QUESTIONNAIRE FOR WOMEN 15-49

IDENTIFICATION

NAME OF COUNTY _____ . . . .

NAME OF DISTRICT _____ . . . .

NAME OF CLAN/TOWNSHIP _____

NAME OF CITY/TOWN/VILLAGE _____

LDHS CLUSTER NUMBER . . . .

LDHS STRUCTURE NUMBER . . . .

HOUSEHOLD NUMBER . . . .

URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3 . . . .

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 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 _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Liberia Institute for Statistics and Geo-Information Services (LISGIS). We are conducting a National Demographic and Health Survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey interview usually takes about 45 minutes. The information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

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 AT START OF INTERVIEW:	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CITY, TOWN, VILLAGE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	→ 103A
103	Just before you moved here, did you live in a city, in a town, or in a village?	CITY . . . . 1 TOWN . . . . 2 VILLAGE 3	
103A	During the war, did you leave your house? IF YES: Where did you go? CIRCLE ALL MENTIONED.	NO, DID NOT LEAVE HOUSE . . . . A STAYED WITH RELATIVES OR FRIENDS INSIDE LIBERIA . . . . B WENT TO A CAMP . . . . C LIVED IN THE BUSH . . . . D WENT OUTSIDE LIBERIA . . . . E OTHER _____ X	
104	In the last 12 months, how many times did you travel away from your home and slept away?	NUMBER OF TRIPS . . . . ☐☐ NONE 00	→ 106
105	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	
106	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	How old are you? COMPARE AND CORRECT 106 OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
108	Have you ever been to school?	YES . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER 3	
110	What is the highest grade you completed at that level?	GRADE . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY ☐ SECONDARY ☐ ↓ OR HIGHER	→	→ 115

112	Can you read this sentence to me?
	
	SHOW SENTENCES TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		CAN READ ONLY PART OF SENTENCE 2
		CAN READ WHOLE SENTENCE 3
		CAN READ, BUT NOT
		   ENGLISH _____ 4
		         (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

113	Have you ever been to any program besides primary school that teaches you to read and write?	YES . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' ☐ CODE '1' OR '5' ☐ CIRCLED ↓ CIRCLED	→	→ 116
115	Do you read **newspapers or magazines**? How many times a week do you read them: 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 listen to the **radio**? How many times a week do you listen: almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	Do you read watch **TV or videos**? How many times a week do you watch TV: 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	
118	What is your religion?	CHRISTIAN . . . . 1 MUSLIM . . . . 2 TRADITIONAL RELIGION . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
119	What dialect do you speak (besides English)?	BASSA . . . . 01 GBANDI . . . . 02 BELLE . . . . 03 DEY . . . . 04 GIO . . . . 05 GOLA . . . . 06 GREBO . . . . 07 KISSI . . . . 08 KPELLE . . . . 09 KRAHN . . . . 10 KRU . . . . 11 LORMA . . . . 12 MANDIGO . . . . 13 MANO . . . . 14 MENDE . . . . 15 VAI . . . . 16 NONE / ONLY ENGLISH . . . . 17 OTHER 96	

SENTENCES FOR READING (Q.112):

1. The child is reading a book.
2. Farming is hard work.
3. Parents should care for their children.
4. The rains were heavy this year.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you ever born?	YES . . . . 1 NO 2	→ 206
202	Do you have any children you born who are living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . . ☐☐	
204	Do you have any children you born who are still living but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are still living but do not live with you? And how many daughters are still living but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever born a child who was born alive and 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: So in all, you have born _____ (TOTAL) children in your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS		→ 226

W-4

| 211 | Now I want the names of all the children you born, whether still alive or not, starting with the first one. |

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

212 What is/was the name of your (first/next) child? (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?	216 Is (NAME) still living?	217 IF LIVING: How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	218 IF LIVING: Is (NAME) living with you?	219 IF LIVING: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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 Did you born any other child 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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
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 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH

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?	216 Is (NAME) still alive?	217 IF LIVING: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF LIVING: Is (NAME) living with you?	219 IF LIVING: 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 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
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 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
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 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
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 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
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 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH

222	Did you born any child since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	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 BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE 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 2001 OR LATER. IF NONE, RECORD '0' AND CONTINUE TO Q. 226.　☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	⎤ → 229
227	How many months now?	MONTHS . . . . ☐☐	
228	When you got pregnant, did you want to get pregnant <u>then</u>, did you want to wait until <u>later</u>, or you didn't want to have any more children?	THEN . . . . 1 LATER . . . . 2 DIDN'T WANT ANY MORE 3	
229	Did you ever have a pregnancy that got spoiled: miscarried, was aborted or the baby was born dead (stillbirth)?	YES . . . . 1 NO 2	→ 236
230	When was the last time it happened?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
231	CHECK 230: LAST SPOILED LAST SPOILED PREGNANCY ENDED IN ☐ PREGNANCY ENDED ☐ JAN. 2001 OR LATER ↓ BEFORE JAN. 2001		→ 236
232	How many months pregnant were you when the pregnancy ended?	MONTHS . . . . ☐☐	
233	Since January 2001, have you had any other pregnancies that got spoiled or aborted?	YES . . . . 1 NO 2	→ 236
234	When did this other pregnancy end since January 2001?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
235	How many months pregnant were you when this pregnancy ended?	MONTHS . . . . ☐☐	
236	When last you saw your period? _____ (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	

237	When do you think a woman can get pregnant: just before her period begins, during her period, just after her period ends, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1
		DURING HER PERIOD 2
		JUST AFTER HER PERIOD ENDS . . . 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		ANY TIME 5
		OTHER _____ 6
		          (SPECIFY)
		DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning or birth control. Which family planning methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN GO DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE 1 IF METHOD IS RECOGNIZED AND 2 IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION, TUBE TIE, TURNING THE WOMB. Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid getting pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
04	IUD Women can have a loop or coil put inside them by a doctor or a nurse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
07	CONDOM, RAINCOAT Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
08	FEMALE CONDOM Women can put a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
09	RHYTHM METHOD, CALENDAR A woman can avoid getting pregnant if she doesn't have sex on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
11	EMERGENCY CONTRACEPTION After having unprotected sex, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
12	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 any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 333
306	What did you use? CORRECT 302 AND 303 (AND 301 IF NECESSARY).	
307	When you first started using family planning or birth control, how many living children did you have, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT ☐ WOMAN ☐ STERILIZED STERILIZED		→ 311A
309	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 333
310	Are you using any family planning or birth control right now?	YES . . . . 1 NO 2	→ 333
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H RHYTHM METHOD . . . . I WITHDRAWAL . . . . J OTHER _____ X (SPECIFY)	→ 316 → 319A
315	The last time you got (HIGHEST METHOD ON LIST IN 311), how much did you pay, including the cost of the method and any doctor's fee? WRITE IN LIBERIAN DOLLARS.	COST ☐☐☐☐☐ FREE . . . . 99995 DON'T KNOW 99998	→ 319A

