄—┘

434	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .... 1 ☐☐ DAYS .... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998	HOURS .... 1 ☐☐ DAYS....... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998	HOURS .... 1 ☐☐ DAYS....... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998
435	Was (NAME) delivered by caesarean section?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2

436	Before you were discharged after (NAME) was born, did a health professional check on your health?	YES 1
		NO 2
		  (SKIP TO 439) ◄—┘
			YES 1
			  (SKIP TO 451) ◄—┐
			NO 2
				YES 1
				  (SKIP TO 451) ◄—┐
				NO 2

437	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .... 1 ☐☐ DAYS .... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998		

438	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  DOCTOR/MEDICAL
		    ASSISTANT .... 11⌐
		  NURSE .... 12—
		  MIDWIFE .... 13—
		OTHER PERSON
		  TRAD. BIRTH
		    ATTENDANT ..... 14—
		OTHER _____ 96—
		    (SPECIFY)
		  (SKIP TO 449) ◄—┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	After you were discharged, did a health professional or a traditional birth attendant check on your health?	YES . . . . 1 (SKIP TO 442) ←———┐ NO . . . . 2 (SKIP TO 449) ←———┘	YES . . . . 1 (SKIP TO 451) ←———┐ NO 2	YES . . . . 1 (SKIP TO 451) ←———┐ NO 2

440	Why didn't you deliver in a health facility?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		COST TOO MUCH . . . . . A
		FACILITY NOT OPEN . . B
		TOO FAR/ NO
		   TRANSPORT C
		DON'T TRUST
		   FACILITY/POOR
		   QUALITY SERVICE . . D
		NO FEMALE PROVID-
		   ER AT FACILITY . . . . . E
		HUSBAND/FAMILY
		   NOT ALLOW . . . . F
		NOT NECESSARY . . . . . G
		MIDWIFE CAME
		   TO HOME . . . . H
		NO COMFORTABLE
		   SPACE I
		NO BEDS . . . . J
		CHILD CARE . . . . K
		OTHER _____
		       (SPECIFY) X		

441	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 445) ←———	YES . . . . 1 NO 2	YES . . . . 1 NO 2
442	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 998		

443	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		   DOCTOR/MEDICAL
		      ASSISTANT 11
		   NURSE 12
		   MIDWIFE 13
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 14
		
		OTHER _____ 96
		       (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

444	Where did this first check take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME 11
		  MIDWIFE/
		    TBA HOME 12
		  OTHER HOME 13
		
		PUBLIC SECTOR
		  NATL HOSP (PP) 21
		  PROV HOSP (RH) 22
		  DIST HOSP (RH) 23
		  HLTH CENTER 24
		  HLTH POST 25
		  OUTREACH 26
		  MILITARY HOSP 27
		  OTHER PUBLIC
		  _____ 28
		      (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP 31
		  PRIV. CLINIC 32
		  OTHER PRIVATE
		  MED. _____ 36
		      (SPECIFY)
		
		OTHER _____ 96
		      (SPECIFY)		

444A	CHECK 439:	YES NOT ASKED ☐ ☐ (SKIP TO 449) ↓		
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	YES .... 1 NO .... 2 (SKIP TO 449) ←—┘ DON'T KNOW 8		
446	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH 1 ☐☐ DAYS AFTER BIRTH 2 ☐☐ WKS AFTER BIRTH 3 ☐☐ DON'T KNOW 998		

447	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  DOCTOR/MEDICAL
		    ASSISTANT 11
		  NURSE 12
		  MIDWIFE 13
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 14
		
		OTHER _____ 96
		      (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

448	Where did this first check of (NAME) take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . . A
		  MIDWIFE/
		    TBA HOME . . . . B
		  OTHER HOME C
		
		PUBLIC SECTOR
		  NATL HOSP (PP) . . . . . D
		  PROV HOSP (RH) . . . . . E
		  DIST HOSP (RH) . . . . . F
		  HLTH CENTER . . . . . G
		  HLTH POST . . . . H
		  OUTREACH I
		  MILITARY HOSP . . . . . J
		  OTHER PUBLIC
		  _____ K
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP L
		  PRIV. CLINIC . . . . M
		  OTHER PRIVATE
		  MED. _____ N
		    (SPECIFY)
		
		OTHER _____ X
		    (SPECIFY)		

449	In the first eight weeks after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES . . . . 1 NO 2		
449A	In the first two months after delivery, did you receive iron tablets?	YES . . . . 1 NO . . . . 2 DK 8		

450	Has your menstrual period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 452) ←
		NO 2
		  (SKIP TO 453) ←		

451	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1
			NO 2
			  (SKIP TO 455) ←
				YES 1
				NO 2
				  (SKIP TO 455) ←

452	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR NANT UNSURE [ ] (SKIP TO 455) ←		
454	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 456) ←		
455	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
456	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 463)◄───	YES . . . . 1 NO . . . . 2 (SKIP TO 463)◄───	YES . . . . 1 NO . . . . 2 (SKIP TO 463)◄───
456A	Did you provide colostrum with the breastmilk?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
457	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk, such as chheu em?	YES . . . . 1 NO . . . . 2 (SKIP TO 460)◄───		

459	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED.
		PLAIN WATER . . . . A
		SUGAR OR
		   HONEY WATER . . . . . B
		SUGAR/SALT
		   WATER C
		HERBAL TEA . . . . D
		JUICE/COCONUT
		   WATER . . . . E
		MILK (NOT
		   BREASTMILK) . . . . F
		INFANT FORMULA . . . . . G
		
		OTHER _____ X
		            (SPECIFY)		

460	CHECK 404:
	
	IS CHILD LIVING?
		LIVING ↓ DEAD ☐
		              (SKIP TO 462)◄───
			LIVING ↓ DEAD ☐
			              (SKIP TO 462)◄───
				LIVING ↓ DEAD ☐
				              (SKIP TO 462)◄───

461	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 464)◄─── NO 2	YES . . . . 1 (SKIP TO 466)◄─── NO 2	YES . . . . 1 (SKIP TO 466)◄─── NO 2
462	For how many months did you breastfeed (NAME)?	MONTHS . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98

463	CHECK 404:
	
	IS CHILD LIVING?
		LIVING ☐ ↓ DEAD ☐ ↓
		                (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468)
		(SKIP TO 466)
			LIVING ☐ ↓ DEAD ☐ ↓
			                (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468)
			(SKIP TO 466)
				LIVING ☐ ↓ DEAD ☐ ↓
				                (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468)
				(SKIP TO 466)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
464	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
465	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
467		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	CHECK 215 AND 218: HAS AT LEAST ONE CHILD ☐ DOES NOT HAVE ANY CHILDREN ☐ BORN IN 2002 OR LATER BORN IN 2002 OR LATER AND LIVING WITH HER AND LIVING WITH HER RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 469) _____ (NAME)		→ 501

| 469 | Now I would like to ask you about liquids (NAME FROM 468) drank yesterday during the day or at night.

Did (NAME FROM 468) drink:

Plain water?
Infant formula?
Any other milk such as tinned, condensed, or fresh animal milk?
Fruit juice such as coconut juice?
Tea or coffee?
Any other liquids such as sugar water, carbonated drinks, or soup broth? | YES NO DK

PLAIN WATER 1   2   8
FORMULA 1   2   8
MILK 1   2   8
JUICE 1   2   8
TEA/COFFEE 1   2   8
OTHER LIQUIDS 1   2   8 | |

| 470 | Now I would like to ask you about the food (NAME FROM 468) ate yesterday during the day or at night, either separately or combined with other foods.

Did (NAME FROM 468) eat:

a. Any porridge?

b. Any commercially produced baby cereal?

c. Any bread, rice, noodles, or any other staple foods made from grains?

d. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?

e. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?

f. Any dark green, leafy vegetables?

g. Any ripe mangoes or papayas?

h. Any other fruits or vegetables?

i. Any liver, kidney, heart or other organ meats?

j. Any beef, pork, lamb, goat, rabbit or deer?

k. Any chicken, duck or other birds?

l. Any eggs?

m. Any fresh or dried fish or shellfish?

n. Any foods made from beans, peas, or lentils?

o. Any nuts?

p. Any fish paste?

q. Any food made with oil, fat, or butter?

r. Any snake, snail, frog, rat, or insects?

s. Any sugary foods such as chocolates, sweets, candies, cakes or pastries ?
t. Any other solid or semi-solid food? | YES NO DK

a 1   2   8

b 1   2   8

c 1   2   8

d 1   2   8

e 1   2   8

f 1   2   8

g 1   2   8

h 1   2   8

i 1   2   8

j 1   2   8

k 1   2   8

l 1   2   8

m 1   2   8

n 1   2   8

o 1   2   8

p 1   2   8

q 1   2   8

r 1   2   8

s 1   2   8

t 1   2   8 | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
471	CHECK 470: AT LEAST ONE "YES" ☐ NOT A SINGLE "YES" ☐ ⟶		501
472	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OFTIMES . . . . ☐ DON'T KNOW 8	

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		
502	LINE NUMBER FROM 212	**LAST BIRTH** LINE NUMBER	**NEXT-TO-LAST BIRTH** LINE NUMBER	**SECOND-FROM-LAST BIRTH** LINE NUMBER . . . .
503	FROM 212 AND 216	NAME_____ LIVING DEAD ☐ ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME_____ LIVING DEAD ☐ ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME_____ LIVING DEAD ☐ ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
504	Has (NAME) ever received a vitamin A dose like this? SHOW CAPSULE.	YES . . . . 1 NO . . . . 2 (SKIP TO 506) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 506) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 506) ← DON'T KNOW 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO . . ☐☐ DON'T KNOW 98	MONTHS AGO . . ☐☐ DON'T KNOW 98	MONTHS AGO . . ☐☐ DON'T KNOW 98
506	In the last 7 days, did (NAME) take iron pills?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
507	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 509) ← YES, NOT SEEN . . . . 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 509) ← YES, NOT SEEN . . . . 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 509) ← YES, NOT SEEN . . . . 2 (SKIP TO 511) ← NO CARD 3
508	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 511) ← NO 2	YES . . . . 1 (SKIP TO 511) ← NO 2	YES . . . . 1 (SKIP TO 511) ← NO 2

509   (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

       (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG				BCG			BCG		
POLIO 0				P0			P0		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DTC 1				D1			D1		
DTC 2				D2			D2		
DTC 3				D3			D3		
MEASLES				MEA			MEA		
VITAMIN A (MOST RECENT)				VIT A			VIT A		
VITAMIN A (2nd MOST RECENT)				VIT A			VIT A		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

510	Has (NAME) received any vaccinations that are not recorded on this card?
	
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.
		YES 1
		(PROBE FOR ◄——┐
		VACCINATIONS AND
		WRITE '66' IN THE
		CORRESPONDING
		  DAY COLUMN IN 509) ┐
		(SKIP TO 513) ◄————┘
		
		NO 2
		    (SKIP TO 513) ◄——┤
		DON'T KNOW 8
			YES 1
			(PROBE FOR ◄——┐
			VACCINATIONS AND
			WRITE '66' IN THE
			CORRESPONDING
			  DAY COLUMN IN 509) ┐
			(SKIP TO 513) ◄————┘
			
			NO 2
			    (SKIP TO 513) ◄——┤
			DON'T KNOW 8
				YES 1
				(PROBE FOR ◄——┐
				VACCINATIONS AND
				WRITE '66' IN THE
				CORRESPONDING
				  DAY COLUMN IN 509) ┐
				(SKIP TO 513) ◄————┘
				
