QUESTIONNAIRES

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY 2004
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

EA NUMBER ....

HOUSEHOLD NUMBER ....

LESOTHO ECOLOGICAL ZONE ....
(LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)

DISTRICT[1] ....

URBAN/RURAL (URBAN=1, RURAL=2) ....

HOUSEHOLD SELECTED FOR MALE/HIV/ANEMIA/ANTHROPOMETRY?
(YES=1, NO=2) ....

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		
TIME	_____	_____		TOTAL NO. OF VISITS

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

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESP. TO HOUSEHOLD QUEST.

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

[1] 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION-SHIP TO HEAD OF HOUSE-HOLD	RESIDENCE				SEX	AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and visitors who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?**	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE15-49 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)	CIRCLE LINE NUMBER OF ALL MEN AGE15-59 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01			UR EL OUT 1 2 3 GO TO 7		IN YEARS	YES NO 1 2	M F 1 2	IN YEARS	01	01	01
02			1 2 3 GO TO 7			1 2	1 2		02	02	02
03			1 2 3 GO TO 7			1 2	1 2		03	03	03
04			1 2 3 GO TO 7			1 2	1 2		04	04	04
05			1 2 3 GO TO 7			1 2	1 2		05	05	05
06			1 2 3 GO TO 7			1 2	1 2		06	06	06
07			1 2 3 GO TO 7			1 2	1 2		07	07	07
08			1 2 3 GO TO 7			1 2	1 2		08	08	08
09			1 2 3 GO TO 7			1 2	1 2		09	09	09
10			1 2 3 GO TO 7			1 2	1 2		10	10	10

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = SPOUSE
03 = CHILD (SON OR DAUGHTER)
04 = SON-IN-LAW/DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = GREAT GRANDCHILD
07 = PARENT/PARENT-IN-LAW
08 = SIBLING (BROTHER OR SISTER)
09 = OTHER RELATIVE
10 = DOMESTIC EMPLOYEE
11 = HERDBOY
12 = ADOPTED/FOSTER/STEPCHILD
13 = OTHER PERSON NOT RELATED

** CODES FOR Q.4
RESIDENTIAL STATUS:
RESIDENCE:
UR = USUAL RESIDENT
EL = ELSEWHERE IN LESOTHO
OUT = OUTSIDE LESOTHO

*** CODES FOR Q. 5
COUNTRY OF USUAL
01 = RSA
02 = SWAZILAND
03 = BOTSWANA
04 = NAMIBIA
05 = ZIMBABWE
06 = ZAMBIA
07 = MOZAMBIQUE

08 = ANGOLA
09 = TANZANIA
10 = MALAWI
11 = OTHER AFRICA
12 = UNITED STATES OF AMERICA
13 = ASIA
14 = EUROPE
96 = OTHER
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE — Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE — Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER — Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?***** What is the highest standard/form/year (NAME) completed at that level?*****	IF AGE 5-24 YEARS — Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and standard/form/year is (NAME) attending?*****	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and standard/form/year did (NAME) attend?*****
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	YES NO DK		YES NO DK		YES NO	LEVEL STND/FRM/YR	YES NO	YES NO	LEVEL STND/FRM/YR	YES NO	LEVEL STND/FRM/YR
01	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
02	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
03	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
04	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
05	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
06	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
07	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
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09	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
10	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐

**** Q.13 THROUGH Q.16:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*****CODES FOR Qs. 18, 21 AND 23: EDUCATION CODES:

LEVEL:	STANDARD/FORM/YEAR:
	00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23)
LEVEL 1 = PRIMARY	STANDARD 01-07 = LEVEL 1 (PRIMARY)
LEVEL 2 = VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY	YEAR 01-06 = LEVEL 2 (VOC/TECHN. AFTER PRIMARY)
LEVEL 3 = SECONDARY/HIGH	FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
LEVEL 4 = VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY	YEAR 01-06 = LEVEL 4 (VOC/TECHN. AFTER SECONDARY)
LEVEL 5 = COLLEGE	YEAR 01-03 = LEVEL 5 (COLLEGE)
LEVEL 6 = GRADUATE/POST GRADUATE	YEAR 01-06 = LEVEL 6 (GRADUATE/POST GRADUATE)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION-SHIP TO HEAD OF HOUSE-HOLD	RESIDENCE					SEX	AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and visitors who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?**	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?		Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE15-49 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)	CIRCLE LINE NUMBER OF ALL MEN AGE15-59 WHO ARE USUAL RESI-DENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
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			UR EL OUT 1 2 3 GO TO 7		IN YEARS	YES NO		M F	IN YEARS			
11			1 2 3 GO TO 7			1	2	1 2		11	11	11
12			1 2 3 GO TO 7			1	2	1 2		12	12	12
13			1 2 3 GO TO 7			1	2	1 2		13	13	13
14			1 2 3 GO TO 7			1	2	1 2		14	14	14
15			1 2 3 GO TO 7			1	2	1 2		15	15	15
16			1 2 3 GO TO 7			1	2	1 2		16	16	16
17			1 2 3 GO TO 7			1	2	1 2		17	17	17
18			1 2 3 GO TO 7			1	2	1 2		18	18	18
19			1 2 3 GO TO 7			1	2	1 2		19	19	19
20			1 2 3 GO TO 7			1	2	1 2		20	20	20