316	In what facility did the operation take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
	
	CHURCH FACILITIES ARE CONSIDERED PRIVATE.
		PUBLIC SECTOR
		    GOVT. HOSPITAL 11
		    GOVT. HEALTH CENTER 12
		
		    OTHER PUBLIC _____ 16
		                 (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC . . . 21
		    FAMILY PLANNING ASSN. LIBERIA 24
		    OTHER PRIVATE
		    MEDICAL _____ 26
		                 (SPECIFY)
		OTHER _____ 96
		         (SPECIFY)
		DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	CHECK 311/311A: CODE 'A' CIRCLED ⬎ CODE 'B' CIRCLED ⬎ Before your operation, did anyone tell you that you would not be able to have any more children because of the operation? / Before your husband/partner's operation, did anyone tell him that he would not be able to have any more children because of the operation?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay for the sterilization operation, including any fees? WRITE IN LIBERIAN DOLLARS.	COST ☐☐☐☐☐ FREE . . . . 99995 DON'T KNOW 99998	
319 319A	In what month and year was the operation performed? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
320	CHECK 319/319A, 215 AND 230: IF THERE HAS BEEN ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A, THEN GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF **CONTINUOUS** USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
323	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 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 RHYTHM METHOD . . . . 09 WITHDRAWAL . . . . 10 OTHER METHOD 96	→ 333 → 335 → 335 → 332 → 330 → 332A → 335 → 335
327	SInce you started using this family planning method, did any doctor or nurse ever tell you about side effects or problems you might have with the method?	YES . . . . 1 NO 2	
330	SInce you started using this family planning method, did any doctor or nurse ever tell you about any other methods of family planning that you could use?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

332	Where did you get (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
		PUBLIC SECTOR
		   GOVT. HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVT. HEALTH CLINIC 13	

332A	Where did you learn to use the rhythm method?
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
	
	CHURCH FACILITIES ARE CONSIDERED PRIVATE.
		OTHER PUBLIC _____ 16
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ... 21
		   PHARMACY 22
		   PRIVATE DOCTOR 23
		   FAMILY PLANNING ASSN. LIBERIA 24
		   MOBILE CLINIC 25
		   OTHER PRIVATE
		     MEDICAL_____ 26
		         (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIEND/RELATIVE 33
		
		OTHER _____ 96
		       (SPECIFY)
			→ 335

333	Do you know of a place where you can get a method of family planning?	YES .... 1 NO 2	→ 335

334	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   GOVT. HEALTH CLINIC C
		
		   OTHER PUBLIC _____ D
		         (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ... E
		   PHARMACY .... F
		   PRIVATE DOCTOR .... G
		   FAMILY PLANNING ASSN. LIBERIA H
		   MOBILE CLINIC I
		   OTHER PRIVATE
		     MEDICAL_____ J
		       (SPECIFY)
		OTHER SOURCE
		   SHOP .... K
		   CHURCH L
		   FRIEND/RELATIVE .... M
		
		OTHER _____ X
		       (SPECIFY)	

335	In the last 12 months, have you been to a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→ 401
336	Did any health worker at the health facility talk to you about family planning methods?	YES .... 1 NO 2	

401	CHECK 224:			
	ONE OR MORE BIRTHS □ IN 2001 OR LATER ↓	NO BIRTHS IN □ 2001 OR LATER		→ 576

402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 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.

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	LINE NUMBER FROM 212	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
405	When you got pregnant with (NAME), did you want to get pregnant then, did you want to wait until later, or you didn't want to have any more children at all?	THEN . . . . 1 (SKIP TO 407)← LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 407)←	THEN . . . . 1 (SKIP TO 432)← LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 432)←	THEN . . . . 1 (SKIP TO 432)← LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 432)←
406	How much longer did you want 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 a checkup (prenatal care) for this pregnancy?
	
	IF YES: Whom did you see? Anyone else?
	
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
		HEALTH PERSONNEL
		  DOCTOR . . . . A
		  NURSE/MIDWIFE . B
		  PHYSICIAN ASST. C
		
		TRADITIONAL
		  MIDWIFE . . . . D
		
		OTHER_____ X
		    (SPECIFY)
		NO ONE . . . . Y
		(SKIP TO 414)←		

408	Where did you receive checkups for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME . . . A
		  OTHER HOME . . . B
		PUBLIC SECTOR
		  GOVT. HOSPITAL C
		  GOVT. HEALTH
		    CENTER . . . . . . D
		  GOVT. HEALTH
		    CLINIC . . . . E
		  OTHER PUBLIC
		  _____ F
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . G
		  OTHER PRIVATE
		  MED. _____ H
		    (SPECIFY)
		
		OTHER_____ X		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received a checkup for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
410	How many times did you receive prenatal checkups during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your prenatal checkups during this pregnancy, did anyone ever: Weigh you? Measure your blood pressure? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 BP . . . . 1 2 URINE . . . . . . 1 2 BLOOD . . . 1 2		
412	During any of your prenatal checkups, did anyone ever tell you about the danger signs in pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 414) ◄━ DON'T KNOW 8		
413	Did anyone ever tell you where to go if you had any of these danger signs?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus or jerking after birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄━ DON'T KNOW 8		
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . ☐ DON'T KNOW 8		
416	CHECK 415:	2 OR MORE OTHER TIMES ☐ ☐ (SKIP TO 421) ↓		
417	**Before this pregnancy,** did you ever receive any tetanus injection?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ◄━ DON'T KNOW 8		
418	**Before this pregnancy**, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, WRITE '7'.	TIMES . . . . ☐ DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . ☐☐ DK MONTH . . . . 98 YEAR ☐☐☐☐ (SKIP TO 421) ◄━ DK YEAR 9998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
420	How many years ago did you receive that tetanus injection?	YEARS AGO ...... ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES .... 1 NO .... 2 (SKIP TO 423) ◄—┘ DON'T KNOW 8		
422	During the whole pregnancy, how many days did you take the tablets? TRY TO GET A NUMBER	DAYS ☐☐☐ DON'T KNOW ... 998		
423	During this pregnancy, did you take any worm medicine?	YES .... 1 NO .... 2 DON'T KNOW 8		
426	During this pregnancy, did you take any medicine to **keep** you from getting malaria?	YES .... 1 NO .... 2 (SKIP TO 432) ◄—┘ DON'T KNOW 8		
427	What medicine did you take? RECORD ALL MENTIONED.	SP/FANSIDAR ...... A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW ...... Z		

432	When (NAME) was born, was he/she big, normal, or small?
	
	IF BIG: Was he/she bigger than normal or very big?
	
	IF SMALL: Was he/she smaller than normal or very small?
		VERY BIG 1
		BIGGER THAN
		  NORMAL 2
		NORMAL 3
		SMALLER THAN
		  NORMAL 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY BIG 1
			BIGGER THAN
			  NORMAL 2
			NORMAL 3
			SMALLER THAN
			  NORMAL 4
			VERY SMALL 5
			DON'T KNOW 8
				VERY BIG 1
				BIGGER THAN
				  NORMAL 2
				NORMAL 3
				SMALLER THAN
				  NORMAL 4
				VERY SMALL 5
				DON'T KNOW 8

433	Was (NAME) weighed at birth?	YES .... 1 NO .... 2 (SKIP TO 435) ◄—┘ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 435) ◄—┘ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 435) ◄—┘ DON'T KNOW 8
434	How much did (NAME) weigh? RECORD IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE	KG FROM CARD 1 ☐.☐☐ KG FROM RECALL 2 ☐.☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐ KG FROM RECALL 2 ☐.☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐ KG FROM RECALL 2 ☐.☐☐ DON'T KNOW . 99.998

435	Who delivered you?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND CIRCLE ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO FIND OUT IF ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR ...... A
		  NURSE/MIDWIFE . B
		  PHYSICIAN ASSIST. C
		OTHER PERSON
		  TRADITIONAL
		    MIDWIFE .. D
		  RELATIVE/FRIEND . E
		OTHER
		_____ X
		(SPECIFY)
		NO ONE .... Y
			HEALTH PERSONNEL
			  DOCTOR ...... A
			  NURSE/MIDWIFE . B
			  PHYSICIAN ASSIST. C
			OTHER PERSON
			  TRADITIONAL
			    MIDWIFE .. D
			  RELATIVE/FRIEND . E
			OTHER
			_____ X
			(SPECIFY)
			NO ONE .... Y
				HEALTH PERSONNEL
				  DOCTOR ...... A
				  NURSE/MIDWIFE . B
				  PHYSICIAN ASSIST. C
				OTHER PERSON
				  TRADITIONAL
				    MIDWIFE .. 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 _____