				NO 2
				    (SKIP TO 513) ◄——┤
				DON'T KNOW 8

511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1
		
		NO 2
		    (SKIP TO 514) ◄——┤
		DON'T KNOW 8
		    (SKIP TO 515) ◄——┘
			YES 1
			
			NO 2
			    (SKIP TO 514) ◄——┤
			DON'T KNOW 8
			    (SKIP TO 515) ◄——┘
				YES 1
				
				NO 2
				    (SKIP TO 514) ◄——┤
				DON'T KNOW 8
				    (SKIP TO 515) ◄——┘

512	Please tell me if (NAME) received any of the following vaccinations:			
512A	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	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

512B	Polio vaccine, that is, drops in the mouth?	YES 1
		NO 2
		    (SKIP TO 512D) ◄——┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 512D) ◄——┤
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 512D) ◄——┤
				DON'T KNOW 8

512C	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]

512D	A DPT vaccination, that is, an injection given in the thigh or buttocks, usually at the same time as polio drops?	YES 1
		NO 2
		    (SKIP TO 512F) ◄——┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 512F) ◄——┤
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 512F) ◄——┤
				DON'T KNOW 8

512E	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
512F	An injection at nine months to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

513	Where did (NAME) receive most of the vaccinations?	OUTREACH
		  ACTIVITIES . . . . . . 01┐
		HEALTH CENTER . 02┤
		NATL, PROV, DIST
		  HOSPITAL . . . . . . 03┤
		PRIV PRACTICE/
		  PRIV CLINIC . . . 04┤
		OTHER _____ 96┤
		    (SPECIFY)
		
		(SKIP TO 515) ◄——┘
			OUTREACH
			  ACTIVITIES . . . . . . 01┐
			HEALTH CENTER . 02┤
			NATL, PROV, DIST
			  HOSPITAL . . . . . . 03┤
			PRIV PRACTICE/
			  PRIV CLINIC . . . 04┤
			OTHER _____ 96┤
			    (SPECIFY)
			
			(SKIP TO 515) ◄——┘
				OUTREACH
				  ACTIVITIES . . . . . . 01┐
				HEALTH CENTER . 02┤
				NATL, PROV, DIST
				  HOSPITAL . . . . . . 03┤
				PRIV PRACTICE/
				  PRIV CLINIC . . . 04┤
				OTHER _____ 96┤
				    (SPECIFY)
				
				(SKIP TO 515) ◄——┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

514	Why did you not vaccinate your child?
	
	RECORD ALL MENTIONED.
		UNAWARE OF
		  NEED . . . . A
		PLACE/TIME
		  UNKNOWN . . . . . . B
		SIDE EFFECTS . . . C
		CHILD SICK . . . . D
		TOO BUSY . . . . E
		NO NEED . . . . F
		TOO COSTLY . . . . . . G
		RUMOURS . . . . H
		
		OTHER _____X
		     (SPECIFY)
			UNAWARE OF
			  NEED . . . . A
			PLACE/TIME
			  UNKNOWN . . . . . . B
			SIDE EFFECTS . . . C
			CHILD SICK . . . . D
			TOO BUSY . . . . E
			NO NEED . . . . F
			TOO COSTLY . . . . . . G
			RUMOURS . . . . H
			
			OTHER _____X
			     (SPECIFY)
				UNAWARE OF
				  NEED . . . . A
				PLACE/TIME
				  UNKNOWN . . . . . . B
				SIDE EFFECTS . . . C
				CHILD SICK . . . . D
				TOO BUSY . . . . E
				NO NEED . . . . F
				TOO COSTLY . . . . . . G
				RUMOURS . . . . H
				
				OTHER _____X
				     (SPECIFY)

515	Has (NAME) had diarrhea in the last 2 weeks?	YES 1
		NO 2
		  (SKIP TO 530) ←┐
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 530) ←┐
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 530) ←┐
				DON'T KNOW 8

516	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

519	Did you seek advice or treatment for the diarrhea from any source?	YES 1
		NO 2
		  (SKIP TO 524)←┘
			YES 1
			NO 2
			  (SKIP TO 524)←┘
				YES 1
				NO 2
				  (SKIP TO 524)←┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

520	Where did you seek advice or treatment?
	
	IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Anywhere else?
	
	RECORD ALL PLACES MENTIONED.
		PUBLIC SECTOR
		  NATL HOSP (PP) . A
		  PROV HOSP (RH) B
		  DIST HOSP (RH) . C
		  HLTH CENTER . . . D
		  HLTH POST . . . . . . E
		  OUTREACH . . . . . . F
		  MILITARY HOSP . G
		  OTHER PUBLIC
		              _____ H
		       (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP . . . I
		  PRIV. CLINIC . . . J
		  PHARMACY . . . . . . K
		  HOME OF TRAINED
		    HEALTH
		      WORKER . . . L
		  VISIT OF TRAINED
		    HEALTH
		      WORKER . . . M
		  OTHER PRIVATE
		    MED. _____ N
		       (SPECIFY)
		OTHER SOURCE
		  SHOP . . . . O
		  TRADITIONAL
		    PRACTITIONER P
		  OTHER _____ X
		       (SPECIFY)
			PUBLIC SECTOR
			  NATL HOSP (PP) . A
			  PROV HOSP (RH) B
			  DIST HOSP (RH) . C
			  HLTH CENTER . . . D
			  HLTH POST . . . . . . E
			  OUTREACH . . . . . . F
			  MILITARY HOSP . G
			  OTHER PUBLIC
			              _____ H
			       (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PRIV. HOSP . . . I
			  PRIV. CLINIC . . . J
			  PHARMACY . . . . . . K
			  HOME OF TRAINED
			    HEALTH
			      WORKER . . . L
			  VISIT OF TRAINED
			    HEALTH
			      WORKER . . . M
			  OTHER PRIVATE
			    MED. _____ N
			       (SPECIFY)
			OTHER SOURCE
			  SHOP . . . . O
			  TRADITIONAL
			    PRACTITIONER P
			  OTHER _____ X
			       (SPECIFY)
				PUBLIC SECTOR
				  NATL HOSP (PP) . A
				  PROV HOSP (RH) B
				  DIST HOSP (RH) . C
				  HLTH CENTER . . . D
				  HLTH POST . . . . . . E
				  OUTREACH . . . . . . F
				  MILITARY HOSP . G
				  OTHER PUBLIC
				              _____ H
				       (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PRIV. HOSP . . . I
				  PRIV. CLINIC . . . J
				  PHARMACY . . . . . . K
				  HOME OF TRAINED
				    HEALTH
				      WORKER . . . L
				  VISIT OF TRAINED
				    HEALTH
				      WORKER . . . M
				  OTHER PRIVATE
				    MED. _____ N
				       (SPECIFY)
				OTHER SOURCE
				  SHOP . . . . O
				  TRADITIONAL
				    PRACTITIONER P
				  OTHER _____ X
				       (SPECIFY)

521	CHECK 520:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 523) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 523) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 523) ←

522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
523	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
524	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
a	A fluid made from a special packet called Oralyte?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
b	A home fluid of porridge water or cooked rice with salt and sugar?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ◄─┐ DON'T KNOW 8

527	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		TABLET OR
		  SYRUP . . . . A
		INJECTION
		  (IM OR IV) . . . . . B
		PERFUSION C
		TRADITIONAL/
		  HERBAL
		  MEDICINE . . . . . . D
		
		OTHER _____X
		      (SPECIFY)
			TABLET OR
			  SYRUP . . . . A
			INJECTION
			  (IM OR IV) . . . . . B
			PERFUSION C
			TRADITIONAL/
			  HERBAL
			  MEDICINE . . . . . . D
			
			OTHER _____X
			      (SPECIFY)
				TABLET OR
				  SYRUP . . . . A
				INJECTION
				  (IM OR IV) . . . . . B
				PERFUSION C
				TRADITIONAL/
				  HERBAL
				  MEDICINE . . . . . . D
				
				OTHER _____X
				      (SPECIFY)

530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 534) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) ◄─┐ DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ◄─┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) ◄─┐ DON'T KNOW 8

533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . . . . 1 ┐
		NOSE ONLY 2
		BOTH . . . . 3 ─
		OTHER _____6
		      (SPECIFY)
		DON'T KNOW . . . . . . 8 ┘
		(SKIP TO 535) ◄───
			CHEST ONLY . . . . . . 1 ┐
			NOSE ONLY 2
			BOTH . . . . 3 ─
			OTHER _____6
			      (SPECIFY)
			DON'T KNOW . . . . . . 8 ┘
			(SKIP TO 535) ◄───
				CHEST ONLY . . . . . . 1 ┐
				NOSE ONLY 2
				BOTH . . . . 3 ─
				OTHER _____6
				      (SPECIFY)
				DON'T KNOW . . . . . . 8 ┘
				(SKIP TO 535) ◄───

534	CHECK 530: HAD FEVER?	YES NO OR DK ┌─┐ ┌─┐ │ │ │ │ ↓ (SKIP TO 546) ◄─	YES NO OR DK ┌─┐ ┌─┐ │ │ │ │ ↓ (SKIP TO 546) ◄─	YES NO OR DK ┌─┐ ┌─┐ │ │ │ │ ↓ (SKIP TO 546) ◄─
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 542)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 542)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 542)◄────┘

538	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		  NATL HOSP (PP) . A
		  PROV HOSP (RH) B
		  DIST HOSP (RH) . C
		  HLTH CENTER . . . D
		  HLTH POST . . . . . . E
		  VILLAGE
		    MALARIA
		    WORKER . . . F
		  OUTREACH . . . . . . G
		  MILITARY HOSP . . H
		  OTHER PUBLIC
		    _____ I
		       (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PRIV. HOSP. . . . J
		  PRIV. CLINIC . . . K
		  PHARMACY L
		  HOME OF TRAINED
		    HEALTH
		    WORKER . . . M
		  VISIT OF TRAINED
		    HEALTH
		    WORKER . . . N
		  OTHER PRIVATE
		    MED. _____ O
		       (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . P
		  TRADITIONAL
		    PRACTITIONER Q
		
		OTHER _____ X
		       (SPECIFY)
			PUBLIC SECTOR
			  NATL HOSP (PP) . A
			  PROV HOSP (RH) B
			  DIST HOSP (RH) . C
			  HLTH CENTER . . . D
			  HLTH POST . . . . . . E
			  VILLAGE
			    MALARIA
			    WORKER . . . F
			  OUTREACH . . . . . . G
			  MILITARY HOSP . . H
			  OTHER PUBLIC
			    _____ I
			       (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PRIV. HOSP. . . . J
			  PRIV. CLINIC . . . K
			  PHARMACY L
			  HOME OF TRAINED
			    HEALTH
			    WORKER . . . M
			  VISIT OF TRAINED
			    HEALTH
			    WORKER . . . N
			  OTHER PRIVATE
			    MED. _____ O
			       (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . P
			  TRADITIONAL
			    PRACTITIONER Q
			
			OTHER _____ X
			       (SPECIFY)
				PUBLIC SECTOR
				  NATL HOSP (PP) . A
				  PROV HOSP (RH) B
				  DIST HOSP (RH) . C
				  HLTH CENTER . . . D
				  HLTH POST . . . . . . E
				  VILLAGE
				    MALARIA
				    WORKER . . . F
				  OUTREACH . . . . . . G
				  MILITARY HOSP . . H
				  OTHER PUBLIC
				    _____ I
				       (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PRIV. HOSP. . . . J
				  PRIV. CLINIC . . . K
				  PHARMACY L
				  HOME OF TRAINED
				    HEALTH
				    WORKER . . . M
				  VISIT OF TRAINED
				    HEALTH
				    WORKER . . . N
				  OTHER PRIVATE
				    MED. _____ O
				       (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . P
				  TRADITIONAL
				    PRACTITIONER Q
				