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PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**** / EDUCATION

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION						
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					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?***** What is the highest standard/form/year (NAME) completed at that level?*****	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and standard/form/year is (NAME) attending?*****	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and standard/form/year did (NAME) attend?*****
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	YES NO DK		YES NO DK		YES NO	LEVEL STND/FRM/YR	YES NO	YES NO	LEVEL STND/FRM/YR	YES NO	LEVEL STND/FRM/YR
11	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
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15	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
16	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
17	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
18	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
19	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐
20	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 NEXT LINE 2	☐ ☐☐	1 GO TO 21 2	1 GO TO 22 2	☐ ☐☐	1 NEXT LINE 2	☐ ☐☐

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LEVEL 6 = GRADUATE/POST GRADUATE	YEAR 01-06 = LEVEL 6 (GRADUATE/POST GRADUATE)
8 = DON'T KNOW	98 = DON'T KNOW

| TICK HERE IF CONTINUATION SHEET USED | ☐ |

Just to make sure that I have a complete listing:

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

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐→ ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐→ ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

24	What is the main source of drinking water for members of your household?	PIPED WATER
		    PIPED INTO DWELLING 11
		    PIPED INTO YARD/PLOT...................12
		    PIPED INTO SOMEONE ELSE'S
		        YARD/PLOT 13
		    PUBLIC TAP 14
		WATER FROM OPEN WELL
		    OPEN WELL IN DWELLING 21
		    OPEN WELL IN YARD/PLOT 22
		    OPEN PUBLIC WELL 23
		WATER FROM COVERED WELL OR
		BOREHOLE
		    PROTECTED WELL/BOREHOLE
		        IN DWELLING 31
		    PROTECTED
		       WELL/BOREHOLE IN
		       YARD/PLOT 32
		    PROTECTED WELL/BOREHOLE IN
		       SOMEONE ELSE'S YARD/PLOT ..33
		    PROTECTED PUBLIC
		      WELL/BOREHOLE.............................34
		SURFACE WATER
		    SPRING...41
		    RIVER/STREAM 42
		    DAM 43
		
		RAINWATER..51
		TANKER TRUCK....................................61
		BOTTLED WATER.................................71
		
		OTHER _____ 96
		            (SPECIFY)
			→ 26
			→ 26
			
			→ 26
			→ 26
			
			→ 26
			
			→ 26
			
			→ 26
			
			→ 26
			→ 26

25	How long does it take you to go there, get water, and come back?	MINUTES .... ⊔⊔⊔ ON PREMISES....................................996	

26	What kind of main toilet facilities does your household have?	FLUSH TOILET 11
		PIT TOILET/LATRINE
		    TRADITIONAL PIT TOILET 21
		    VENTILATED IMPROVED PIT
		       (VIP) LATRINE 22
		NO FACILITY/BUSH/FIELD 31
		
		OTHER _____ 96
		            (SPECIFY)
			
			→ 28

27	Do you share these facilities with other households?	YES ....1 NO 2	

28	Does your household have:
	
	      Electricity that is connected?
	      A battery or generator for power?
	      A radio in working condition?
	      A television in working condition?
	      A telephone in working condition?
	      A refrigerator in working condition?
	      A sofa or mattress?
		YES NO
		ELECTRICITY 1 2
		BATTERY/GENERAT/SOLAR 1 2
		RADIO 1 2
		TELEVISION 1 2
		TELEPHONE................................1 2
		REFRIGERATOR.........................1 2
		SOFA/MATTRESS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29	What type of fuel does your household mainly use for cooking?	ELECTRICITY ....01 LPG/NATURAL GAS ....02 PARAFFIN...03 COAL, LIGNITE.....................................04 CHARCOAL...05 FIREWOOD, STRAW.............................06 DUNG..07 CROP WASTE ....08 OTHER _____ 96 (SPECIFY)	

30	MAIN MATERIAL OF THE FLOOR.
	
	      RECORD OBSERVATION.
		NATURAL FLOOR
		   MUD/EARTH/DUNG 11
		RUDIMENTARY FLOOR
		   WOOD PLANKS..................................21
		FINISHED FLOOR
		   PARQUET OR POLISHED WOOD.....31
		   BRICK TILES 32
		   TILES 33
		   CEMENT 34
		   CARPET..35
		   VINYL/LINOLEUM.............................36
		
		OTHER _____ 96
		       (SPECIFY)	

32	Does any member of your household own:
	
	      A bicycle?
	      A motorcycle or motor scooter?
	      A car or truck?
	      A horse/donkey/mule?
	      A scotch cart?
		YES NO
		BICYCLE 1 2
		MOTORCYCLE/SCOOTER 1 2
		CAR/TRUCK................................1 2
		HORSE/DONKEY/MULE..............1 2
		SCOTCH CART...........................1 2	