436	Where did you deliver (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
	
	CHURCH FACILITIES ARE CONSIDERED PRIVATE.
		HOME
		  YOUR HOME . . . 11
		  (SKIP TO 443) ←
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. HEALTH
		    CLINIC 23
		  OTHER PUBLIC
		  _____ 26
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. ____ 36
		    (SPECIFY)
		
		OTHER ____ 96
		    (SPECIFY)
		(SKIP TO 443) ←
			HOME
			  YOUR HOME . . . 11
			  (SKIP TO 444) ←
			  OTHER HOME . . . 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH
			    CENTER 22
			  GOVT. HEALTH
			    POST 23
			  OTHER PUBLIC
			  _____ 26
			    (SPECIFY)
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. ____ 36
			    (SPECIFY)
			
			OTHER ____ 96
			    (SPECIFY)
			(SKIP TO 444) ←
				HOME
				  YOUR HOME . . . 11
				  (SKIP TO 444) ←
				  OTHER HOME . . . 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL 21
				  GOVT. HEALTH
				    CENTER 22
				  GOVT. HEALTH
				    POST 23
				  OTHER PUBLIC
				  _____ 26
				    (SPECIFY)
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. ____ 36
				    (SPECIFY)
				
				OTHER ____ 96
				    (SPECIFY)
				(SKIP TO 444) ←

437	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
438	Was (NAME) delivered by C-section?	YES . . . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

439	After (NAME) was born but before you left the health facility, did any health worker check on your health?	YES 1
		NO 2
		  (SKIP TO 442) ←
			YES 1
			  (SKIP TO 455) ←
			NO 2
				YES 1
				  (SKIP TO 455) ←
				NO 2

440	How long after delivery did he/she first check you? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

441	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  PHYSICIAN
		    ASSISTANT . . . 13
		
		  TRADITIONAL
		    MIDWIFE 21
		
		OTHER ____ 96
		    (SPECIFY)
		(SKIP TO 453) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
442	After you left the facility, did any health care provider or traditional midwife check on your health?	YES . . . . 1 (SKIP TO 445)◄─┘ NO . . . . 2 (SKIP TO 453)◄─┘	YES . . . . 1 (SKIP TO 455)◄─┤ NO 2	YES . . . . 1 (SKIP TO 455)◄─┤ NO 2
443	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 TRANS- PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ (SPECIFY) X		
444	After (NAME) was born, did any health worker or traditional midwife check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 449)◄─┘	YES . . . . 1 NO 2	YES . . . . 1 NO 2
445	How long after delivery did he/she first check you? IF LESS THAN 1 DAY, WRITE HOURS. IF LESS THAN 1 WEEK, WRITE DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . 11 NURSE/MIDWIFE 12 PHYSICIAN ASST. 13 TRADITIONAL MIDWIFE . 21 OTHER_____ 96 (SPECIFY)		
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . . 22 GOVT. HEALTH CLINIC . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED._____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
448	CHECK 442:	YES ☐ NOT ASKED ☐ (SKIP TO 453)		
449	During the first two months after (NAME) was born, did any health worker or traditional midwife check on the baby's health?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ←┤ DON'T KNOW 8		
450	How many hours, days or weeks after (NAME) was born, did he/she first receive a checkup? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WEEKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		

451	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  PHYSICIAN ASST. 13
		
		  TRADITIONAL
		    MIDWIFE . 21
		
		OTHER_____96
		    (SPECIFY)		

452	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. HEALTH
		    CLINIC 23
		  OTHER PUBLIC
		  _____26
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED._____36
		     (SPECIFY)
		
		OTHER_____96
		    (SPECIFY)		

453	During the first two months after (NAME) was born, did you receive a vitamin A dose like this? SHOW CAPSULES.	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 _____
454	Has your period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 456)◄────┘ NO . . . . 2 (SKIP TO 457)◄────┘		
455	Did you receive your period between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 459)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 459)◄────┘
456	For how many months after the birth of (NAME) did you <u>not</u> have your period?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR [ ] NANT UNSURE (SKIP TO 459) ◄┘ ↓		
458	Have you started men business again since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 460)◄────┘		
459	For how many months after the birth of (NAME) did you <u>not</u> do men business?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
460	Did you ever give titi to (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 467)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 467)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 467)◄────┘
461	How long after you delivered did you first give (NAME) the titi? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]		
462	In the first three days after delivery, did anyone give (NAME) anything to drink besides titi?	YES . . . . 1 NO . . . . 2 (SKIP TO 464)◄────┘		

463	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED.
		MILK (OTHER THAN
		  BREAST MILK) . A
		PLAIN WATER . . . B
		SUGAR OR GLU-
		  COSE WATER . . . C
		GRIPE WATER . . . D
		SUGAR-SALT-WATER
		  SOLUTION . . . . . . E
		FRUIT JUICE . . . . . F
		INFANT FORMULA . G
		TEA/INFUSIONS . . . H
		HONEY I
		
		OTHER _____ X
		    (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ (SKIP TO 466) ←		
465	Are you still giving titi to (NAME)?	YES . . . . 1 (SKIP TO 468) ←⎯⎯┘ NO 2		
466	For how many months did you give titi to (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98

467	CHECK 404:
	
	IS CHILD LIVING?
		LIVING DEAD
		☐ ☐
		       (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO
		(SKIP TO 470) TO 501)
			LIVING DEAD
			☐ ☐
			       (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO
			(SKIP TO 470) TO 501)
				LIVING DEAD
				☐ ☐
				       (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
				(SKIP TO 470)

468	How many times did you give titi last night? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
469	How many times did you give titi yesterday during the daytime? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD AND WOMAN'S NUTRITION

| 501 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 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 573) | NAME _____
 LIVING ☐   DEAD ☐
 (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573) | NAME _____
 LIVING ☐   DEAD ☐
 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573) |

| 504 | Do you have a vaccination card for (NAME)?

 IF YES:
 May I see it please? | YES, SEEN 1
 (SKIP TO 506) ←
 YES, NOT SEEN 2
 (SKIP TO 508) ←
 NO CARD .... 3 | YES, SEEN 1
 (SKIP TO 506) ←
 YES, NOT SEEN 2
 (SKIP TO 508) ←
 NO CARD .... 3 | YES, SEEN 1
 (SKIP TO 506) ←
 YES, NOT SEEN 2
 (SKIP TO 508) ←
 NO CARD .... 3 |

| 505 | Did you ever have a vaccination card for (NAME)? | YES 1
 (SKIP TO 508) ←
 NO .... 2 | YES 1
 (SKIP TO 508) ←
 NO .... 2 | YES 1
 (SKIP TO 508) ←
 NO .... 2 |

| 506 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. **(2)**
 (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
 (3) IF MORE THAN 2 VITAMIN 'A' DOSES, WRITE DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES. | | | |

		LAST BIRTH MONTH DAY YEAR	**NEXT-TO-LAST BIRTH** MONTH DAY YEAR	**SECOND-FROM-LAST BIRTH** MONTH DAY YEAR
	DATE OF BIRTH		BIRTH	BIRTH
	BCG		BCG	BCG
	WHOOPING COUGH, TETANUS AND DIPTHERIA — DPT 1		D1	D1
	DPT 2		D2	D2
	DPT 3		D3	D3
	POLIO 1st DOSE (0)		P0	P0
	POLIO 2nd DOSE (1)		P1	P1
	POLIO 3rd DOSE (2)		P2	P2
	POLIO 4th DOSE (3)		P3	P3
	MEASLES		MEA	MEA
	VITAMIN A (MOST RECENT)		VIT A	VIT A
	VITAMIN A (2nd MOST RECENT)		VIT A	VIT A

| 506A | CHECK 506: | BCG TO MEASLES ALL RECORDED ☐   OTHER ☐
 (GO TO 510) | BCG TO MEASLES ALL RECORDED ☐   OTHER ☐
 (GO TO 510) | BCG TO MEASLES ALL RECORDED ☐   OTHER ☐
 (GO TO 510) |