				OTHER _____ X
				       (SPECIFY)

539	CHECK 538:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		CIRCLED CIRCLED
		↓
		     (SKIP TO 541)◄──
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			CIRCLED CIRCLED
			↓
			     (SKIP TO 541)◄──
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				CIRCLED CIRCLED
				↓
				     (SKIP TO 541)◄──

540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	Is (NAME) still sick with a (fever/ cough)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
542A	At any time during the illness, was (NAME)'s blood tested for malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←—| DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←—| DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 543) ←—| DON'T KNOW 8
542B	What type of test?	BLOOD SLIDE . . . . . . 1 RAPID TEST . . . . . 2 DON'T KNOW 8	BLOOD SLIDE . . . . . . 1 RAPID TEST . . . . . 2 DON'T KNOW 8	BLOOD SLIDE . . . . . . 1 RAPID TEST . . . . . 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ←—| DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ←—| DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ←—| DON'T KNOW 8

544	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL
		  FANSIDAR . . . . . . A
		  CHLOROQUINE . B
		  QUININE C
		  MALARINE . . . . . . D
		  A+M (2, 3, 4) . . . . . . E
		  MEFLOQUINE . . . F
		  ARTEMISININ . . . G
		  ARTESUNATE
		    TABLET . . . . . . H
		  ARTESUNATE
		    SUPPOSITORY I
		  ARTEKINE . . . . . . J
		  COTEXIN . . . . K
		
		ANTIBIOTIC
		  AMOXICILLINE . . . L
		  COTRIMOXAZONE M
		  TETRACYCLINE . N
		OTHER
		  ASPIRIN . . . . O
		  PARACETAMOL . P
		  DRUG COCKTAIL Q
		  MULTIVITAMIN . . . R
		
		OTHER _____ X
		    (SPECIFY)
		
		DON'T KNOW . . . . . . Z
			ANTIMALARIAL
			  FANSIDAR . . . . . . A
			  CHLOROQUINE . B
			  QUININE C
			  MALARINE . . . . . . D
			  A+M (2, 3, 4) . . . . . . E
			  MEFLOQUINE . . . F
			  ARTEMISININ . . . G
			  ARTESUNATE
			    TABLET . . . . . . H
			  ARTESUNATE
			    SUPPOSITORY I
			  ARTEKINE . . . . . . J
			  COTEXIN . . . . K
			
			ANTIBIOTIC
			  AMOXICILLINE . . . L
			  COTRIMOXAZONE M
			  TETRACYCLINE . N
			OTHER
			  ASPIRIN . . . . O
			  PARACETAMOL . P
			  DRUG COCKTAIL Q
			  MULTIVITAMIN . . . R
			
			OTHER _____ X
			    (SPECIFY)
			
			DON'T KNOW . . . . . . Z
				ANTIMALARIAL
				  FANSIDAR . . . . . . A
				  CHLOROQUINE . B
				  QUININE C
				  MALARINE . . . . . . D
				  A+M (2, 3, 4) . . . . . . E
				  MEFLOQUINE . . . F
				  ARTEMISININ . . . G
				  ARTESUNATE
				    TABLET . . . . . . H
				  ARTESUNATE
				    SUPPOSITORY I
				  ARTEKINE . . . . . . J
				  COTEXIN . . . . K
				
				ANTIBIOTIC
				  AMOXICILLINE . . . L
				  COTRIMOXAZONE M
				  TETRACYCLINE . N
				OTHER
				  ASPIRIN . . . . O
				  PARACETAMOL . P
				  DRUG COCKTAIL Q
				  MULTIVITAMIN . . . R
				
				OTHER _____ X
				    (SPECIFY)
				
				DON'T KNOW . . . . . . Z

544A	CHECK 544: ANY CODE A-N CIRCLED?	YES NO ☐ ☐ ↓ (SKIP TO 546) ←—	YES NO ☐ ☐ ↓ (SKIP TO 546) ←—	YES NO ☐ ☐ ↓ (SKIP TO 546) ←—

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?
	
	IF YES, CIRCLE CODE FOR THAT DRUG.
	
	ASK SEPARATELY FOR EACH ANTIMALARIALL OR ANTIBIOTIC DRUG GIVEN IN 544.
		ANTIMALARIAL
		  FANSIDAR ...... A
		  CHLOROQUINE . B
		  QUININE C
		  MALARINE ...... D
		  A+M (2, 3, 4) ...... E
		  MEFLOQUINE ... F
		  ARTEMISININ ... G
		  ARTESUNATE
		    TABLET ...... H
		  ARTESUNATE
		    SUPPOSITORY I
		  ARTEKINE ...... J
		  COTEXIN .... K
		
		ANTIBIOTIC
		  AMOXICILLINE ... L
		  COTRIMOXAZONE M
		  TETRACYCLINE . N
			ANTIMALARIAL
			  FANSIDAR ...... A
			  CHLOROQUINE . B
			  QUININE C
			  MALARINE ...... D
			  A+M (2, 3, 4) ...... E
			  MEFLOQUINE ... F
			  ARTEMISININ ... G
			  ARTESUNATE
			    TABLET ...... H
			  ARTESUNATE
			    SUPPOSITORY I
			  ARTEKINE ...... J
			  COTEXIN .... K
			
			ANTIBIOTIC
			  AMOXICILLINE ... L
			  COTRIMOXAZONE M
			  TETRACYCLINE . N
				ANTIMALARIAL
				  FANSIDAR ...... A
				  CHLOROQUINE . B
				  QUININE C
				  MALARINE ...... D
				  A+M (2, 3, 4) ...... E
				  MEFLOQUINE ... F
				  ARTEMISININ ... G
				  ARTESUNATE
				    TABLET ...... H
				  ARTESUNATE
				    SUPPOSITORY I
				  ARTEKINE ...... J
				  COTEXIN .... K
				
				ANTIBIOTIC
				  AMOXICILLINE ... L
				  COTRIMOXAZONE M
				  TETRACYCLINE . N

546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐		→ 550

548	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		
		OTHER _____ 96
		           (SPECIFY)
		DON'T KNOW 98	

549	CHECK 525(a) AND 525(b), ALL COLUMNS: NO CHILD RECEIVED ☐ ORALYTE ANY CHILD RECEIVED ☐ ORALYTE		→ 551
550	Have you ever heard of a special product called Oralyte, which can be provided during a diarrheal episode? (SHOW PACKET)	YES . . . . 1 NO 2	

551

Now I would like to ask you some questions about medical care for you yourself.

Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?

Question		BIG PROB-LEM	NOT A BIG PROB-LEM
Getting permission to go.	PERMISSION TO GO . . .	1	2
Getting money needed for treatment.	GETTING MONEY	1	2
The distance to the health facility.	DISTANCE	1	2
Having to take transport.	TAKING TRANSPORT . . .	1	2
Not wanting to go alone.	GO ALONE	1	2
Concern that there may not be a female health provider.	NO FEMALE PROV. . . .	1	2
Concern that there may not be any health provider.	NO PROVIDER	1	2
Concern that there may be no drugs available.	NO DRUGS	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
554	Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 558
555	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 558

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

556	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR
		   NATIONAL HOSPITAL (PP) 11
		   PROVINCIAL HOSP (RH) 12
		   DISTRICT HOSPITAL (RH) 13
		   HEALTH CENTER 14
		   HEALTH POST 15
		   OUTREACH 16
		   MILITARY HOSPITAL 17
		   OTHER PUBLIC _____ 18
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		     PRIVATE DOCTOR 21
		   DENTAL CLINIC/OFFICE 22
		   PHARMACY 23
		   OFFICE OR HOME OF NURSE/
		     HEALTH WORKER 24
		   OTHER PRIVATE
		     MEDICAL _____ 26
		          (SPECIFY)
		OTHER PLACE
		   AT HOME 31
		
		   OTHER _____ 96
		          (SPECIFY)	

557	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
558	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 560
559	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . [ ][ ]	
560	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 562
561	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B OTHER _____ X (SPECIFY)	
562	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 566

563	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		INHERITED . . . . A
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . B
		THROUGH SHARING UTENSILS C
		THROUGH TOUCHING A PERSON
		   WITH TB . . . . D
		THROUGH FOOD . . . . E
		THROUGH SEXUAL CONTACT . . . . . . F
		THROUGH MOSQUITO BITES . . . . G
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
564	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
565	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

566	CHECK 468:
	HAS AT LEAST ONE CHILD DOES NOT HAVE ANY CHILDREN → 570A BORN IN 2002 OR LATER BORN IN 2002 OR LATER AND LIVING WITH HER ↓ AND LIVING WITH HER

567	Now I would like to ask you about the foods and liquids you had yesterday during the day or at night, either separately or combined with other foods or liquids. Did (YOU) eat or drink:			
		YES	NO	DK
	a. Any bread, rice, noodles, or any other staple foods made from grains?	a 1	2	8
	b. Any pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	b 1	2	8
	c. Any white potatoes, white yams, manioc, cassava or any other foods made from roots or tubers?	c 1	2	8
	d. Any dark green, leafy vegetables?	d 1	2	8
	e. Any ripe mangoes or papayas?	e 1	2	8
	f. Any other fruits or vegetables?	f 1	2	8
	g. Any liver, kidney, heart or other organ meats?	g 1	2	8
	h. Any beef, pork, lamb, goat, rabbit or deer?	h 1	2	8
	i. Any chicken, duck or other birds?	i 1	2	8
	j. Any eggs?	j 1	2	8
	k. Any fresh or dried fish or shellfish?	k 1	2	8
	l. Any foods made from beans, peas, or lentils?	l 1	2	8
	m. Any nuts?	m 1	2	8
	n. Any fish paste?	n 1	2	8
	o. Any milk or other milk products?	o 1	2	8
	p. Any foods made with oil, fat, or butter?	p 1	2	8
	q. Any snake, snail, frog, rat, or insects?	q 1	2	8
	r. Any tea or coffee?	r 1	2	8
	s. Any sugary foods such as pastry, cakes, chocolates, sweets or candies ?	s 1	2	8
	t. Any sugary drinks such as sodas or fruit juices ?	t 1	2	8

570A	CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR CAUSE OF DEATH ? YES ☐ NO ☐ → 601
507B	CHECK 215: ONE OR MORE BIRTH ☐ NO BIRTH IN ☐ IN 2002 OR LATER 2002 OR LATER → 601
570C	ENTER THE LINE NUMBER FROM 212 OF EACH BIRTH BORN SINCE JANUARY 2002 IN THE TABLE. THEN ENTER THE NAME AND SURVIVAL STATUS OF EACH OF THOSE BIRTHS. IF TWO OR MORE BIRTHS, BEGIN WITH THE LAST BIRTH. ASK QUESTIONS ABOUT THE BIRTHS WHO HAVE DIED.