33	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE: RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) ....1 BELOW 15 PPM.......................................2 ABOVE 15 PPM (STRONG COLOR)........3 NO SALT IN HH ....4 SALT NOT TESTED _____ 5 (SPECIFY REASON)	
34	What is the name of the nearest health facility that provides health services to this community? _____ (NAME OF HEALTH FACILITY)	DON'T KNOW 99998	→ 37
35	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI ....01 MOTORCYCLE/SCOOTER ....02 BICYCLE ....03 HORSE/DONKEY/MULE........................04 SCOTCH CART......................................05 WALKING..06 OTHER _____ 96 (SPECIFY)	
36	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS............................. MINUTES	

HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (10) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)
☐☐		YEARS ☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐
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☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STANDING	
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
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☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐

TICK HERE IF CONTINUATION SHEET IS USED: ☐

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHANS, ADOPTED CHILDREN, ETC.), ASK DAY, MONTH AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q.215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	*RESULT* 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(45)	(46)	(47)	(48)	(49)	(50)
☐☐		☐☐	GRANTED REFUSED 1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐
☐☐		☐☐	1 2 ▾ SIGN _____ NEXT LINE ⤶	☐☐.☐	☐

* INFORMED CONSENT STATEMENT FOR ANEMIA TESTING FOR CHILDREN

As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born since 1999 participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

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

GO TO COLUMN (48), CIRCLE THE APPROPRIATE CODE (AND SIGN).

Consent Statement for Anemia and HIV for Adults

** **INTRODUCTION**

Hello, my name is_____. I'm from the Ministry of Health and Social Welfare. As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. T his survey will assist the government to develop programs to prevent and treat anemia.

We are also studying HIV. HIV is the virus that causes AIDS. The government of Lesotho is trying to find out how common HIV is, so that they can develop programs to prevent AIDS and care for those who have it.

REQUEST FOR CONSENT FOR ANEMIA TEST

We are asking if you will participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Do you have any questions?

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

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the anemia test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

REQUEST FOR CONSENT FOR HIV TEST

We would also ask you to participate in the HIV test by allowing us to collect a few drops of blood from the finger at the same time.

This blood will be tested later in the laboratory. To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you.

However, if you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV testing. However, if you decide not to have the test done, it is your right and we will respect your decision.

Will you accept to participate in the HIV test?

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

* DON'T FORGET TO GIVE EACH ELIGIBLE PERSON A LIST OF THE NEAREST VCT SERVICES.

HEMOGLOBIN AND HIV TESTING – WOMEN AND MEN   Number of blood samples: _____

CHECK COLUMNS (10) AND (12) FROM HOUSEHOLD SCHEDULE: RECORD THE LINE NUMBER, NAME, SEX AND AGE OF ALL WOMEN AGE 15-49 AND ALL MEN AGE 15-59 YEARS. THIS FORM MUST BE DESTROYED BEFORE THE RESULTS OF THE TEST ARE LINKED TO THE LDHS DATABASE.

LINE NUMBER FROM COLUMN (10) OR COLUMN (12)	NAME FROM COL.(2)	SEX FROM COL. (8)	AGE FROM COL.(9)	CHECK AGE IN COLUMN (54)	LINE NUMBER OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT TO THE RESPONDENT CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CURRENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES [1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV; 1 (LAST) DROP IS COLLECTED FOR ANEMIA]
(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)
	NAME	M F 1 2	YEARS	AGE 15-17 / AGE 18+ 1 / 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3		YES.......1 NO.........2 DK.........3			PUT 1ST BAR CODE HERE PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 / 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3		YES.......1 NO.........2 DK.........3			PUT 1ST BAR CODE HERE PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 / 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR ANEMIA TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3	CONSENT FOR HIV TESTING 1 → INTERVIEWER SIGNS _____ REFUSED...2 NOT READ...3		YES.......1 NO.........2 DK.........3			PUT 1ST BAR CODE HERE PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM

(51) LINE NUMBER FROM COLUMN (10) OR COLUMN (12)	(52) NAME FROM COL.(2)	(53) SEX FROM COL. (8)	(54) AGE FROM COL.(9)	(55) CHECK AGE IN COLUMN (54)	(56) LINE NUMBER OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	(57) READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT — CIRCLE CODE (AND SIGN)	(58) READ THE CONSENT TO THE RESPONDENT — CIRCLE CODE (AND SIGN)	(59) HEMOGLOBIN LEVEL (G/DL)	(60) FOR WOMEN CURRENTLY PREGNANT	(61) ANEMIA RESULT	(62) HIV RESULT	(63) PLACE BAR CODES
	NAME	M F 1 2	YEARS	AGE 15-17 — 1 AGE 18+ — 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	□□.□	YES…1 NO…2 DK…3	□	□	PUT 1ST BAR CODE HERE / PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	□□.□	YES…1 NO…2 DK…3	□	□	PUT 1ST BAR CODE HERE / PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → SKIP TO 58		CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	CONSENT FOR ANEMIA TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3 / CONSENT FOR HIV TESTING: 1 → INTERVIEWER SIGNS ___ REFUSED…2 NOT READ…3	□□.□	YES…1 NO…2 DK…3	□	□	PUT 1ST BAR CODE HERE / PUT THE 2ND BAR CODE ON THE RESPONSENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM

(51) LINE NUMBER FROM COLUMN (10) OR COLUMN (12)

(61) ANEMIA RESULT: 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)

(62) HIV RESULT: 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)

(63) PLACE BAR CODES [1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV, 1 (LAST) DROP IS COLLECTED FOR ANEMIA]

TICK HERE IS ANOTHER SHEET IS USED : □

64 CHECK COLUMNS (49) FOR CHILDREN, (59) FOR ADULTS AND (60) FOR WHETHER THE WOMAN IS CURRENTLY PREGNANT:

NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS :

LESS THAN **7G/DL** FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN **9G/DL** FOR PREGNANT WOMEN.

ONE OR MORE ☐   NONE ☐
         V   V
GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE   GIVE EACH WOMAN, MAN OR RESPONSIBLE
RESULTS OF THE HEMOGLOBIN TEST. READ THE   ADULT THE RESULTS OF THE HEMOGLOBIN
DECLARATION BELOW (Q.65) TO THESE PERSONS WITH   TEST AND THE ANEMIA BROCHURE.
HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS.

65 The results of the test show that (YOUR BLOOD/THE BLOOD OF NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (YOU/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE HEMOGLOBIN TEST RESULTS AND THE ANEMIA BROCHURE.

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

EA NUMBER ....

HOUSEHOLD NUMBER ....

LESOTHO ECOLOGICAL ZONE ....
(LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)

DISTRICT[1] ....

URBAN/RURAL (URBAN=1, RURAL=2) ....

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		

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

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**

	0	1

LANGUAGE OF INTERVIEW *** _____

HOME LANGUAGE OF RESPONDENT*** _____

WAS A TRANSLATOR USED? (YES=1, NO=2) ....

*** LANGUAGE CODES:
  01 ENGLISH   06 OTHER_____
  02 SESOTHO   (SPECIFY)

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

[1] 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
   08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____   Date: _____

RESPONDENT AGREES TO BE INTERVIEWED.........1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .... 2 ⎯▸END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ………………………… ☐☐ MINUTES……………………… ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in an urban or in a rural area?	URBAN .... 1 RURAL 2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ……………………… ☐☐ ALWAYS.................................. 95 VISITOR 96	⎣▸105
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN .... 1 RURAL 2	
105	In what month and year were you born?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR ……………… ☐☐☐☐ DON'T KNOW YEAR........................... 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
107	Have you ever attended school?	YES .... 1 NO 2	┠▸111

108	What is the highest level of school you attended?	PRIMARY 1
		VOCATIONAL/TECHNICAL TRAINING
		    AFTER PRIMARY 2
		SECONDARY/HIGH................................ 3
		VOCATIONAL/TECHNICAL TRAINING
		    AFTER SECONDARY/HIGH 4
		COLLEGE.. 5
		GRADUATE/POST GRADUATE.............. 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR .... ☐☐	
110	CHECK 108: 　　　PRIMARY/　　　　SECONDARY VOCATION/TECHN. ☐　　OR HIGHER ☐ _____ 　AFTER PRIMARY ▾		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT.[1] IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ....1 ABLE TO READ ONLY PARTS OF 　SENTENCE ....2 ABLE TO READ WHOLE SENTENCE......3 NO CARD WITH REQUIRED 　LANGUAGE_____ 4 　　　　　(SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ....1 NO 2	
113	CHECK 111: 　　CODE '2', '3'　　　CODE '1' OR '5' 　　　OR '4' ☐　　　　CIRCLED ☐ _____ 　　CIRCLED ▾		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	→115
114A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE..... A RSA NEWSPAPER/MAGAZINE .... B OTHER _____X 　　　　　　　(SPECIFY)	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	→116
115A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO .... A RSA RADIO.. B OTHER _____X 　　　　　　　(SPECIFY)	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	→117
116A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV... A RSA TV... B OTHER _____X 　　　　　　　(SPECIFY)	
117	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH ....01 LESOTHO EVANGELICAL CHURCH......02 METHODIST ....03 ANGLICAN CHURCH.............................04 SEVENTH DAY ADVENTIST ....05 PENTECOSTAL ....06 OTHER CHRISTIAN...............................07 NONE ....08 OTHER RELIGION _____ 96 　　　　　　　(SPECIFY)	

LITERACY CARD (Q.111):

1) Parents love their children.

2) Farming is hard work.

3) Birds fly in the sky.

4) Children work hard at school.