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not written on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ◄───────┘ NO . . . . 2 (SKIP TO 510) ◄─┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ◄───────┘ NO . . . . 2 (SKIP TO 510) ◄─┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ◄───────┘ NO . . . . 2 (SKIP TO 510) ◄─┤ DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄─┤ DON'T KNOW 8
509	Did (NAME) ever get:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually leaves a mark?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) ◄─┤ DON'T KNOW 8
509C	The first time (NAME) got the polio vaccine, was it in the first two weeks after he/she was born or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times did (NAME) get the polio vaccine?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
509E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) ◄─┤ DON'T KNOW 8
509F	How many times did (NAME) get a DPT vaccination?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
509G	A measles injection - that is a shot in the arm at about age 9 months or older- to prevent him/her from getting 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
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE □ NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE □ (GO TO 514) ←	DATE FOR MOST RECENT VITAMIN A DOSE □ NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE □ (GO TO 514) ←	DATE FOR MOST RECENT VITAMIN A DOSE □ NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE □ (GO TO 514) ←
513	According to (NAME)'s health card, he/she received a vitamin A dose like this (SHOW CAPSULE) in (DATE OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then?	YES . . . . 1 (SKIP TO 515) ←┘ NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) ←┘ NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) ←┘ NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose like this? SHOW CAPSULE	YES . . . . 1 NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose during the last six 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
516	During the last 7 days, did (NAME) take iron tablets pills like these? SHOW IRON TABLETS	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	Has (NAME) taken any worm medicine in the last six 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
518	Has (NAME) had running stomach in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ← DON'T KNOW 8
519	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
520	When (NAME) had running stomach, was he/she given less than usual to **drink**, about the same amount, or more than usual to drink, including titi? IF LESS, ASK: Was it 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
521	When (NAME) had running stomach, was he/she given less than usual to **eat**, about the same amount, more than usual, or nothing to eat? IF LESS, ASK: Was it 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
522	Did you get treatment for the running stomach from anywhere?	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←┘

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

523	Where did you get treatment from?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL A
		  GOVT HEALTH
		    CENTER . . . . . . B
		  GOVT HEALTH
		    CLINIC C
		  OTHER PUBLIC
		  _____ D
		    (SPECIFY)
		
		PRIVATE MEDICAL
		 SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . E
		  PHARMACY . . . F
		  PVT DOCTOR . . . G
		  MOBILE CLINIC . H
		  OTHER PRIVATE
		    MED. _____ I
		       (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . M
		  TRADITIONAL
		    PRACTITIONER N
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL A
			  GOVT HEALTH
			    CENTER . . . . . . B
			  GOVT HEALTH
			    POST C
			  OTHER PUBLIC
			  _____ D
			    (SPECIFY)
			
			PRIVATE MEDICAL
			 SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . E
			  PHARMACY . . . F
			  PVT DOCTOR . . . G
			  MOBILE CLINIC . H
			  OTHER PRIVATE
			    MED. _____ I
			       (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . M
			  TRADITIONAL
			    PRACTITIONER N
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL A
				  GOVT HEALTH
				    CENTER . . . . . . B
				  GOVT HEALTH
				    POST C
				  OTHER PUBLIC
				  _____ D
				    (SPECIFY)
				
				PRIVATE MEDICAL
				 SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . E
				  PHARMACY . . . F
				  PVT DOCTOR . . . G
				  MOBILE CLINIC . H
				  OTHER PRIVATE
				    MED. _____ I
				       (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . M
				  TRADITIONAL
				    PRACTITIONER N
				
				OTHER _____ X
				    (SPECIFY)

524	CHECK 523:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		CIRCLED CIRCLED
		
		↓ (SKIP TO 526) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			CIRCLED CIRCLED
			
			↓ (SKIP TO 526) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				CIRCLED CIRCLED
				
				↓ (SKIP TO 526) ←

525	Where did you go first for treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
526	How many days after the running stomach began did you first go for treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
527	Does (NAME) still have running stomach?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
528	Since the running stomach began, did anyone give (NAME): a) ORS? b) A homemade sugar-salt drink?	YES NO DK ORS . . 1 2 8 HOMEMADE DRINK . . . 1 2 8	YES NO DK ORS . . 1 2 8 HOMEMADE DRINK . . . 1 2 8	YES NO DK ORS . . 1 2 8 HOMEMADE DRINK . . . 1 2 8

529	Was anything (else) given to treat the running stomach?	YES 1
		NO 2
		  (SKIP TO 533) ←
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 533) ←
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 533) ←
				DON'T KNOW 8

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

530	What (else) was given to treat the running stomach?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . . A
		  FLAGYL . . . . B
		  ZINC C
		  OTHER PILL . . . D
		  UNKNOWN PILL
		    OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . . F
		  NON-ANTIBIOTIC . G
		  UNKNOWN
		    INJECTION . . . H
		
		(IV) INTRAVENOUS . I
		
		HOME REMEDY/
		  HERBAL MEDICINE J
		
		OTHER _____ X
		     (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . . A
			  FLAGYL . . . . B
			  ZINC C
			  OTHER PILL . . . D
			  UNKNOWN PILL
			    OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . . F
			  NON-ANTIBIOTIC . G
			  UNKNOWN
			    INJECTION . . . H
			
			(IV) INTRAVENOUS . I
			
			HOME REMEDY/
			  HERBAL MEDICINE J
			
			OTHER _____ X
			     (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . . A
				  FLAGYL . . . . B
				  ZINC C
				  OTHER PILL . . . D
				  UNKNOWN PILL
				    OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . . F
				  NON-ANTIBIOTIC . G
				  UNKNOWN
				    INJECTION . . . H
				
				(IV) INTRAVENOUS . I
				
				HOME REMEDY/
				  HERBAL MEDICINE J
				
				OTHER _____ X
				     (SPECIFY)

533	Has (NAME) had **fever** 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
534	Has (NAME) had a **cough** in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8
535	When (NAME) had a cough, did he/she breathe faster than usual with short, rapid breaths or have a hard time breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8

536	Was the fast or hard time breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ┐
		NOSE ONLY . . . . . . 2 ┤
		BOTH . . . . 3 ┤
		OTHER _____ 6 ┤
		    (SPECIFY)
		DON'T KNOW . . . . . . 8 ┘
		(SKIP TO 538) ←
			CHEST ONLY . . . 1 ┐
			NOSE ONLY . . . . . . 2 ┤
			BOTH . . . . 3 ┤
			OTHER _____ 6 ┤
			    (SPECIFY)
			DON'T KNOW . . . . . . 8 ┘
			(SKIP TO 538) ←
				CHEST ONLY . . . 1 ┐
				NOSE ONLY . . . . . . 2 ┤
				BOTH . . . . 3 ┤
				OTHER _____ 6 ┤
				    (SPECIFY)
				DON'T KNOW . . . . . . 8 ┘
				(SKIP TO 538) ←

537	CHECK 533:
	
	HAD FEVER?
		YES NO OR DK
		          ↓
		
		(GO BACK TO 503
		IN NEXT COLUMN;
		OR IF NO MORE
		BIRTHS, GO TO 573)
			YES NO OR DK
			          ↓
			
			(GO BACK TO 503
			IN NEXT COLUMN;
			OR IF NO MORE
			BIRTHS, GO TO 573)
				YES NO OR DK
				          ↓
				
				(GO BACK TO 503
				IN NEXT-TO-LAST
				COLUMN OF NEW
				QUESTIONNAIRE;
				OR IF NO MORE
				BIRTHS, GO TO 573)