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM 212	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
570D	FROM 212 AND 216	NAME _____ DEAD ALIVE ☐ (GO TO NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601)	NAME _____ DEAD ALIVE ☐ (GO TO NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601)	NAME _____ DEAD ALIVE ☐ (GO TO NEXT COLUMN OR IF NO MORE BIRTHS, GO TO 601)
571	I know it may be difficult to talk about the (child/children) you had who died, but this information is very important in helping to plan health programs to prevent other children from dying. I would like to ask you some questions about the events and symptoms your (child/children) had during the time before (he/she/they) died. (We will talk about one child at a time.)			
572	Did (NAME) die as a result of an accident, or some other reason? IF ACCIDENT: Was it an accident or an accident at birth?	ACCIDENT . . . . 1 ACCIDENT AT BIRTH/ PREMATURE/ MALFORMED . . . 2 (SKIP TO 575) ← ILLNESS 3	ACCIDENT . . . . 1 ACCIDENT AT BIRTH/ PREMATURE/ MALFORMED . . . 2 (SKIP TO 575) ← ILLNESS 3	ACCIDENT . . . . 1 ACCIDENT AT BIRTH/ PREMATURE/ MALFORMED . . . 2 (SKIP TO 575) ← ILLNESS 3

573	What type of accident?	LANDMINE/UNEXPLODED
		  BOMB (UXO) . . . 01
		GUN SHOT/WEAPON 02
		ROAD ACCIDENT . 03
		FIRE/BURNING . . . 04
		SNAKE/ANIMAL BITE 05
		FALL FROM TREE/
		  BUILDING 06
		DROWNING 07
		POISONING 08
		VIOLENCE 09
		OTHER_____ 96
		    (SPECIFY)
		DON'T KNOW 98
		
		(ALL SKIP TO 570D FOR BIRTH IN NEXT COLUMN)
			LANDMINE/UNEXPLODED
			  BOMB (UXO) . . . 01
			GUN SHOT/WEAPON 02
			ROAD ACCIDENT . 03
			FIRE/BURNING . . . 04
			SNAKE/ANIMAL BITE 05
			FALL FROM TREE/
			  BUILDING 06
			DROWNING 07
			POISONING 08
			VIOLENCE 09
			OTHER_____ 96
			    (SPECIFY)
			DON'T KNOW 98
			
			(ALL SKIP TO 570D FOR BIRTH IN NEXT COLUMN)
				LANDMINE/UNEXPLODED
				  BOMB (UXO) . . . 01
				GUN SHOT/WEAPON 02
				ROAD ACCIDENT . 03
				FIRE/BURNING . . . 04
				SNAKE/ANIMAL BITE 05
				FALL FROM TREE/
				  BUILDING 06
				DROWNING 07
				POISONING 08
				VIOLENCE 09
				OTHER_____ 96
				    (SPECIFY)
				DON'T KNOW 98
				
				(ALL SKIP TO 570D FOR BIRTH IN NEXT COLUMN)

575	What do you think was the cause of (NAME)'s death?	☐☐ _____ (SPECIFY ILLNESS)	☐☐ _____ (SPECIFY ILLNESS)	☐☐ _____ (SPECIFY ILLNESS)

		LAST BIRTH LINE NUMBER . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER . . . ☐☐
	LINE NUMBER FROM 212			

576	During the illness that led to (NAME)'s death, did you seek advice or treatment anywhere or from anyone?
	
	IF YES:
	Where did you go?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  NATL HOSPITAL
		    (PP) . . . . A
		  PROVINCIAL
		    HOSP. (RH) . . . B
		  DISTRICT
		    HOSP. (RH) . . . C
		  HEALTH CENTER D
		  HEALTH POST . E
		  VILLAGE MALARIA
		    WORKER . . . F
		  OUTREACH . . . . . . G
		PRIVATE SECTOR
		  PRIV HOSP. . . . . . . H
		  PRIV CLINIC . . . I
		  PHARMACY . . . . . . J
		  OTHER PRIV . . . K
		
		OTHER _____ X
		       (SPECIFY)
		
		NONE . . . . Z
			PUBLIC SECTOR
			  NATL HOSPITAL
			    (PP) . . . . A
			  PROVINCIAL
			    HOSP. (RH) . . . B
			  DISTRICT
			    HOSP. (RH) . . . C
			  HEALTH CENTER D
			  HEALTH POST . E
			  VILLAGE MALARIA
			    WORKER . . . F
			  OUTREACH . . . . . . G
			PRIVATE SECTOR
			  PRIV HOSP. . . . . . . H
			  PRIV CLINIC . . . I
			  PHARMACY . . . . . . J
			  OTHER PRIV . . . K
			
			OTHER _____ X
			       (SPECIFY)
			
			NONE . . . . Z
				PUBLIC SECTOR
				  NATL HOSPITAL
				    (PP) . . . . A
				  PROVINCIAL
				    HOSP. (RH) . . . B
				  DISTRICT
				    HOSP. (RH) . . . C
				  HEALTH CENTER D
				  HEALTH POST . E
				  VILLAGE MALARIA
				    WORKER . . . F
				  OUTREACH . . . . . . G
				PRIVATE SECTOR
				  PRIV HOSP. . . . . . . H
				  PRIV CLINIC . . . I
				  PHARMACY . . . . . . J
				  OTHER PRIV . . . K
				
				OTHER _____ X
				       (SPECIFY)
				
				NONE . . . . Z

576A	Did any health worker make a diagnosis explaining the death?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

577	Where did (NAME) die?	AT HOME 1
		IN A HEALTH
		  FACILITY 2
		ON THE WAY TO
		  HEALTH FAC. . . . 3
		OTHER _____ 6
		       (SPECIFY)
			AT HOME 1
			IN A HEALTH
			  FACILITY 2
			ON THE WAY TO
			  HEALTH FAC. . . . 3
			OTHER _____ 6
			       (SPECIFY)
				AT HOME 1
				IN A HEALTH
				  FACILITY 2
				ON THE WAY TO
				  HEALTH FAC. . . . 3
				OTHER _____ 6
				       (SPECIFY)

578	CHECK 220:
	AGE AT DEATH
		LESS THAN 1 MONTH/
		1 MONTH OLDER
		☐ ☐
		↓ (SKIP TO
		              589)
			LESS THAN 1 MONTH/
			1 MONTH OLDER
			☐ ☐
			↓ (SKIP TO
			              589)
				LESS THAN 1 MONTH/
				1 MONTH OLDER
				☐ ☐
				↓ (SKIP TO
				              589)

579	Was (NAME) born after a difficult labor or delivery?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

580	Was (NAME) malformed in any way?	YES _____ 1
		     (SPECIFY)
		NO 2
		DON'T KNOW 8
			YES _____ 1
			     (SPECIFY)
			NO 2
			DON'T KNOW 8
				YES _____ 1
				     (SPECIFY)
				NO 2
				DON'T KNOW 8

581	Did (NAME) suckle or drink normally during the first two days of life?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
582	Did (NAME) have a decrease in suckling or difficulty suckling during the days before death?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER . . . ☐☐
583	Did (NAME) have convulsions or spasms during the illness that led to death?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
583A	During the illness that led to death, did (NAME) have tetanus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
584	During the illness that led to death, did (NAME) have a cough?	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8
585	For how many days did the cough last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
586	When (NAME) had the illness with the cough, did (he/she) have difficult or rapid breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 588) ← DON'T KNOW 8
587	For how many days did the difficult or rapid breathing last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
588	GO BACK TO 570D FOR NEXT CHILD THAT DIED; IF NO MORE DEATHS GO TO 601.			
589	During the illness that led to death, did (NAME) have loose or liquid stools, that is, diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 593) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 593) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 593) ← DON'T KNOW 8
590	Was the episode of diarrhea mild or severe?	MILD . . . . 1 SEVERE . . . . 2 DON'T KNOW 8	MILD . . . . 1 SEVERE . . . . 2 DON'T KNOW 8	MILD . . . . 1 SEVERE . . . . 2 DON'T KNOW 8
591	For how long did the diarrhea last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS . . . 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS . . . 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS . . . 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998
592	Was there any blood in the stool?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ... ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER ... ☐☐
593	During the illness that led to death, did (NAME) have a cough?	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8
594	For how long did the cough last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998
595	When (NAME) had the illness with the cough, did (he/she) have difficult or rapid breathing?	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 597) ◄—┐ DON'T KNOW 8
596	For how long did the difficult or rapid breathing last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998
597	During the illness that led to death, did (NAME) have a fever?	YES .... 1 NO .... 2 (SKIP TO 598) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598) ◄—┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598) ◄—┐ DON'T KNOW 8
597A	Was the fever mild or severe?	MILD .... 1 SEVERE .... 2 DON'T KNOW 8	MILD .... 1 SEVERE .... 2 DON'T KNOW 8	MILD .... 1 SEVERE .... 2 DON'T KNOW 8
597B	How long did the fever last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998	DAYS ... 1 ☐☐ WEEKS . 2 ☐☐ MONTHS . 3 ☐☐ DON'T KNOW 998
597C	During the illness that led to death, was (NAME) tested for malaria?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
598	During the illness that led to death, was (NAME) unconscious?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ...	NEXT-TO-LAST BIRTH LINE NUMBER ...	SECOND-FROM-LAST BIRTH LINE NUMBER ...
598A	During the illness that led to death, did (NAME) have convulsions?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
598B	During the illness that led to death, did (NAME) have a skin rash all over (his/her) body and face?	YES .... 1 NO .... 2 (SKIP TO 598D) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598D) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598D) ◄— DON'T KNOW 8
598C	How long did the rash last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998
598D	During the illness that led to death, was there any bleeding from the nose, mouth, or gums?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
598E	During the illness that led to death, did (NAME) have black vomitting or bloody stools?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
598F	During the illness that led to death, was there any discharge from the eyes?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
598G	During the illness that led to death, was (NAME) very thin?	YES .... 1 NO .... 2 (SKIP TO 598J) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598J) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 598J) ◄— DON'T KNOW 8
598H	How long was (NAME) very thin?	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998	DAYS ... 1 WEEKS . 2 MONTHS . 3 DON'T KNOW 998
598J	During the illness that led to death, did (NAME) have swelling of the feet or legs?	YES .... 1 NO .... 2 (SKIP TO 599) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 599) ◄— DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 599) ◄— DON'T KNOW 8
598K	How long was the swelling present? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 WEEKS ...2 MONTHS ...3 DON'T KNOW 998	DAYS ... 1 WEEKS ...2 MONTHS ...3 DON'T KNOW 998	DAYS ... 1 WEEKS ...2 MONTHS ...3 DON'T KNOW 998
599	GO BACK TO 570D FOR NEXT CHILD THAT DIED; IF NO MORE DEATHS, GO TO 601.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN .... 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN .... 2 NO 3	→ 614
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 606
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER .... 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... ☐☐	
606	Have you been married or lived with only one man or more than one man?	ONLY ONE .... 1 MORE THAN ONE 2	

607	CHECK 606:
	
	MARRIED/ MARRIED/
	LIVED WITH A MAN LIVED WITH A MAN
	  ONLY ONCE ↓ MORE THAN ONCE ↓
	
	In what month and year Now I would like to ask about
	did you start living with when you started living with
	your husband/partner? your first husband/partner.
	                       What month and year was that?
	
	IF RESPONDENT DOES NOT KNOW GREGORIAN DATE,
	ASK FOR KHMER DATE OF MARRIAGE.
	USE DATE CONVERSION CHART TO FIND GREGORIAN
	MONTH AND YEAR.
	
	_____
	(SPECIFY KHMER MONTH AND YEAR OF MARRIAGE)
		GREGORIAN
		MONTH .... ☐☐
		
		DON'T KNOW MONTH 98
		
		GREGORIAN
		YEAR .... ☐☐☐☐
		
		DON'T KNOW YEAR 9998
			→ 609

608	How old were you when you first started living with him?	AGE .... ☐☐	

609	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?
	