SECTION 2: REPRODUCTION

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

211	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.								
212 What name was given to your (first/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 ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE: 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 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
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 ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
03	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
04	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
05	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
06	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
07	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
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 ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
09	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
10	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
11	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2
12	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES.....1 NO.......2 ↓ 220	AGE IN YEARS ☐☐	YES....... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS....... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES .... 1 NO 2

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

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

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

↓

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

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

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

☐☐☐☐

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER.
IF NONE, RECORD '0'. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES ....1 NO ....2 UNSURE 8	→229
227	How many months pregnant are you?	MONTHS ……………………… ☐☐	
228	At the time you became pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN ....1 LATER ....2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ....1 NO 2	→236
230	When did the last such pregnancy end?	MONTH …………………………. ☐☐ YEAR ……………… ☐☐☐☐	
231	How many months pregnant were you when the last such pregnancy ended?	MONTHS ……………………… ☐☐	

232	CHECK 230:
	    LAST PREGNANCY ☐ LAST PREGNANCY ☐
	       ENDED IN ENDED BEFORE
	   JAN. 1999 OR LATER ▼ JAN. 1999
			→236

233	Have you ever had any other pregnancies which did not result in a live birth?	YES ....1 NO 2	→236
234	When did the previous such pregnancy end?	MONTH …………………………. ☐☐ YEAR ……………… ☐☐☐☐	
235	How many months pregnant were you when that pregnancy ended?	MONTHS ……………………… ☐☐	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO .... 1 ☐☐ WEEKS AGO...................... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY ....994 BEFORE LAST BIRTH ....995 NEVER MENSTRUATED......................996	
237	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ....1 NO ....2 DON☐T KNOW 8	→301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS...1 DURING HER PERIOD ....2 RIGHT AFTER HER PERIOD HAS ENDED ....3 HALF WAY BETWEEN TWO PERIODS...................................4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ....1 NO ....2 ⌐ ▼		Have you ever had an operation to avoid having any more children? YES ....1 NO..2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ....1 NO ....2 ⌐ ▼		Have you ever had a partner who had an operation to avoid having any more children? YES ....1 NO..2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
04	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
05	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	MALE CONDOM 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 place a sheath in their vagina before sexual intercourse.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
15	LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy.	YES .... 1 NO ....2 ⌐ ▼		YES ....1 NO..2
16	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) ▾ AT LEAST ONE "YES" (EVER USED)		→306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ....1 NO...2	→318
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN …… ☐☐	
307	CHECK 302 (01): WOMAN NOT STERILIZED ▾ WOMAN STERILIZED		→310A
308	CHECK 226: NOT PREGNANT OR UNSURE ▾ PREGNANT		→318
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ....1 NO...2	→318
310 310A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION .... A MALE STERILIZATION............................ B PILL... C IUCD .... D INJECTABLES .... E IMPLANTS .... F MALE CONDOM ....G FEMALE CONDOM.................................H DIAPHRAGM ....I FOAM/JELLY ....J LACTATIONAL AMEN. METHOD............ K PERIODIC ABSTINENCE.........................L WITHDRAWAL...M LOCAL TRADITIONAL METHOD ....N OTHER _____ X (SPECIFY)	→312A
311	CHECK 310: CODE 'A' CIRCLED CODE 'B' CIRCLED Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES ....1 NO...2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	In what month and year was the sterilization performed?	MONTH............................ ☐☐	
312A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	YEAR................... ☐☐☐☐	
313	CHECK 310/310A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ....01 MALE STERILIZATION...........................02 PILL...03 IUCD ....04 INJECTABLES ....05 IMPLANTS ....06 MALE CONDOM ....07 FEMALE CONDOM.................................08 DIAPHRAGM ....09 FOAM/JELLY ....10 LACTATIONAL AMEN. METHOD...........11 PERIODIC ABSTINENCE.......................12 WITHDRAWAL..13 LOCAL TRADITIONAL METHOD ....14 OTHER _____96 (SPECIFY)	→320 →320 →320 →320 →320 →320 →320
314	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ....1 NO...2	→316
315	Were you told what to do if you experienced side effects or problems?	YES ....1 NO...2	
316	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ....1 NO...2	
317	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ....11 GOVT. HEALTH CENTER...................12 FAMILY PLANNING CLINIC ....13 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ....21 PHARMACY..22 PRIVATE DOCTOR ....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) CHAL CHAL HOSPITAL................................31 CHAL HEALTH CENTER ....32 CBD...41 COMMUNITY HEALTH WORKER......... 42 SUPPORT GROUPS .... 43 OTHER SOURCE SHOP..51 CHURCH ....52 PEER EDUCATORS........................... 53 FRIEND/RELATIVE ....54 OTHER _____ 96 (SPECIFY)	→320
318	Do you know of a place where you can obtain a method of family planning?	YES ....1 NO...2	→320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

319	Where is that?
	
	Any other place?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL ....A
		   GOVT. HEALTH CENTER....................B
		   FAMILY PLANNING CLINIC.................C
		   OTHER PUBLIC _____ D
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ....E
		   PHARMACY.. F
		   PRIVATE DOCTOR ....G
		   OTHER PRIVATE
		      MEDICAL _____ H
		                (SPECIFY)
		CHAL
		   CHAL HOSPITAL................................... I
		   CHAL HEALTH CENTER ....J
		