538	When (NAME) had (fever/cough), was he/she given less than usual to **drink**, about the same amount, or more than usual to drink, including titi? IF LESS, ASK: Was it 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
539	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, ASK: Was it 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
540	Did you get treatment for the fever/cough from anywhere?	YES .... 1 NO .... 2 (SKIP TO 545)◄——┘	YES .... 1 NO .... 2 (SKIP TO 545)◄——┘	YES .... 1 NO .... 2 (SKIP TO 545)◄——┘

541	Where did you get treatment from?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		 GOVT HOSPITAL A
		 GOVT HEALTH
		  CENTER ...... B
		 GOVT HEALTH
		  CLINIC C
		 OTHER PUBLIC
		  _____ D
		  (SPECIFY)
		PRIVATE MEDICAL SECT.
		 PVT. HOSPITAL/
		  CLINIC .... E
		 PHARMACY ... F
		 PVT DOCTOR ... G
		 MOBILE CLINIC . H
		 OTHER PRIVATE
		  MED. _____ I
		   (SPECIFY)
		OTHER SOURCE
		 SHOP .... M
		 TRADITIONAL
		  PRACTITIONER N
		
		OTHER _____ X
		  (SPECIFY)
			PUBLIC SECTOR
			 GOVT HOSPITAL A
			 GOVT HEALTH
			  CENTER ...... B
			 GOVT HEALTH
			  POST C
			 OTHER PUBLIC
			  _____ D
			  (SPECIFY)
			PRIVATE MEDICAL SECT.
			 PVT. HOSPITAL/
			  CLINIC .... E
			 PHARMACY ... F
			 PVT DOCTOR ... G
			 MOBILE CLINIC . H
			 OTHER PRIVATE
			  MED. _____ I
			   (SPECIFY)
			OTHER SOURCE
			 SHOP .... M
			 TRADITIONAL
			  PRACTITIONER N
			
			OTHER _____ X
			  (SPECIFY)
				PUBLIC SECTOR
				 GOVT HOSPITAL A
				 GOVT HEALTH
				  CENTER ...... B
				 GOVT HEALTH
				  POST C
				 OTHER PUBLIC
				  _____ D
				  (SPECIFY)
				PRIVATE MEDICAL SECT.
				 PVT. HOSPITAL/
				  CLINIC .... E
				 PHARMACY ... F
				 PVT DOCTOR ... G
				 MOBILE CLINIC . H
				 OTHER PRIVATE
				  MED. _____ I
				   (SPECIFY)
				OTHER SOURCE
				 SHOP .... M
				 TRADITIONAL
				  PRACTITIONER N
				
				OTHER _____ X
				  (SPECIFY)

542	CHECK 541:	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544)◄—	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544)◄—	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544)◄—
543	Where did you go first for treatment? USE LETTER CODE FROM 541.	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
544	How many days after the illness began did you first go for treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ...... ☐☐	DAYS ...... ☐☐	DAYS ...... ☐☐
545	Does (NAME) still have (fever cough)?	FEVER ONLY ...... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH .... 3 NO, NEITHER ...... 4 DON'T KNOW ... 8	FEVER ONLY ...... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH .... 3 NO, NEITHER ...... 4 DON'T KNOW ... 8	FEVER ONLY ...... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH .... 3 NO, NEITHER ...... 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
546	During the sickness, did (NAME) take any medicine?	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, TO 573) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, TO 573) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO 503 IN NEXT-TO-LAST COL. OF NEW QUEST.; OR IF NO MORE BIRTHS, TO 573) DON'T KNOW 8
547	What type of medicine did (NAME) **take?** Any other drugs? RECORD ALL MENTIONED. NEW MALARIA TABLET= ARTEMISININ COMBINATION	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL _____ . G SPECIFY ANTIBIOTIC DRUGS PILL/SYRUP . . . H INJECTION . . . I OTHER DRUGS ASA . . . . J PARACETEMOL . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL _____ . G SPECIFY ANTIBIOTIC DRUGS PILL/SYRUP . . . H INJECTION . . . I OTHER DRUGS ASA . . . . J PARACETEMOL . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL _____ . G SPECIFY ANTIBIOTIC DRUGS PILL/SYRUP . . . H INJECTION . . . I OTHER DRUGS ASA . . . . J PARACETEMOL . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z
548	CHECK 547: ANY CODE A-H CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
549	Did you already have (NAME OF MEDICINE FROM 547) at home when the child got sick? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'H' THE CHILD IS RECORDED AS HAVING TAKEN IN 547 IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL . . . G ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL . . . G ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D NEW MALARIA TABLET . . . . . . E OTHER ANTI- MALARIAL . . . G ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN **2001 OR LATER** LIVING WITH THE RESPONDENT ONE OR MORE ☐　　　　　　NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		→ 576
574	The last time (NAME FROM 573) passed stool, what did you do with the stool?	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)	
575	CHECK 528(a), ALL COLUMNS: NO CHILD ☐　　　　ANY CHILD RECEIVED FLUID　　　RECEIVED FLUID FROM ORS PACKET　　FROM ORS PACKET ☐		→ 577
576	Have you ever heard of ORS or oral rehydration salts, a medicine for running stomach?	YES . . . . 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN **2003 OR LATER** LIVING WITH THE RESPONDENT ONE OR MORE ☐　　　　　　NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		→ 601
578	Yesterday, during the day or night, did (NAME FROM 577) drink: Plain water? Infant milk? Any porridge?	YES　NO　DK PLAIN WATER . . . .　1　2　8 FORMULA　 . . . .　1　2　8 PORRIDGE　 . . . .　1　2　8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

| 579 | Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods. |

Did (NAME FROM 577)/you drink (eat):

			CHILD			MOTHER		
			YES	NO	DK	YES	NO	DK
a)	Milk such as powdered or fresh animal milk?	**a**	1	2	8	1	2	8
b)	Tea or coffee?	**b**	1	2	8	1	2	8
c)	Any other liquids?	**c**	1	2	8	1	2	8
d)	Rice, bread, cereal, or other foods made from grains?	**d**	1	2	8	1	2	8
e)	Pumpkin or sweet potatoes that are yellow-orange inside?	**e**	1	2	8	1	2	8
f)	Cassava, eddoes, white potatoes, yams, or any other foods made from roots?	**f**	1	2	8	1	2	8
g)	Potato greens, bitter leaf or any dark green, leafy vegetables?	**g**	1	2	8	1	2	8
h)	Ripe mangoes or pawpaws?	**h**	1	2	8	1	2	8
i)	Any other fruits or vegetables?	**i**	1	2	8	1	2	8
j)	Liver, kidney, heart or other organ meats?	**j**	1	2	8	1	2	8
k)	Any meat, like beef, pork, lamb, goat, chicken or duck?	**k**	1	2	8	1	2	8
l)	Eggs?	**l**	1	2	8	1	2	8
m)	Fresh, tinned or dried fish or crawfish, crab, or kissmeat?	**m**	1	2	8	1	2	8
n)	Any foods made from beans, peas, lentils, or nuts?	**n**	1	2	8	1	2	8
o)	Cheese, yogurt or other milk products?	**o**	1	2	8	1	2	8
p)	Palm butter, red palm soup, anything cooked with palm oil?	**p**	1	2	8	1	2	8
q)	Any other oil, fat, or butter, or food made with oil?	**q**	1	2	8	1	2	8
r)	Any sugary foods like sweets, candies, cakes or biscuits?	**r**	1	2	8	1	2	8
s)	Any other solid or semi-solid food?	**s**	1	2	8	1	2	8

580	CHECK 578 (LAST CATEGORY:PORRIDGE) AND 579 (CATEGORIES d THROUGH s FOR CHILD):

AT LEAST ONE □
     "YES'

NOT A SINGLE "YES" □   → 601

| 581 | How many times did (NAME FROM 577) eat any food yesterday during the day or at night?

IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES . . . . □

DON'T KNOW . . . . 8 | |

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	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying somewhere else?	LIVING WITH HER .... 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	Does your husband/partner have other wives or does he live with other women as if married?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ...... ☐☐ DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK .... ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ In what month and year did you start living with your husband/partner? Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE .... ☐☐	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about men business. How old were you when you did men business for the first time?	NEVER HAD SEX .... 00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 107: AGE 15-24 AGE 25-49		→ 641
620	Do you plan to wait until you get married to do men business?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: AGE 15-24 AGE 25-49		→ 626
622	The <u>first</u> time you did men business, did you use a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the man you <u>first</u> did men business with?	AGE OF PARTNER . . . . DON'T KNOW 98	→ 626
624	Was he 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	→ 626
625	Would you say he 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	
626	When was the <u>last</u> time you did men business? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I want to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If I ask you any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you did men business with this man?		DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐	DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐
628	The last time you did men business with this (second/third) man, did he use a condom?	YES . . . . 1 NO . . . . 2 (SKIP TO 630)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 630)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 630)◄—
629	Did he use a condom every time you did men business with him in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

630	What was your relationship to this man?
	
	IF BOYFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		HUSBAND 1
		(SKIP TO 636)◄—
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . . 4
		PROSTITUTE 5
		OTHER _____ 6
		(SPECIFY)
			HUSBAND 1
			(SKIP TO 636)◄—
			LIVE-IN PARTNER 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE . . . 4
			PROSTITUTE 5
			OTHER _____ 6
			(SPECIFY)
				HUSBAND 1
				(SKIP TO 636)◄—
				LIVE-IN PARTNER 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE . . . 4
				PROSTITUTE 5
				OTHER _____ 6
				(SPECIFY)

631	How long (have you done/did you do) men business with him? IF ONLY HAD SEX 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 ☐☐
632	CHECK 107:	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)◄—	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)◄—	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)◄—
633	How old is this man?	AGE OF ☐☐ PARTNER (SKIP TO 636)◄— DON'T KNOW 98	AGE OF ☐☐ PARTNER (SKIP TO 636)◄— DON'T KNOW 98	AGE OF ☐☐ PARTNER (SKIP TO 636)◄— DON'T KNOW 98
634	Is he older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)◄—	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)◄—	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)◄—

635	Would you say he 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

636	The last time you did men business with this person, did you or he drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 638)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 638)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 639)◄—

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER

637	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

638	Apart from [this person/these two people], did you do men business with any other person in the last 12 months?	YES 1
		   (GO BACK TO 627 ⬑
		   IN NEXT COLUMN)
		NO 2
		   (SKIP TO 639A) ◀⎤
			YES 1
			   (GO BACK TO 627 ⬑
			   IN NEXT COLUMN)
			NO 2
			   (SKIP TO 639A) ◀⎤	

639	In the last 12 months, how many men have you done men business with? PROBE TO GET AN ESTIMATE. IF MORE THAN 96, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ▢▢ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
639A	In the last 12 months, did you ever give or receive money, gifts or favors in return for doing men business?	YES . . . . 1 NO 2	
640	In your whole life, how many men have you done men business with? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF MORE THAN 95, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ▢▢ DON'T KNOW 98	
641	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 701

642	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH CLINIC C
		   NACP . . . . D
		
		   OTHER PUBLIC _____ E
		                       (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . F
		   PHARMACY . . . . G
		   PRIVATE DOCTOR . . . . H
		   FAMILY PLANNING ASSN. LIBERIA I
		   MOBILE CLINIC . . . . J
		   OTHER PRIVATE
		      MEDICAL _____ K
		                    (SPECIFY)
		OTHER SOURCE
		   SHOP L
		   CHURCH . . . . M
		   FRIEND/RELATIVE . . . . N
		
		OTHER _____ X
		                 (SPECIFY)	

643	If you wanted to, could you yourself get a 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
		UNDECIDED/DON'T KNOW
		   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 said you don't want (a/another) child soon, but you're not using any method to avoid pregnancy. You said you don't 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 family planning any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 711 → 713
710	Which method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 RHYTHM METHOD . . . . 09 WITHDRAWAL . . . . 10 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

711	Why do you think you will not use a family planning method 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 family planning 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 family planning on the radio?
	  Heard about family planning on the television?
	  Read about family planning in a newspaper or magazine?
		YES NO
		
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE ... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ☐↓ YES, LIVING WITH A MAN ☐↓ NO, NOT IN UNION ☐		→ 801
718	CHECK 311/311A: CODE B, G, OR J CIRCLED ☐ NO CODE CIRCLED ☐ OTHER ☐↓		→720 →722
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
720	Would you say that using family planning is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED ☐↓ HE OR SHE STERILIZED ☐		→801
722	Does your husband/partner want 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY ☐ FORMERLY ☐ NEVER MARRIED ☐ MARRIED/ MARRIED/ AND NEVER LIVING WITH LIVED WITH LIVED WITH A MAN A MAN ↓ A MAN		→ 803 → 807
802	How old is/was your husband/partner?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever go to school?	YES .... 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY .... 1 SECONDARY .... 2 HIGHER .... 3 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/ ⌐ FORMERLY MARRIED/ ⌐ LIVING WITH A MAN ↓ LIVED WITH A MAN ↓ What is your husband's/ What was your (last) husband's/ partner's occupation? partner's occupation? That is, what kind of work does That is, what kind of work did he he mainly do? mainly do?	_____ ▨☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES .... 1 NO 2	→ 811
808	As you know, some women do jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES .... 1 NO 2	→ 811
809	Do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES .... 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES .... 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ▨☐ _____ _____	
812	CHECK 811: WORKS IN ⌐ DOES NOT WORK ⌐ AGRICULTURE ↓ IN AGRICULTURE		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .... 1 FAMILY LAND .... 2 RENTED LAND .... 3 SOMEONE ELSE'S LAND .... 4 COMMUNAL LAND 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→ 827
819	CHECK 817: CODE 1 OR 2 (EARNS CASH) ☐ OTHER ☐		→ 822

820	Who usually decides how the money that 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
		          SPECIFY	

821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . 4 DON'T KNOW 8	→ 823

822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		  HUSBAND/PARTNER JOINTLY . . . 3
		HUSBAND/PARTNER HAS NO
		  EARNINGS 4
		OTHER _____ . . . 6
		          SPECIFY	

823	Who usually makes decisions about whether to borrow money and how much?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major purchases for the household?	1 2 3 4 6	
825	Who usually makes decisions about day-to-day food purchasing and cooking arrangements?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10 1	2	3	
		HUSBAND 1	2	3	
		OTHER MALES 1	2	3	
		OTHER FEMALES ... 1	2	3	
828	Sometimes a man can get annoyed or angry because of things his wife does. Do you think a husband is justified in hitting or beating his wife in the following situations:	YES	NO	DK	
	If she goes out without telling him?	GOES OUT 1	2	8	
	If she neglects the children?	NEGL. CHILDREN ... 1	2	8	
	If she argues with him?	ARGUES 1	2	8	
	If she refuses to have sex with him?	REFUSES SEX 1	2	8	
	If she burns the food?	BURNS FOOD 1	2	8	