	        NOT ASKED OR
	        NOT WIDOWED ☐↓ WIDOWED ☐
			→ 612

610	CHECK 606: MARRIED MORE ☐ MARRIED ☐ THAN ONCE ↓ ONLY ONCE		→ 614
611	How did your previous marriage or union end?	DEATH/WIDOWHOOD .... 1 DIVORCE .... 2 SEPARATION 3	→ 614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Who did most of your late husband's property go to?	RESPONDENT . . . . 1 OTHER WIFE . . . . 2 SPOUSE'S CHILDREN . . . . 3 SPOUSE'S FAMILY . . . . 4 OTHER _____ 5 (SPECIFY) NO PROPERTY 6	→ 614
613	Did you receive any of your late husband's assets or valuables?	YES . . . . 1 NO 2	
614	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
615	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 617 → 617
616	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 637
617	CHECK 106: 15-24 ☐ 25-49 ☐ YEARS OLD YEARS OLD		→ 622
618	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
619	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 622
620	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 622
621	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
622	When was the 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.	NUMBER OF DAYS AGO . . . 1 ☐☐ NUMBER OF WEEKS AGO . . . 2 ☐☐ NUMBER OF MONTHS AGO . . . 3 ☐☐ NUMBER OF YEARS AGO . . . 4 ☐☐	→ 636

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
623	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 626)◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 626)◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 626)◄──┘
624	Why did you use a condom?	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)
625	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
626	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE . . . . 01 (SKIP TO 632) ◄──┐ LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)	SPOUSE . . . . 01 (SKIP TO 632) ◄──┐ LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)	SPOUSE . . . . 01 (SKIP TO 632) ◄──┐ LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)
627	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . . 3 ☐☐
628	CHECK 106:	15-24 25-49 ☐ Y. OLD Y. OLD ☐ ↓ (SKIP TO 632) ◄──	15-24 25-49 ☐ Y. OLD Y. OLD ☐ ↓ (SKIP TO 632) ◄──	15-24 25-49 ☐ Y. OLD Y. OLD ☐ ↓ (SKIP TO 632) ◄──
629	How old is this person?	AGE OF PARTNER ☐☐ (SKIP TO 632) ◄──┘ DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 632) ◄──┘ DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 632) ◄──┘ DON'T KNOW 98
630	Is this person older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 632) ◄──	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 632) ◄──	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 632) ◄──
631	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
632	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 634) ◄———┘	YES . . . . 1 NO . . . . 2 (SKIP TO 634) ◄———┘	YES . . . . 1 NO . . . . 2 (SKIP TO 635) ◄———┘

633	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY . . . 2
		RESPONDENT AND
		    PARTNER BOTH . 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY . . . 2
			RESPONDENT AND
			    PARTNER BOTH . 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY . . . 2
				RESPONDENT AND
				    PARTNER BOTH . 3
				NEITHER 4

634	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 623 ◄┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 636) ◄———┘	YES . . . . 1 (GO BACK TO 623 ◄┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 636) ◄———┘	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS . . . . ☐☐ DON'T KNOW 98	
636	In total, with how many different partners have you had sexual intercourse in your life? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFE . . . . ☐☐ DON'T KNOW 98	
637	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 640
638	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR NATIONAL HOSPITAL (PP) . . . . A PROVINCIAL HOSP (RH) . . . . B DISTRICT HOSPITAL (RH) . . . . C HEALTH CENTER . . . . D HEALTH POST . . . . E OUTREACH . . . . F MILITARY HOSPITAL . . . . G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL . . . . I PRIVATE CLINIC . . . . J OTHER PRIV. MEDICAL _____ K (SPECIFY) OTHER SOURCE SHOP . . . . L COMMUNITY DISTRIBUTOR . . . . . . M FRIEND/RELATIVE . . . . N OTHER _____ X (SPECIFY)	
639	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
640	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

641	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,
	WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE
	AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		  NATIONAL HOSPITAL (PP) . . . . A
		  PROVINCIAL HOSP (RH) . . . . B
		  DISTRICT HOSPITAL (RH) C
		  HEALTH CENTER . . . . D
		  HEALTH POST . . . . E
		  OUTREACH . . . . F
		  MILITARY HOSPITAL . . . . G
		  OTHER PUBLIC _____ H
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL I
		  PRIVATE CLINIC . . . . J
		  OTHER PRIV. MEDICAL _____ K
		                (SPECIFY)
		OTHER SOURCE
		  SHOP L
		  COMMUNITY DISTRIBUTOR . . . . . . M
		  FRIEND/RELATIVE . . . . N
		
		OTHER _____ X
		            (SPECIFY)	

642	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 713

702	CHECK 226:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?
		HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS SHE CAN'T GET PREGNANT . 3
		UNDECIDED/DON'T KNOW:
		    AND PREGNANT 4
		    AND NOT PREGNANT
		       OR UNSURE 5
			
			→ 704
			→ 713
			
			→ 709
			
			→ 708

703	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 713
706	CHECK 703: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

707	CHECK 702:
	
	WANTS TO HAVE A/ANOTHER CHILD ☐ WANTS NO MORE/ NONE ☐
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.
	
	Can you tell me why you are not using a method? Can you tell me why you are not using a method?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX . . . . B
		  INFREQUENT SEX C
		  MENOPAUSAL/HYSTERECTOMY . D
		  SUBFECUND/INFECUND . . . . E
		  POSTPARTUM AMENORRHEIC . . . F
		  BREASTFEEDING . . . . G
		  FATALISTIC . . . . H
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED I
		  HUSBAND/PARTNER OPPOSED . J
		  OTHERS OPPOSED . . . . K
		  RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD . . . . M
		  KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		  HEALTH CONCERNS . . . . O
		  FEAR OF SIDE EFFECTS . . . . P
		  LACK OF ACCESS/TOO FAR . . . . . . Q
		  COSTS TOO MUCH . . . . R
		  INCONVENIENT TO USE . . . . S
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES . . . . T
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . Z	

708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 711 → 711
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 DAILY PILL . . . . 03 MONTHLY PILL . . . . 04 IUD . . . . 05 INJECTABLES . . . . 06 IMPLANTS . . . . 07 MALE CONDOM . . . . 08 FEMALE CONDOM . . . . 09 DIAPHRAGM . . . . 10 FOAM/JELLY . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

711	What is the main reason that you think you will not use a contraceptive 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
		  COSTS TOO MUCH 54
		  INCONVENIENT TO USE 55
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES 56
		
		OTHER _____ 96
		             (SPECIFY)
		DON'T KNOW 98
			→ 713

712	Would you ever use a contraceptive method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

715	In the last few months have you heard about birth spacing:
	
	    On the radio?
	    On the television?
	    In a newspaper or magazine?
	    Through family or friends?
	    From community council?
	    Billboards, posters, or leaflets?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE . . . 1 2
		FAMILY/FRIENDS 1 2
		COMMUNITY COUNCIL 1 2
		BILLBOARDS/POSTERS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, YES, NO, CURRENTLY LIVING NOT IN MARRIED WITH A MAN UNION		→ 722
717	CHECK 311/311A: NEITHER CODE B CODE B OR H NOR CODE H CIRCLED, CIRCLED BUT ANY OTHER CODE NO CODE CIRCLED CIRCLED		→ 720 → 720
718	Does your husband/partner know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
719	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
720	CHECK 311/311A: NEITHER HE OR SHE STERILIZED STERILIZED		→ 722
721	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	
722	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
723	CHECK 601: CURRENTLY MARRIED/ NOT IN UNION LIVING WITH A MAN		→ 801
724	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/UNSURE 8	
725	Could you ask your husband/partner to use a condom it you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, lower secondary, upper secondary, or higher?	PRIMARY . . . . 1 LOWER SECONDARY . . . . 2 UPPER SECONDARY . . . . 3 HIGHER . . . . 4 DON'T KNOW 8	→ 806
805	What was the highest grade he completed at that level?	GRADE . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 812
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 812
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 812
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 812
811	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . . 01 LOOKING FOR WORK . . . . 02 RETIRED . . . . 03 TOO ILL TO WORK . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . 06 OTHER _____ 96 (SPECIFY)	→ 901
812	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 812: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→ 815
814	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	
815	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
816	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
817	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
818	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
819	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN CODE 1 OR 2 CIRCLED ☐ NOT CURRENTLY MARRIED CODE 3 CIRCLED ☐		→ 901
820	CHECK 818: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 823
821	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER 6	
822	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . 4 → 901 DON'T KNOW 8	
823	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 944
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 910

909	What can a person do?
	
	Anything else?
	
	RECORD ALL WAYS MENTIONED.
		ABSTAIN FROM SEX . . . . A
		USE CONDOMS . . . . B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER . . . C
		LIMIT NUMBER OF SEXUAL
		   PARTNERS . . . . D
		AVOID SEX WITH PROSTITUTES . . . E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS . . . . F
		AVOID SEX WITH HOMOSEXUALS . . . G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS . . . . H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS . . . . J
		AVOID SHARING RAZORS/BLADES . K
		AVOID KISSING L
		AVOID MOSQUITO BITES . . . . M
		SEEK PROTECTION FROM
		   TRADITIONAL PRACTITIONER . . . N
		
		OTHER _____ W
		          (SPECIFY)
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

911	Can the virus that causes AIDS be transmitted from a mother to her baby:
	    During pregnancy?
	    During delivery?
	    By breastfeeding?
		YES NO DK
		DURING PREG. 1 2 8
		DURING DELIVERY . . . 1 2 8
		BREASTFEEDING . . . 1 2 8	

912	CHECK 911:
	      AT LEAST ☐ NO CODE '1' CIRCLED ☐
	      ONE 'YES' ↓
			→ 914

913	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
914	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

915	CHECK 215: NO BIRTHS ☐
	
	    LAST BIRTH SINCE ☐ LAST BIRTH BEFORE
	      JANUARY 2003 ↓ JANUARY 2003 ☐
			→ 924
			
			→ 924

916	CHECK 407: SEE ANYONE FOR ANTENATAL CARE DURING THAT PREGNANCY?
	
	         YES, ☐
	      PERSON SEEN ↓ NO ONE ☐
			→ 924

917	During any of the antenatal visits for that pregnancy, did anyone talk to you about:
	    Babies getting the AIDS virus from their mother?
	    Things that you can do to prevent getting the AIDS virus?
	    Getting tested for the AIDS virus?
		YES NO DK
		AIDS FROM MOTHER 1 2 8
		THINGS TO DO . 1 2 8
		TESTED FOR AIDS . 1 2 8	

918	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	→ 924
920	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

921	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,
	WRITE THE NAME OF THE SOURCE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND
	CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   NATIONAL HOSPITAL (PP) 11
		   PROVINCIAL HOSP (RH) 12
		   DISTRICT HOSPITAL (RH) 13
		   HEALTH CENTER 14
		   HEALTH POST 15
		   OUTREACH 16
		   MILITARY HOSPITAL 17
		   VCCT CENTER 18
		   PMTCT SITE 19
		   OTHER PUBLIC _____ 20
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		
		   PRIVATE HOSPITAL 21
		   PRIVATE CLINIC 22
		   PRIVATE LABORATORY 23
		   OTHER PRIV. MEDICAL _____ 26
		              (SPECIFY)
		
		OTHER _____ 96
		            (SPECIFY)	