		CBD...K
		COMMUNITY HEALTH WORKER........... L
		SUPPORT GROUPS .... M
		
		OTHER SOURCE
		   SHOP...N
		   CHURCH ....O
		   PEER EDUCATORS............................P
		   FRIENDS/RELATIVES ....Q
		
		OTHER _____ X
		             (SPECIFY)	

320	In the last 12 months, were you visited by a fieldworker or CBD who talked to you about family planning?	YES ....1 NO..2	
321	In the last 12 months, have you visited a health facility for care for yourself or your family?	YES ....1 NO..2	→401
322	Did any staff member at the health facility speak to you about family planning methods?	YES ....1 NO..2	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 1999 OR LATER ▾ ☐	NO BIRTHS IN 1999 OR LATER ☐ —————————————————————— →487	

402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM 212	LINE NUMBER ………… ☐☐	LINE NUMBER ………… ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐▾ DEAD ☐▾	NAME _____ LIVING ☐▾ DEAD ☐▾

405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN...1
		   (SKIP TO 407)◄——————┘
		 LATER 2
		
		 NOT AT ALL 3
		   (SKIP TO 407)◄——————┘
			THEN...1
			   (SKIP TO 423)◄——————┘
			 LATER 2
			
			 NOT AT ALL 3
			   (SKIP TO 423)◄——————┘

406	How much longer would you like to have waited?	MONTHS ....1 ☐☐ YEARS ....2 ☐☐ DON'T KNOW 998	MONTHS .... 1 ☐☐ YEARS....................... 2 ☐☐ DON'T KNOW...............................998

407	Did you see anyone for antenatal care for this pregnancy?
	
	 IF YES: Whom did you see?
	         Anyone else?
	
	 PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		   DOCTOR...A
		   NURSE/MIDWIFE ....B
		
		 OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT.............................C
		
		 OTHER _____ X
		         (SPECIFY)
		 NO ONE ....Y
		   (SKIP TO 415)◄——————┘	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

407A	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
		PUBLIC SECTOR
		   GOVT. HOSPITAL........................A
		   GOVT. HEALTH CENTER ....B
		   GOVT. HEALTH POST C
		
		   OTHER PUBLIC _____ D
		                    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PVT. HOSPITAL/CLINIC..............E
		   OTHER PVT.
		      MEDICAL _____ F
		                   (SPECIFY)
		CHAL
		   CHAL HOSPITAL .... G
		   CHAL HEALTH CENTER.............H
		
		OTHER _____ X
		             (SPECIFY)	

408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS .... ☐☐ DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES .... ☐☐ DON'T KNOW 98	

410	CHECK 409:
	
	NUMBER OF TIMES RECEIVED ANTENATAL CARE
		ONCE ☐ MORE THAN
		            ONCE OR DK
		              ☐
		(SKIP TO 412)	

411	How many months pregnant were you the last time you received antenatal care?	MONTHS .... ☐☐ DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE .... 1 2 URINE SAMPLE............... 1 2 BLOOD SAMPLE 1 2	
412A	During any of the antenatal visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
413	Were you told about the signs of pregnancy complications?	YES .... 1 NO .... 2 (SKIP TO 415) DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES .... 1 NO .... 2 DON'T KNOW 8	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ....1 NO ....2 (SKIP TO 417)◄————┤ DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES …………………………. ☐ DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES ....1 NO ....2 (SKIP TO 419)◄————┤ DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ……………… ☐☐☐ DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ....1 NO ....2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness?	YES ....1 NO ....2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE................................1 LARGER THAN AVERAGE..............2 AVERAGE ....3 SMALLER THAN AVERAGE...........4 VERY SMALL ....5 DON'T KNOW 8	VERY LARGE...................................1 LARGER THAN AVERAGE..............2 AVERAGE ....3 SMALLER THAN AVERAGE...........4 VERY SMALL ....5 DON'T KNOW...................................8
424	Was (NAME) weighed at birth?	YES ....1 NO ....2 (SKIP TO 425A)◄————┤ DON'T KNOW 8	YES..1 NO ....2 (SKIP TO 425A)◄————┤ DON'T KNOW...................................8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD………..1 ☐☐.☐ KG FROM RECALL……..2 ☐☐.☐ DON'T KNOW 9998	KG FROM CARD………..1 ☐☐.☐ KG FROM RECALL……..2 ☐☐.☐ DON'T KNOW...........................9998
425A	Was the birth of (NAME) registered?	YES ....1 NO ....2 DON'T KNOW 8	YES..1 NO ....2 DON'T KNOW...................................8