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	→ 942
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex 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 chance 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 not having sexual intercourse at all?	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 it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
909	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	
910	CHECK 909: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 912
911	Are there any special drugs 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	
912	Have you heard about antiretroviral drugs that people infected with the AIDS virus can get from a doctor or nurse to help them live longer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
922	I don't want to know the results, but have you ever gone for an AIDS test?	YES . . . . 1 NO 2	→ 927
923	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	
924	The last time you had the test, did you 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	
925	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

926	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVT. HEALTH CLINIC 13
		   STAND-ALONE VCT CENTER ... 14
		   NACP 15
		   OTHER PUBLIC _____ 16
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PRIVATE DOCTOR 22
		   STAND-ALONE VCT CENTER ... 23
		   PHARMACY 24
		   FAMILY PLANNING ASSN.LIBERIA 25
		   MOBILE CLINIC 26
		   OTHER PRIVATE MEDICAL ____ 27
		             (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		   OTHER _____ 96
		          (SPECIFY)
			→929

927	Do you know of a place where people can go to get tested for the AIDS virus?	YES .... 1 NO 2	→929

928	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   GOVT. HEALTH CLINIC C
		   STAND-ALONE VCT CENTER ... D
		   NACP .... E
		   OTHER PUBLIC _____ F
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ...... G
		   PRIVATE DOCTOR .... H
		   STAND-ALONE VCT CENTER ... I
		   PHARMACY .... J
		   FAMILY PLANNING ASSN.LIBERIA K
		   MOBILE CLINIC L
		   OTHER PRIVATE MEDICAL ____ M
		             (SPECIFY)
		OTHER SOURCE
		   SHOP .... N
		   OTHER _____ X
		          (SPECIFY)	

929	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	
930	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	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
932	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
940	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
941	Should children age 12-14 be taught to wait until they get married to do men business in order to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
942	CHECK 901: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have you Have you heard about infections heard about other infections that can be transmitted through that can be transmitted men business? through men business?	YES . . . . 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 946
945	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	
946	Sometimes women get a bad smelling fluid coming from their vagina. During the last 12 months, have you had a bad smelling fluid like this?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
947	Sometimes women have a sore on or near their vagina. During the last 12 months, have you had a sore near your vagina?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION ☐ HAS NOT HAD AN INFEC- ☐ (ANY 'YES') TION OR DOES NOT KNOW		→951
949	The last time you had (PROBLEM FROM 945/946/947), did you go for treatment?	YES . . . . 1 NO 2	→ 951

950	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH CLINIC C
		   STAND-ALONE VCT CENTER . . . D
		   OTHER PUBLIC _____ E
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . . . F
		   PRIVATE DOCTOR . . . . G
		   STAND-ALONE VCT CENTER . . . H
		   PHARMACY I
		   FAMILY PLANNING ASSN.LIBERIA J
		   MOBILE CLINIC . . . . K
		   OTHER PRIVATE MEDICAL ____ L
		             (SPECIFY)
		OTHER SOURCE
		   SHOP . . . . M
		   OTHER _____ X
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get from doing men business, is she justified in refusing to do men business with him?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
952	If a wife knows her husband has a disease that she can get from doing men business, is she justified in asking that they use a condom when they do men business?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
953	Is a wife justified in refusing to do men business with her husband when she is tired or not in the mood?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
954	Is a wife justified in refusing to do men business with her husband when she knows her husband has sex with women other than his wife?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

955	CHECK 601:
	    CURRENTLY MARRIED/ ☐
	    LIVING WITH A PARTNER ↓ NOT IN UNION ☐—————————
			→958

956	Can you say no to your husband/partner if you do not want to do men business?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
958	Now I would like to ask you about something else. As you know some women belong to bush societies, like the Sande society. Have you heard of these societies?	YES . . . . 1 NO 2	→ 1000
959	Are you a member of the Sande society or a woman's bush society?	YES . . . . 1 NO 2	→ 1000
960	Do you think this should continue or should it stop?	CONTINUE . . . . 1 STOP . . . . 2 DOES NOT KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	CHECK HOUSEHOLD QUESTIONNAIRE, LAST PAGE WOMAN SELECTED ☐ FOR THIS SECTION ↓	WOMAN NOT SELECTED ☐	→ 1101
1001	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . 1 ↓ PRIVACY NOT POSSIBLE . 2 ——————————		→ 1030
	Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are important for helping to understand the condition of women in Liberia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1002	CHECK 601 AND 602: CURRENTLY MARRIED/ ☐ FORMERLY MARRIED/ ☐ NEVER MARRIED/ LIVING WITH A MAN ↓ LIVED WITH A MAN NEVER LIVED **(READ IN PAST TENSE)** ↓ WITH A MAN ☐		→ 1014

1003	First, I am going to ask you about some situations that happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?		**YES**	**NO**	**DK**	
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS	1	2	8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE .	1	2	8	
	f) He (does/did) not trust you with any money?	MONEY	1	2	8	

1004	Now I need to ask some more questions about your relationship with your (last) husband/partner. If I ask any question that you do not want to answer, just let me know and we will go on to the next question. A (Does/did) your (last) husband/partner ever:	B	CHECK 604: ASK ONLY **IF RESPONDENT IS NOT A WIDOW** How often did this happen during the last 12 months: often, only sometimes, or not at all?		

			OFTEN	SOME-TIMES	NOT AT ALL
	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3
	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2	3
	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1005

A (Does/did) your (last) husband/partner ever do any of the following things to you:

B CHECK 604: ASK ONLY **IF RESPONDENT IS NOT A WIDOW**
How often did this happen during the last 12 months: often, only sometimes, or not at all?

				OFTEN	SOME-TIMES	NOT AT ALL	
a)	push you, shake you, or throw something at you?	YES 1 → NO 2 ↓		1	2	3	
b)	slap you?	YES 1 → NO 2 ↓		1	2	3	
c)	twist your arm or pull your hair?	YES 1 → NO 2 ↓		1	2	3	
d)	punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓		1	2	3	
e)	kick you, drag you or beat you up?	YES 1 → NO 2 ↓		1	2	3	
f)	try to choke you or burn you on purpose?	YES 1 → NO 2 ↓		1	2	3	
g)	threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓		1	2	3	
h)	physically force you to do men business with him even when you did not want to?	YES 1 → NO 2 ↓		1	2	3	
i)	force you to do any sexual acts you did not want to?	YES 1 → NO 2 ↓		1	2	3	

1006 CHECK 1005A (a-i):

AT LEAST ONE 'YES' ↓   NOT A SINGLE 'YES' → 1009

1007 How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?

IF LESS THAN ONE YEAR, RECORD '00'.

NUMBER OF YEARS . . . . . [ ][ ]

BEFORE MARRIAGE/BEFORE
  LIVING TOGETHE 95

1008 Did the following ever happen as a result of what your (last) husband/partner did to you:

a) You had cuts, bruises or aches?

YES 1
NO 2

b) You had eye injuries, sprains, dislocations, or burns?

YES 1
NO 2

c) You had deep wounds, broken bones, broken teeth, or any other serious injury?

YES 1
NO 2

1009 Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?