922	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 925
923	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	→ 931
924	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 929
925	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	
926	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
927	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR 　　NATIONAL HOSPITAL (PP) . . . . 11 　　PROVINCIAL HOSP (RH) . . . . 12 　　DISTRICT HOSPITAL (RH) . . . . 13 　　HEALTH CENTER . . . . 14 　　HEALTH POST . . . . 15 　　OUTREACH . . . . 16 　　MILITARY HOSPITAL . . . . 17 　　VCCT CENTER . . . . 18 　　PMTCT SITE . . . . 19 　　OTHER PUBLIC _____ 20 　　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　　PRIVATE HOSPITAL . . . . 21 　　PRIVATE CLINIC . . . . 22 　　PRIVATE LABORATORY . . . . 23 　　OTHER PRIV. MEDICAL _____ 26 　　　　　　　　　(SPECIFY) OTHER _____ 96 　　　　　(SPECIFY)	→ 931
929	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . 1 NO 2	→ 931
930	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR 　　NATIONAL HOSPITAL (PP) . . . . A 　　PROVINCIAL HOSP (RH) . . . . B 　　DISTRICT HOSPITAL (RH) . . . . C 　　HEALTH CENTER . . . . D 　　HEALTH POST . . . . E 　　OUTREACH . . . . F 　　MILITARY HOSPITAL . . . . G 　　VCCT CENTER . . . . H 　　PMTCT SITE . . . . I 　　OTHER PUBLIC _____ J 　　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　　PRIVATE HOSPITAL . . . . K 　　PRIVATE CLINIC . . . . L 　　PRIVATE LABORATORY . . . . M 　　OTHER PRIV. MEDICAL _____ N 　　　　　　　　　(SPECIFY) OTHER _____ X 　　　　　(SPECIFY)	
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
933	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	
934	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
935	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO . . . . 2 DK ANYONE WITH AIDS 8	→ 940
936	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
937	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
938	CHECK 935, 936, AND 937: OTHER ☐ AT LEAST ONE 'YES' ☐		→ 940
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . 1 NO 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
942	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
943	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
944	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
946	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
947	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
948	Do you believe that married men should only have sex with their wives?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
949	Do you think that most married men you know have sex only with their wives?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
950	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
951	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
952	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
953	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
954	Do you believe that married women should only have sex with their husbands?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
955	Do you think that most married women you know have sex only with their husbands?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
956	CHECK 901: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, Have you heard about infections have you heard about that can be transmitted through other infections that sexual contact? can be transmitted through sexual contact?	YES . . . . 1 NO 2	
957	CHECK 615: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 1001
958	CHECK 956: YES HAS HEARD NO HAS NOT HEARD ABOUT INFECTION ABOUT INFECTION TRANSMITTED THROUGH ☐ TRANSMITTED THROUGH ☐ SEXUAL CONTACT ↓ SEXUAL CONTACT		→ 960
959	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
960	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
961	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	
962	CHECK 959, 960, AND 961: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') ↓ DOES NOT KNOW		→ 1001
963	The last time you had (PROBLEM FROM 959 / 960 / 961), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

964	Where did you go?
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		   NATIONAL HOSPITAL (PP) . . . . A
		   PROVINCIAL HOSP (RH) . . . . B
		   DISTRICT HOSPITAL (RH) C
		   HEALTH CENTER . . . . D
		   HEALTH POST . . . . E
		   OUTREACH . . . . F
		   MILITARY HOSPITAL . . . . G
		   VCCT CENTER . . . . H
		   PMTCT SITE I
		   STD CLINIC . . . . J
		   NGO CLINIC . . . . K
		   OTHER PUBLIC _____ L
		                     (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL . . . . M
		   PRIVATE CLINIC . . . . N
		   PRIVATE LABORATORY . . . . O
		   STD CLINIC . . . . P
		   NGO CLINIC . . . . Q
		   OTHER PRIV. MEDICAL _____ R
		                  (SPECIFY)
		
		OTHER _____ X
		            (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	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 . . . . ☐☐	
1002	CHECK 1001: TWO OR MORE BIRTHS ☐ ↓ ONLY ONE BIRTH ☐ (RESPONDENT ONLY)		→ 1101
1003	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ☐☐	

NO.		(1)	(2)	(3)	(4)	(5)	(6)
1004	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1005	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
1006	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1008 DK . . . 8 GO TO (7)
1007	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1008	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1009	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1010	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2
1011	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2	YES . . . 1 GO TO 1013 NO . . . 2
1012	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
1013	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO 1101.

1004	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1005	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
1006	Is (NAME) still alive?	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (8) ←	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (9) ←	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (10) ←	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (11) ←	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (12) ←	YES ... 1 NO ... 2┐ GO TO 1008 ← DK ... 8┐ GO TO (13) ←
1007	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1008	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1009	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1010	Was (NAME) pregnant when she died?	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2
1011	Did (NAME) die during childbirth?	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2	YES ... 1┐ GO TO 1013 ← NO ... 2
1012	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
1013	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
	GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO 1101.						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK WOMEN'S STATUS BOX ON COVER PAGE: IS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE? YES ☐ NO ☐		→ 1235
1102	CHECK 601, 602, 603: CURRENT MARITAL STATUS	CURRENTLY MARRIED/ LIVING WITH A MAN . . . . ☐ WIDOWED . . . . ☐ DIVORCED . . . . ☐ SEPARATED . . . . ☐ NEVER MARRIED . . . . ☐	 → 1111

1103	CHECK 610: NUMBER OF TIMES MARRIED
	
	MARRIED ☐ MARRIED ☐
	ONLY ONCE MORE THAN ONCE
	
	IGNORE WORDS IN PARENTHESES 1) IF CURRENTLY MARRIED OR SEPARATED:
	IN QUESTIONS 1104 - 1106. USE (CURRENT) IN QUESTIONS 1104 - 1106.
	
	                          2) IF CURRENTLY DIVORCED OR WIDOWED:
	                          USE (LAST) IN QUESTIONS 1104 - 1106.	

1104	I would 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	

1105	Who chose your (current/last) husband for you?	RESPONDENT CHOSE 1
		RESPONDENT AND HUSBAND
		   CHOSE EACH OTHER 2
		RESPONDENT WITH SOMEONE
		   ELSE CHOSE 3
		RESPONDENT'S FAMILY CHOSE . . . 4
		HUSBAND OR HIS FAMILY
		   CHOSE RESPONDENT 5
		SOMEONE ELSE CHOSE 6
		FORCED TO BE MARRIED
		   BY HUSBAND 7
			→ 1107
			
			→ 1107

1106	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	
1107	Did you sign a marriage contract in front of the (Commune/Sangkat) Authorities?	YES . . . . 1 NO 2	
1108	Are you registered in your husband's household book or new family book as his wife?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	CHECK 1102: MARITAL STATUS CURRENTLY MARRIED ☐ SEPARATED/DIVORCED/ WIDOWED ☐		→ 1111
1110	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- NE- OFTEN TIMES VER EVENTS AT WORK . . . . 1 2 3 EVENTS AT HOME . . . . 1 2 3 MONEY MATTERS . . . . 1 2 3 COMMUNITY HAPPENINGS 1 2 3	

1111	Who in your family usually has the final say on making large household purchases?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1112	Who in your family usually has the final say on making household purchases for daily needs?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1113	Who in your family usually has the final say on whether you should do work to earn money?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1114	Who in your family usually has the final say on your own health care?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1115	Who in your family usually has the final say on whether to use contraception?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1116	Who in your family usually has the final say on visits to family, friends, or relatives?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1117	CHECK 202 AND 204: HAS LIVING CHILDREN HAS ONE OR MORE ☐ HAS NO ☐ LIVING CHILDREN ▼ LIVING CHILDREN		→ 1121

1118	Who in your family usually has the final say on any decisions about children's schooling?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1119	Who in your family usually has the final say on what to do if a child falls sick?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1120	Who in your family usually has the final say on whether to have another child?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		RESPONDENT AND
		   SOMEONE ELSE JOINTLY 5
		DECISION NOT MADE/NOT APPLIC . 6	

1121	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:
	
	a) The important decisions in the family should be made by the men of the family.
	
	b) If the wife is working outside the home, then the husband should help her with the household chores.
	
	c) A married woman should not be allowed to work outside the home even if she wants to.
	
	d) The wife has a right to express her opinion if she disagrees with what her husband is telling her.
	
	e) It is acceptable for a man to have sex outside his marriage.
	
	f) A wife should tolerate being beaten by her husband in order to keep the family together.
	
	g) It is better to educate a son than a daughter.
		DIS-
		        AGREE 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	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: a) She knows her husband has a sexually transmitted disease or AIDS? b) She knows her husband has sex with other women? c) She has recently given birth? d) She is tired or not in the mood?	YES NO DK HAS STD/AIDS .... 1 2 8 OTHER WOMEN .... 1 2 8 RECENT BIRTH .... 1 2 8 TIRED/MOOD 1 2 8	
1123	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: a) If she goes out without telling him. b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If food is late or not well prepared?	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	
1124	CHECK 1102: MARITAL STATUS MARRIED/SEPARATED/ ☐ DIVORCED/ ☐ WIDOWED ↓ NEVER MARRIED		→ 1126
1125	Do any of your husband's relatives usually live with you? IF YES: Which of your husband's relatives usually live with you? RECORD ALL MENTIONED.	FATHER .... A MOTHER .... B BROTHER(S) .... C SISTER(S) .... D WIFE (WIVES) OF BROTHERS ...... E HUSBAND(S) OF SISTER(S) .... F OTHER .... X NO .... Y	
1126	Now tell me about your birth family. Is your father currently living?	YES .... 1 NO .... 2 DON'T KNOW 8	
1127	Is your mother currently living?	YES .... 1 NO .... 2 DON'T KNOW 8	
1128	What is the highest level of school your father attended?	NONE .... 1 PRIMARY .... 2 SECONDARY .... 3 HIGHER THAN SECONDARY .... 4 DON'T KNOW 8	→ 1130
1129	(Could/Can) your father read a newspaper or letter?	YES .... 1 NO .... 2 DON'T KNOW 8	
1130	What is the highest level of school your mother attended?	NONE .... 1 PRIMARY .... 2 SECONDARY .... 3 HIGHER THAN SECONDARY .... 4 DON'T KNOW 8	→ 1132

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1131	(Could/Can) your mother read a newspaper or letter?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1132	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?	YES . . . . 1 NO . . . . 2 LIVING IN THE SAME HOUSE 3	

1133	If you need help or have a problem, is there someone from your family who you can depend on to:		YES	NO	DK	
	a) give you shelter for a few nights if you need it?	SHELTER	1	2	8	
	b) give you financial support if you need it?	FINANCIAL	1	2	8	
	c) give you advice?	ADVICE	1	2	8	

1134	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:		YES ALONE	YES JOINTLY	DOES NOT OWN	
	a) Land?	LAND	1	2	3	
	b) This house/dwelling or the house/dwelling where you usually live?	THIS/USUAL DWELLING	1	2	3	
	c) Any other house, apartment, or other dwelling?	OTHER DWELLING . . .	1	2	3	
	d) Jewelry or gems?	JEWELRY	1	2	3	
	e) Livestock such as ox, cow, buffalo?	LIVESTOCK	1	2	3	
	f) Car or motorbike?	CAR OR MOTORBIKE .	1	2	3	

1135	CHECK 1134:
	              AT LEAST
	        ONE '1' CIRCLED. ☐ NOT ONE '1' CIRCLED. ☐
	        OWNS AT LEAST ↓ DOES NOT OWN
	        ONE ASSET ALONE. ANY ASSET ALONE.
			→ 1137