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

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) (LAST BIRTH) _____ (NAME OF PLACE) (NEXT-TO-LAST BIRTH)	HOME 　YOUR HOME .... 11 　　(SKIP TO 429)◄————┤ 　OTHER HOME .... 12 PUBLIC SECTOR 　GOVT. HOSPITAL..................... 21 　GOVT. HEALTH CENTER .... 22 　GOVT. HEALTH POST .... 23 　OTHER PUBLIC _____ 26 　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC............ 31 　OTHER PVT. 　　MEDICAL _____ 36 　　　　　(SPECIFY) CHAL 　CHAL HOSPITAL .... 41 　CHAL HEALTH CENTER .... 42 OTHER _____ 96 　　　　(SPECIFY)　　　│ 　　(SKIP TO 429)◄————┘	HOME 　YOUR HOME.............................11 　　(SKIP TO 435)◄————┤ 　OTHER HOME .... 12 PUBLIC SECTOR 　GOVT. HOSPITAL......................21 　GOVT. HEALTH CENTER..........22 　GOVT. HEALTH POST...............23 　OTHER PUBLIC _____ 26 　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC .... 31 　OTHER PVT. 　　MEDICAL _____ 36 　　　　　(SPECIFY) CHAL 　CHAL HOSPITAL .... 41 　CHAL HEALTH CENTER .... 42 OTHER _____ 96 　　　　(SPECIFY)　　　│ 　　(SKIP TO 435)◄————┘
428	Was (NAME) delivered by caesarian section?	YES .... 1 NO 2	YES...1 NO 2
429	[After (NAME) was born/Before you were discharged], did anyone check on your health?	YES .... 1 NO .... 2 　　(SKIP TO 433)◄————┘	
430	How many hours, days or weeks after the delivery did the first check take place?	HOURS AFTER DEL...1 ☐☐ DAYS AFTER DEL…　2 ☐☐ WEEKS AFTER DEL...3 ☐☐ DON'T KNOW 998	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL 　DOCTOR .... 11 　NURSE/MIDWIFE .... 12 OTHER PERSON 　TRADITIONAL BIRTH 　　ATTENDANT .... 21 OTHER _____ 96 　　　　(SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

432	Where did this first check take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL...................... 21
		  GOVT. HEALTH CENTER 22
		  GOVT. HEALTH POST 23
		
		  OTHER PUBLIC _____ 26
		                   (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PVT. HOSPITAL/CLINIC............ 31
		  OTHER PVT.
		     MEDICAL_____ 36
		                   (SPECIFY)
		CHAL
		  CHAL HOSPITAL 41
		  CHAL HEALTH CENTER 42
		
		OTHER _____ 96
		                   (SPECIFY)	

433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES .... 1 NO 2	

434	Has your period returned since the birth of (NAME)?	YES 1
		           (SKIP TO 436)◄———┘
		NO 2
		           (SKIP TO 437)◄———┘	

435	Did your period return between the birth of (NAME) and your next pregnancy?		YES.. 1 NO .... 2 (SKIP TO 439)◄———┘
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS .... ⬚⬚ DON'T KNOW 98	MONTHS .... ⬚⬚ DON'T KNOW............................... 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT ⬚ PREGNANT ⬚ PREG- OR UNSURE NANT ▼ (SKIP TO 439) ◄—	
438	Have you resumed sexual relations since the birth of (NAME)?	YES .... 1 NO .... 2 (SKIP TO 440)◄———┘	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS .... ⬚⬚ DON'T KNOW 98	MONTHS .... ⬚⬚ DON'T KNOW............................... 98

440	Did you ever breastfeed (NAME)?	YES 1
		NO 2
		          (SKIP TO 447)◄———┘
			YES.. 1
			NO 2
			          (SKIP TO 447)◄———┘

441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ....000 HOURS........................1 ⬚⬚ DAYS...........................2 ⬚⬚	IMMEDIATELY ....000 HOURS....................... 1 ⬚⬚ DAYS.......................... 2 ⬚⬚
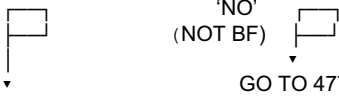
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES .... 1 NO .... 2 (SKIP TO 444)◄———┘	YES... 1 NO .... 2 (SKIP TO 444)◄———┘

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

444	CHECK 404:
	
	IS CHILD LIVING?
		LIVING ☐ DEAD ☐
		▼ ▼
		         (SKIP TO 446)
			LIVING ☐ DEAD ☐
			▼ ▼
			         (SKIP TO 446)