YES 1
NO . . . . 2 → 1012

1010 CHECK 604:

RESPONDENT IS **NOT** A WIDOW ↓   RESPONDENT IS A WIDOW → 1012

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFFEN. . . . . 1 SOMETIMES. . . . . 2 NOT AT ALL 3	
1012	Does (did) your husband/partner drink alcohol?	YES . . . . 1 NO 2	→ 1014
1013	How often does (did) he get drunk: often, only sometimes, or never?	OFFEN. . . . . 1 SOMETIMES. . . . . 2 NEVER. 3	

1014	CHECK 601 AND 602:
	
	EVER MARRIED/LIVED NEVER MARRIED/ NEVER
	  WITH A MAN LIVED WITH A MAN
	
	From the time you were 15 From the time you were 15
	years old has anyone other years old has anyone ever hit,
	than your (current/last) slapped, kicked, or done
	husband/partner hit, slapped, anything else to hurt you
	kicked, or done anything else physically?
	to hurt you physically?
		YES 1
		NO 2
		REFUSED TO ANSWER/
		  NO ANSWER 3
			→ 1020

1015	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHE . . . . C DAUGHTER/SON . . . . D OTHER RELATIV . . . . E FORMER HUSBAND/PARTNER . . . . . F CURRENT BOYFRIEND . . . . G FORMER BOYFRIEND . . . . H MOTHER-IN-LAW . . . . I FATHER-IN-LAW . . . . J OTHER IN-LAW . . . . K TEACHER . . . . L EMPLOYER/SOMEONE AT WORK . . . M POLICE/SOLDIEF . . . . N OTHER _____ X (SPECIFY)	
1016	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFFEN. . . . . 1 SOMETIMES. . . . . 2 NOT AT ALL 3	
1020	CHECK 618: EVER HAD SEX? HAS EVER NEVER HAD SEX HAD SEX		→ 1025
1021	The first time you did men business, would you say you did it because you wanted to, or because you were physically forced to do it against your will?	WANTED TO . . . . 1 FORCED TC . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	

1022	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 do men business
	partner forced you to do against your will?
	men business against
	your will?
		YES 1
		NO 2
		REFUSED TO ANSWER/
		  NO ANSWER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	CHECK 1021 AND 1022: 1021 ='1' OR '3' **AND** 1022 ='2' OR '3' ☐ OTHER ☐		→ 1026
1024	CHECK 1005(h) and 1005(i): 1005(h) IS NOT '1' ☐ OTHER ☐ **AND** 1005(i) IS NOT '1'		→ 1028
1025	At any time in your life, as a child or as an adult, has anyone ever physically forced you in any way to do men business or perform any other sexual acts?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1028
1026	How old were you the first time you were forced to do men business or perform any other sexual acts?	AGE IN COMPLETED YEAR . . . ☐☐ DON=T KNOW 98	
1027	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . . 02 CURRENT/FORMER BOYFRIEND . 03 FATHER . . . . 04 STEP FATHER . . . . 05 OTHER RELATIVE . . . . 06 IN-LAW . . . . 07 OWN FRIEND/ACQUAINTANCE . . . 08 FAMILY FRIEND . . . . 09 TEACHER . . . . 10 EMPLOYER/SOMEONE AT WORK . 11 POLICE/SOLDIEF . . . . 12 PRIEST/RELIGIOUS LEADE . . . . 13 STRANGER . . . . 14 OTHER_____ . . . 96 (SPECIFY)	
1028	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNO\' 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

NO.				
1029	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES ONCE	YES, MORE THAN ONCE NO
		HUSBAND	1	2 3
		OTHER MALE ADULT . . .	1	2 3
		FEMALE ADULT	1	2 3

1030	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE
	_____ _____ _____ _____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1105
1102	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN 　COUGHING OR SNEEZING . . . . A BY SHARING UTENSILS . . . . B BY TOUCHING A PERSON WITH TB 　 C THROUGH FOOD . . . . D THROUGH SEXUAL CONTACT . . . . . . E THROUGH MOSQUITO BITES . . . . F OTHER _____ X 　　　　　　(SPECIFY) DON'T KNOW . . . . Z	
1103	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1104	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	
1105	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	→ 1109
1106	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	→ 1109
1107	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ 　　　　(NAME OF PLACE)	PUBLIC SECTOR 　GOVERNMENT HOSPITAL 　. . . . . . 11 　GOVT. HEALTH CENTER 　. . . . . 12 　GOVT. HEALTH CLINIC 　. . . . . 13 　OTHER PUBLIC _____ 16 　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIV. HOSPITAL/CLINIC/DOCTOR 21 　DENTAL CLINIC/OFFICE 　. . . . . 22 　PHARMACY 　. . . . . 23 　OFFICE OR HOME OF NURSE/ 　　HEALTH WORKER . . . . 24 　MOBILE CLINIC 　. . . . . 25 　OTHER PRIVATE 　　MEDICAL _____ 26 　　　　　　　　(SPECIFY) OTHER PLACE 　AT HOME 　. . . . . 31 　OTHER _____ 96 　　　　　　　(SPECIFY)	
1108	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1111
1110	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . [|]	
1111	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 1113
1112	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C OTHER _____ X (SPECIFY)	

1113	Many things can prevent women from getting medical care for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		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
	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

SECTION 12. YOUNG ADULT ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK 107: AGE 15-24 ☐　　　　　　AGE 25-49 ☐		→ 1301
1202	Are you currently attending school?	YES . . . . 1 NO 2	→ 1204
1203	Who is helping to pay for most of your school expenses?	RESPONDENT HERSELF . . . . 01 PARENTS . . . . 02 RELATIVES . . . . 03 ON SCHOLARSHIP . . . . 04 HUSBAND/PARTNER . . . . 05 BOYFRIEND/LOVER . . . . 06 OTHER _____ 96	
1204	What advice would you give a female friend of yours if she got pregnant?	HAVE THE BABY . . . . 1 HAVE AN ABORTION . . . . 2 GET MARRIED . . . . 3 DO NOTHING . . . . 4 DON'T KNOW . . . . 8 OTHER _____ . . . 6 　　　　　　(SPECIFY)	
1205	What would you do if you got pregnant now? IF CURRENTLY PREGNANT: What do you plan to do now that you are pregnant?	HAVE THE BABY . . . . 1 HAVE AN ABORTION . . . . 2 GET MARRIED . . . . 3 DO NOTHING . . . . 4 STERILIZED, MENOPAUSAL, SAYS 　SHE CAN"T GET PREGNANT . . . . . . 5 OTHER _____ . . . 6 　　　　　　(SPECIFY) DON'T KNOW 8	
1206	Have you ever had an abortion?	YES . . . . 1 NO 2	→ 1209
1207	Where was the abortion performed?	CLINIC . . . . 1 HOSPITAL . . . . 2 PRIVATE HOME . . . . 3 OTHER _____ . . . 6 　　　　　　(SPECIFY)	
1208	If you got pregnant again would you abort?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1209	Do you drink liquor?	YES . . . . 1 NO 2	
1210	Have you tried any of the following drugs: a) Marijuana? b) Heroin? c) Cocaine? d) Valium (Bubble or 10-10)?	YES　　NO　　DK MARIJUANA . . . . 1　　2　　8 HEROIN . . . . 1　　2　　8 COCAINE . . . . 1　　2　　8 VALIUM . . . . 1　　2　　8	
1211	Do you think parents should discuss sex with their children?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

SECTION 13. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1301	Now I want to ask you about your brothers and sisters, I mean all of the children born to your natural mother, including those who are living and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER .... ☐☐						
1302	CHECK 1301: TWO OR MORE BIRTHS ☐　　　ONLY ONE BIRTH ☐ (RESPONDENT ONLY)							→ 1314
1303	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS .... ☐☐						
1304	What is/was the name of your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1305	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	
1306	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (7)	
1307	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)	
1308	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1309	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)	
1310	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	
1311	Did (NAME) die during childbirth?	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	YES ... 1 GO TO 1313 NO ... 2	
1312	Did (NAME) die within 2 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	
1313	How many children did (NAME) born (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
	IF NO MORE BROTHERS OR SISTERS, GO TO 1314.							

		(7)	(8)	(9)	(10)	(11)	(12)
1304	What is/was the name of your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1305	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
1306	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 1308 DK . . . 8 GO TO (13)
1307	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1308	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1309	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)
1310	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2
1311	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2	YES . . . 1 GO TO 1313 NO . . . 2
1312	Did (NAME) die within 2 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
1313	How many children did (NAME) born (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1314.

1314	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