1136	In an emergency, could you sell (any of) these assets without anyone else's permission? (ASK ONLY THOSE ASSETS CODED '1' IN 1134; FOR ASSETS CODED '2' OR '3' IN 1134, CIRCLE CODE '3'.)		YES	NO	DOES NOT OWN ALONE	
	a) The Land?	LAND	1	2	3	
	b) This house/dwelling where you usually live?	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 / MOTORBIKE . . .	1	2	3	

1137	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	

1138	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	
1139	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	
1140	Are you a member of any type of association, group or club, which holds regular meetings?	YES . . . . 1 NO 2	→ 1142

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1141	What kind of association, group, or club is it? RECORD ALL MENTIONED.	RELIGIOUS . . . . A SOCIAL . . . . B WOMEN'S ORGANIZATION . . . . C LABOR UNION . . . . D POLITICAL . . . . E DEVELOPMENT COMMITTEE . . . . F OTHER X	
1142	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	
1143	Are you aware of the trafficking of women?	YES . . . . .1 NO 2	
1144	Do you know if there are any laws in Cambodia protecting women's rights?	YES . . . . .1 NO 2	→ 1201
1145	Could you tell me what laws you have heard about? RECORD ALL MENTIONED.	EQUAL RIGHTS . . . . A MARRIAGE/DIVORCE . . . . B LABOR . . . . C ABORTION . . . . D TRAFFICKING . . . . E OTHER X	

SECTION 12. HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK HOUSEHOLD RELATIONS BOX ON COVER PAGE: IS THIS WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? YES ☐ NO ☐		→ 1235
1202	CHECK FOR PRESENCE OF OTHERS. DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY ☐ PRIVACY ☐ OBTAINED NOT POSSIBLE		→ 1235
1203	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.		
1204	CHECK 601 AND 602: MARITAL STATUS CURRENTLY ☐ FORMERLY MARRIED/ MARRIED/ FORMERLY LIVED ☐ NEVER MARRIED ☐ LIVING WITH A MAN WITH A MAN (READ IN PAST TENSE)		→ 1215
1205	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? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet with your girl friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	YES NO DK JEALOUS .... 1 2 8 ACCUSES .... 1 2 8 NOT MEET FRIENDS ...... 1 2 8 NO FAMILY .... 1 2 8 WHERE YOU ARE .... 1 2 8 MONEY 1 2 8	
1206	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. 1206A. (Does/Did) your (last) husband ever: a) say or do something to humiliate you in front of others? YES ... 1 → NO ... 2 ⌐ b) threaten you or someone close to you with harm? YES ... 1 → NO ... 2 ⌐ c) swear at you? YES ... 1 → NO ... 2 ⌐	1206B How many times did this happen during the last 12 months? a) NUMBER OF TIMES ...... ☐☐ b) NUMBER OF TIMES ...... ☐☐ c) NUMBER OF TIMES ...... ☐☐	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
1207	1207A. (Does/Did) your (last) husband ever:		1207B. How many times did this happen during the last 12 months?	
	a) push you, shake you, or throw something at you?	YES . . . 1 → NO . . . 2 ⌐	a) NUMBER OF TIMES . . . . . . ☐☐	
	b) slap you or twist your arm?	YES . . . 1 → NO . . . 2 ⌐	b) NUMBER OF TIMES . . . . . . ☐☐	
	c) punch you with his fist or with something that could hurt you?	YES . . . 1 → NO . . . 2 ⌐	c) NUMBER OF TIMES . . . . . . ☐☐	
	d) kick you or drag you?	YES . . . 1 → NO . . . 2 ⌐	d) NUMBER OF TIMES . . . . . . ☐☐	
	e) try to strangle you or burn you?	YES . . . 1 → NO . . . 2 ⌐	e) NUMBER OF TIMES . . . . . . ☐☐	
	f) threaten you with a knife, gun, or other type of weapon?	YES . . . 1 → NO . . . 2 ⌐	f) NUMBER OF TIMES . . . . . . ☐☐	
	g) attack you with a knife, gun, or other type of weapon?	YES . . . 1 → NO . . . 2 ⌐	g) NUMBER OF TIMES . . . . . . ☐☐	
	h) physically force you to have sexual intercourse even when you did not want to?	YES . . . 1 → NO . . . 2 ⌐	h) NUMBER OF TIMES . . . . . . ☐☐	
	i) force you to perform types of other sexual acts you did not want to?	YES . . . 1 → NO . . . 2 ⌐	i) NUMBER OF TIMES . . . . ☐☐	
1208	CHECK 1207: AT LEAST ONE ☐ NOT A SINGLE ☐ YES' ↓ YES'			→ 1210
1209	How long after you first got married to your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR ENTER '00'.		NUMBER OF YEARS . . . . ☐☐ BEFORE MARRIAGE . . . . 95 AFTER SEPARATION/DIVORCE 96	
1210	1210A. Did the following ever happen because of something your (last) husband did to you:		1210B. How many times did this happen during the last 12 months?	
	a) You had bruises and aches?	YES . . . 1 → NO . . . 2 ⌐	a) NUMBER OF TIMES . . . . . . ☐☐	
	b) You had an injury or a broken bone?	YES . . . 1 → NO . . . 2 ⌐	b) NUMBER OF TIMES . . . . . . ☐☐	
	c) You went to a health facility as a result of something your husband had done to you?	YES . . . 1 → NO . . . 2 ⌐	c) NUMBER OF TIMES . . . . . . ☐☐	
1211	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?		YES . . . . 1 NO 2	→ 1213
1212	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 . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1213	(Does/Did) your (last) husband drink alcohol?	YES . . . . 1 NO 2	→ 1215
1214	How often (does/did) he get drunk: very often, only sometimes, or never?	VERY OFTEN . . . . 1 SOMETIMES . . . . 2 NEVER 3	
1215	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	→ 1220
1216	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 . . . . G SON . . . . 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	
1217	CHECK 1216: MORE THAN ONE PERSON MENTIONED ☐ ONLY ONE PERSON MENTIONED ☐		→ 1219

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1218	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 .... 09 MOTHER-IN-LAW .... 10 FATHER-IN-LAW .... 11 OTHER FEMALE IN-LAWS .... 12 OTHER MALE IN-LAWS .... 13 OTHER FEMALE RELATIVES .... 14 OTHER MALE RELATIVES .... 15 FEMALE FRIEND/ACQUAINTANCE ... 16 MALE FRIEND/ACQUAINTANCE ...... 17 TEACHER .... 18 EMPLOYER .... 19 POLICEMAN/MILITARY .... 20 STRANGER .... 21 OTHER 96	
1219	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 .... ☐☐	
1220	CHECK 208 FOR LIVE BIRTHS AND 229 FOR NON - LIVE BIRTHS CHECK 226 FOR CURRENTLY PREGNANT ONE OR MORE NO LIVE BIRTHS, LIVE OR ☐ CURRENTLY ☐ NOT PREGNANT, AND NON-LIVE BIRTHS ↓ PREGNANT ↓ NO NON-LIVE BIRTHS ☐		→ 1223
1221	Has anyone ever hit, slapped, kicked, or done something else to hurt you physically during (any/this or any other) pregnancy?	YES .... 1 NO 2	→ 1224
1222	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 .... G SON .... 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 HUSBAND .... V OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	CHECK 615: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 1228
1224	The first time that you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . 1 FORCED TO . . . . 2 REFUSED ANSWER/NO RESPONSE . 3	→ 1226 → 1226
1225	Were you physically forced?	YES . . . . 1 NO . . . . 2 REFUSED ANSWER/NO RESPONSE . 3	
1226	CHECK 601 AND 602: EVER MARRIED/LIVED NEVER MARRIED/ NEVER WITH A MAN LIVED WITH A MAN In the last 12 months, has In the last 12 months anyone other than your has anyone forced you (current/last) husband/ to have sexual intercourse partner forced you to have against your will? sexual intercourse against your will?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1228
1227	Were you physically forced?	YES . . . . 1 NO . . . . 2 REFUSED ANSWER/NO RESPONSE . 3	
1228	CHECK 1207, 1210, 1215 1221, 1224, AND 1226: AT LEAST ONE 'YES' ☐ CODE '2' ☐ CODE '1' ☐ OTHER ☐ IN 1207, 1210, 1215, 1221 CIRCLED IN 1224 CIRCLED IN 1226 ↓ ↓ ↓		→ 1232
1229	Have you ever tried to get help?	YES . . . . 1 I KEPT IT QUIET . . . . 2 NO 3	→ 1231
1230	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	MOTHER . . . . A FATHER . . . . B STEP-MOTHER . . . . C STEP-FATHER . . . . D SISTER . . . . E BROTHER . . . . F DAUGHTER . . . . G SON . . . . 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	→ 1232

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1231	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)	

1232	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.		

1233	PRESENCE OF CHILDREN

	PRESENT ALL THE TIME	PRESENT SOME OF THE TIME	NOT PRE-SENT
CHILDREN UNDER 10 YEARS	1	2	3
CHILDREN AGE 10 OR OLDER	1	2	3

1234	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE THE LISTED PERSON WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERRUPTED 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.		
	_____ _____ _____ _____		
1235	RECORD THE TIME.	HOUR .... [ ][ ] MINUTES .... [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
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_____
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_____

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____
_____

NAME OF EDITOR: _____ DATE: _____

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005
MAN'S QUESTIONNAIRE

MINISTRY OF PLANNING	MINISTRY OF HEALTH
NATIONAL INSTITUTE OF STATISTICS	NATIONAL INSTITUTE OF PUBLIC HEALTH

DOMAIN . . . . DOMAIN ☐☐

PROVINCE _____ PROVINCE ☐☐

DISTRICT _____ DISTRICT ☐☐

COMMUNE _____ COMMUNE ☐☐

VILLAGE _____ VILLAGE ☐☐

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . CLUSTER ☐☐☐

HOUSEHOLD NUMBER . . . . HOUSEHOLD ☐☐☐

NAME AND LINE NUMBER OF MAN _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	☐☐
				MONTH	☐☐
				YEAR	2 0 ☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	☐☐
RESULT *	_____	_____	_____	RESULT *	☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	☐
TIME	_____	_____			

*RESULT CODES:

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐
DATE _____	DATE _____		

<u>SECTION 1 - RESPONDENT'S BACKGROUND</u>

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Ministry of Planning. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and 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 . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born? IF RESPONDENT DOES NOT KNOW GREGORIAN MONTH AND YEAR OF BIRTH, ASK FOR KHMER MONTH AND YEAR. USE DATE CONVERSION CHART. _____ (SPECIFY KHMER MONTH AND YEAR OF BIRTH)	GREGORIAN MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 GREGORIAN YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? IF GREGORIAN DATE IS RECORDED IN 102, COMPARE AGE TO DATE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY . . . . 1 LOWER SECONDARY . . . . 2 UPPER SECONDARY . . . . 3 HIGHER 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the highest grade you completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	GRADE . . . . ☐☐	
107	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 CANNOT READ 8	
108	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	
109	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	
113	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 115
113A	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES . . . . 1 NO 2	→ 115
114	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 116
115	What is your occupation, that is, what kind of work do you mainly do? PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	☐☐	→ 117
116	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . 01 LOOKING FOR WORK . . . . 02 RETIRED . . . . 03 TOO ILL TO WORK . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . 06 OTHER _____ 96 (SPECIFY)	
117	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS .... ☐☐ NONE 00	⟶ 121
119	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	⟶ 121
120	In the last 12 months, have you been away from your home community for more than one month in total, all trips together?	YES . . . . 1 NO 2	
121	What is your religion?	BUDDHIST . . . . 1 MOSLEM . . . . 2 CHRISTIAN . . . . 3 OTHER 4	
122	Some men are circumcised. Are you circumcised?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you fathered any children with any woman?	YES . . . . 1 NO 2	➝ 206
202	Do you have any sons or daughters whom you have fathered who are now living with you?	YES . . . . 1 NO 2	➝ 204
203	How many sons are living with you? And how many daughters are living with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters whom you have fathered who are alive but do not live with you?	YES . . . . 1 NO 2	➝ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	➝ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ☐☐	
209	CHECK 208: To make sure that I have this right: you have fathered in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ ➝ PROBE AND CORRECT 201-208 AS NECESSARY.		
215	Are you the primary care giver for any of your own children or other children?	YES . . . . 1 NO 2	➝ 301
216	Are any of these children for whom you are the primary caregiver under the age of 18 years ?	YES . . . . 1 NO 2	➝ 301
217	Now I would like to ask you about the children who are under the age of 18 years and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES . . . . 1 NO . . . . 2 UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A WOMAN . . . . 2 NO, NOT IN UNION 3	→ 304
302	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A WOMAN . . . . . . 2 NO 3	→ 310
303	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 307
304	Is your wife/partner living with you now or is she staying elsewhere?	LIVING TOGETHER . . . . 1 STAYING ELSEWHERE 2	
305	Please tell me the name of (your wife/the woman you are living with). RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE OR LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
306	How old was your wife/partner on her last birthday?	AGE OF WIFE/PARTNER IN COMPLETED YEARS . . . . . . ☐☐	
307	Have you been married or lived with only one woman or more than one woman?	ONLY ONE . . . . 1 MORE THAN ONE 2	

308	CHECK 307:
	
	MARRIED/LIVED MARRIED/
	WITH A WOMAN LIVED WITH A WOMAN
	ONLY ONCE ↓ MORE THAN ONCE ↓
	
	In what month and year Now I would like to ask about
	did you start living with when you started living with
	your wife/partner? a woman as if married for
	   the very first time.
	   What month and year was that?
	
	IF RESPONDENT DOES NOT KNOW GREGORIAN DATE, ASK FOR KHMER MONTH AND YEAR OF MARRIAGE. USE DATE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR.
	
	_____
	(SPECIFY KHMER MONTH AND YEAR OF MARRIAGE)
		GREGORIAN
		MONTH . . . . ☐☐
		
		DON'T KNOW MONTH 98
		
		GREGORIAN
		YEAR . . . . ☐☐☐☐
		
		DON'T KNOW YEAR 9998
			→ 310

309	How old were you when you first started living with her?	AGE . . . . ☐☐	
310	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 313 → 313
312	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 340

313	CHECK 103:
	
	              15-24 ☐ 25-49 ☐
	       YEARS OLD ↓ YEARS OLD
			→ 318

314	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
315	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 318
316	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 318
317	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
318	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.	NUMBER OF DAYS AGO . . . 1 ☐☐ NUMBER OF WEEKS AGO . . . . . 2 ☐☐ NUMBER OF MONTHS AGO . . 3 ☐☐ NUMBER OF YEARS AGO . . . . . 4 ☐☐	→ 334

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
319	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ←
320	Why did you use a condom?	BIRTH SPACING . . . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . . . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . . . 1 HIV PREVENTION . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY)
321	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
322	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE . . . . . . 01 (SKIP TO 324) ← LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND/WIFE . . . . . . 01 (SKIP TO 324) ← LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND/WIFE . . . . . . 01 (SKIP TO 324) ← LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)
323	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . 1 MONTHS . 2 YEARS . . . 3	DAYS . . . 1 MONTHS . 2 YEARS . . . 3	DAYS . . . 1 MONTHS . 2 YEARS . . . 3
324	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 326) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 326) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 327) ←
325	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
326	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 319 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 328) ←	YES . . . . 1 (GO BACK TO 319 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 328) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS LAST 12 MONTHS . . . . . ☐☐☐ DON'T KNOW 998	
328	Have you heard of men having sex with men?	YES . . . . 1 NO 2	→ 330
329	Have you ever had sex with a man?	YES . . . . 1 NO 2	
330	CHECK 322: AT LEAST ONE PARTNER NO PARTNERS ARE ☐ A COMMERCIAL ☐ COMMERCIAL SEX WORKERS ↓ SEX WORKER		→ 334
331	In the last 12 months, did you pay anyone in exchange for sex?	YES . . . . 1 NO 2	→ 334
332	The last time you paid someone in exchange for sex, was a condom used?	YES . . . . 1 NO 2	→ 334
333	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES . . . . 1 NO . . . . 2 DK 8	
334	In total, with how many different partners have you had sexual intercourse in your life? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LIFE . . . . ☐☐☐ DON'T KNOW 998	
335	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.	PRIVACY OBTAINED . . . . 1 PRIVACY NOT POSSIBLE 2	→ 340
336	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . 1 FORCED TO . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	→ 338 → 338
337	Were you physically forced?	YES . . . . 1 NO 2	
338	In the last 12 months, has anyone forced you to have sexual intercourse against your will?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	→ 340
339	Were you physically forced?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
340	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 401

341	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,
	WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE
	AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		    NATIONAL HOSPITAL (PP) . . . . A
		    PROVINCIAL HOSP (RH) . . . . B
		    DISTRICT HOSPITAL (RH) C
		    HEALTH CENTER . . . . D
		    HEALTH POST . . . . E
		    OUTREACH . . . . F
		    MILITARY HOSPITAL . . . . G
		    OTHER PUBLIC _____ H
		                          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL I
		    PRIVATE CLINIC . . . . J
		    OTHER PRIV. MEDICAL _____ K
		                          (SPECIFY)
		OTHER SOURCE
		    SHOP L
		    COMMUNITY DISTRIBUTOR . . . . . M
		    FRIEND/RELATIVE . . . . N
		
		OTHER _____ X
		                          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 435
402	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
403	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
404	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
405	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
406	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
407	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
408	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 410

409	What can a person do?
	
	Anything else?
	
	RECORD ALL WAYS MENTIONED.
		ABSTAIN FROM SEX . . . . A
		USE CONDOMS . . . . B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER . . . C
		LIMIT NUMBER OF SEXUAL
		   PARTNERS . . . . D
		AVOID SEX WITH PROSTITUTES . . . E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS . . . . F
		AVOID SEX WITH HOMOSEXUALS . G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS . . . . H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS . . . . J
		AVOID SHARING RAZORS/BLADES . K
		AVOID KISSING L
		AVOID MOSQUITO BITES . . . . M
		SEEK PROTECTION FROM
		   TRADITIONAL PRACTITIONER . . . N
		
		OTHER _____ W
		         (SPECIFY)
		
		OTHER _____ X
		         (SPECIFY)
		
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

411	Can the virus that causes AIDS be transmitted from a mother to her baby:
	    During pregnancy?
	    During delivery?
	    By breastfeeding?
		YES NO DK
		DURING PREGNACY . . 1 2 8
		DURING DELIVERY . . . 1 2 8
		BREASTFEEDING . . . 1 2 8	

412	CHECK 411:
	
	    AT LEAST □ NO CODE '1'
	    ONE 'YES' ↓ CIRCLED □
			→ 414

413	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
414	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
415	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 420
416	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	
417	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
418	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

419	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   NATIONAL HOSPITAL (PP) 11
		   PROVINCIAL HOSP (RH) 12
		   DISTRICT HOSPITAL (RH) 13
		   HEALTH CENTER 14
		   HEALTH POST 15
		   OUTREACH 16
		   MILITARY HOSPITAL 17
		   VCCT CENTER 18
		   PMTCT SITE 19
		   OTHER PUBLIC _____ 20
		                        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 21
		   PRIVATE CLINIC 22
		   PRIVATE LABORATORY 23
		   OTHER PRIV. MEDICAL _____ 26
		                           (SPECIFY)
		
		OTHER _____ 96
		                (SPECIFY)
			→ 422

420	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . 1 NO 2	→ 422

421	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		   NATIONAL HOSPITAL (PP) . . . . A
		   PROVINCIAL HOSP (RH) . . . . B
		   DISTRICT HOSPITAL (RH) C
		   HEALTH CENTER . . . . D
		   HEALTH POST . . . . E
		   OUTREACH . . . . F
		   MILITARY HOSPITAL . . . . G
		   VCCT CENTER . . . . H
		   PMTCT SITE I
		   OTHER PUBLIC _____ J
		                        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL . . . . K
		   PRIVATE CLINIC L
		   PRIVATE LABORATORY . . . . M
		   OTHER PRIV. MEDICAL _____ N
		                           (SPECIFY)
		
		OTHER _____ X
		                (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
423	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
424	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	
425	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
426	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO . . . . 2 DK ANYONE WITH AIDS 8	→ 431
427	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
428	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
429	CHECK 426, 427, 428: NO CODE '1' AT LEAST CIRCLED ↓ ONE 'YES'		→ 431
430	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . 1 NO 2	
431	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
432	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
433	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
434	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
436	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
437	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
438	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
439	Do you believe that married men should only have sex with their wives?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
440	Do you think that most married men you know have sex only with their wives?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
441	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
442	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
443	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
444	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
445	Do you believe that married women should only have sex with their husbands?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
446	Do you think that most married women you know have sex only with their husbands?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: ☐ HEARD ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? ☐ NOT HEARD ABOUT AIDS Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
502	CHECK 311: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 510
503	CHECK 501: HEARD ABOUT INFECTION ☐ HAS NOT HEARD ABOUT ☐ TRANSMITTED THROUGH INFECTION TRANSMITTED SEXUAL CONTACT THROUGH SEXUAL CONTACT		→ 505
504	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
505	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
506	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
507	CHECK 504, 505, AND 506: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 510
508	The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

509	Where did you go?
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		    NATIONAL HOSPITAL (PP) .... A
		    PROVINCIAL HOSP (RH) .... B
		    DISTRICT HOSPITAL (RH) C
		    HEALTH CENTER .... D
		    HEALTH POST .... E
		    OUTREACH .... F
		    MILITARY HOSPITAL .... G
		    VCCT CENTER .... H
		    PMTCT SITE I
		    STD CLINIC .... J
		    NGO CLINIC .... K
		    OTHER PUBLIC _____ L
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL .... M
		    PRIVATE CLINIC .... N
		    PRIVATE LABORATORY .... O
		    STD CLINIC .... P
		    NGO CLINIC .... Q
		    OTHER PRIV. MEDICAL _____ R
		                (SPECIFY)
		
		OTHER _____ X
		          (SPECIFY)	

510	Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... [ ][ ] NONE 00	→ 514
511	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... [ ][ ] NONE 00	→ 514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

512	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR
		    NATIONAL HOSPITAL (PP) 11
		    PROVINCIAL HOSP (RH) 12
		    DISTRICT HOSPITAL (RH) 13
		    HEALTH CENTER 14
		    HEALTH POST 15
		    OUTREACH 16
		    MILITARY HOSPITAL 17
		    OTHER PUBLIC _____ 18
		                 (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC/
		       PRIVATE DOCTOR 21
		    DENTAL CLINIC/OFFICE 22
		    PHARMACY 23
		    OFFICE OR HOME OF NURSE/
		       HEALTH WORKER 24
		    OTHER PRIVATE
		       MEDICAL _____ 26
		                 (SPECIFY)
		OTHER PLACE
		    AT HOME 31
		
		    OTHER _____ 96
		                (SPECIFY)	

513	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
515	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
516	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
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_____

SUPERVISOR'S OBSERVATIONS

_____
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_____

NAME OF THE SUPERVISOR: _____   DATE: _____