445	Are you still breastfeeding (NAME)?	YES .... 1 (SKIP TO 448)◄———┘ NO 2	YES... 1 (SKIP TO 448)◄———┘ NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS ……………… ☐☐ DON'T KNOW 98	MONTHS ……………… ☐☐ DON'T KNOW................................. 98
447	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ │ ▼ │ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) ▼ (SKIP TO 450)	LIVING ☐ DEAD ☐ │ ▼ │ (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTION-NAIRE; OR, IF NO MORE BIRTHS, GO TO 454) ▼ (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐	NUMBER OF NIGHTTIME FEEDINGS . ☐☐
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS… ☐☐	NUMBER OF DAYLIGHT FEEDINGS… ☐☐
450	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
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES………… ☐ DON'T KNOW 8	NUMBER OF TIMES………… ☐ DON'T KNOW................................... 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	LINE NUMBER FROM 212	**LAST BIRTH** LINE NUMBER .... ☐☐	**NEXT-TO-LAST BIRTH** LINE NUMBER .... ☐☐
456	FROM 212 AND 216	NAME _____	NAME _____
		LIVING ☐ DEAD ☐ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	LIVING ☐ DEAD ☐ (GO TO 456 IN LAST COLUMN OF NEW QUESTION-NAIRE OR, IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN .... 1 (SKIP TO 460)◄————┘ YES, NOT SEEN .... 2 (SKIP TO 462)◄————┘ NO CARD 3	YES, SEEN...................................... 1 (SKIP TO 460)◄————┘ YES, NOT SEEN .... 2 (SKIP TO 462)◄————┘ NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES ....1 (SKIP TO 462)◄————┘ NO 2	YES .... 1 (SKIP TO 462)◄————┘ NO 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES VITAMIN A (MOST RECENT) HEP B1 HEP B2 HEP B3	DAY MONTH YEAR BCG ...... P0.......... P1.......... P2.......... P3.......... D1 .... D2 .... D3 .... MEA ...... VIT. A .... HEP B1 . HEP B2 . HEP B3 .	DAY MONTH YEAR BCG ...... P0.......... P1.......... P2.......... P3.......... D1 .... D2 .... D3 .... MEA ...... VIT. A .... HEP B1 . HEP B2 . HEP B3 .

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, MEASLES VACCINE, VITAMIN A, HEPB 1-3.	YES .... 1 (PROBE FOR VACCINATIONS ↵ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464)◄──────── NO .... 2 (SKIP TO 464)◄──────── DON'T KNOW 8	YES .... 1 (PROBE FOR VACCINATIONS ↵ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464)◄──────── NO .... 2 (SKIP TO 464)◄──────── DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES .... 1 NO .... 2 (SKIP TO 466)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 466)◄──────┤ DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, which is, an injection in the arm or shoulder that usually causes a scar?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES .... 1 NO .... 2 (SKIP TO 463E)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 463E)◄──────┤ DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH .... 1 LATER 2	JUST AFTER BIRTH .... 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES .... [ ]	NUMBER OF TIMES .... [ ]
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES .... 1 NO .... 2 (SKIP TO 463G)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 463G)◄──────┤ DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES .... [ ]	NUMBER OF TIMES .... [ ]
463G	An injection to prevent measles?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
463H	A vitamin A dose (capsules/syrup)?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
463I	An injection to prevent Hepatitis B?	YES .... 1 NO .... 2 (SKIP TO 464)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 464)◄──────┤ DON'T KNOW 8
463J	How many times?	NUMBER OF TIMES .... [ ]	NUMBER OF TIMES .... [ ]

464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES 1
		NO 2
		(SKIP TO 466)◄──────┤
		NO VACCINATION IN
		  THE LAST 2 YEARS 3
		(SKIP TO 466)◄──────┤
		DON'T KNOW 8
		(SKIP TO 466)◄──────┤
			YES 1
			NO 2
			(SKIP TO 466)◄──────┤
			NO VACCINATION IN
			  THE LAST 2 YEARS 3
			(SKIP TO 466)◄──────┤
			DON'T KNOW 8
			(SKIP TO 466)◄──────┤

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
465	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	MEASLES AUG-SEPT 1999 ....A MEASLES SEPT 2000 ....B MEASLES MAY 2003...................... C POLIO AUG-SEPT 2004 .... D OTHER _____ X (SPECIFY)	MEASLES AUG-SEPT 1999 .... A MEASLES SEPT 2000 .... B MEASLES MAY 2003...................... C POLIO AUG-SEPT 2004 .... D OTHER _____ X (SPECIFY)
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ....1 NO .... 2 DON'T KNOW 8	YES ....1 NO ....2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ....1 NO .... 2 (SKIP TO 469)◄———————┤ DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 469)◄————————┤ DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES ....1 NO .... 2 DON'T KNOW 8	YES ....1 NO ....2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 NO/DK OR 467 ▼ (SKIP TO 475)	"YES" IN 466 NO/DK OR 467 ▼ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES ....1 NO ....2 (SKIP TO 472)◄———————┘	YES ....1 NO ....2 (SKIP TO 472)◄———————┘

471	Where did you seek advice or treatment?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	(LAST BIRTH)
	
	_____
	(NAME OF PLACE)
	(NEXT-TO-LAST BIRTH)
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		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
		  PRIVATE DOCTOR .... G
		  OTHER PVT.
		    MEDICAL _____ H
		      (SPECIFY)
		
		CHAL
		  CHAL HOSPITAL I
		  CHAL HEALTH CENTER............. J
		
		CBD ....K
		COMMUNITY HEALTH WORKER ... L
		SUPPORT GROUPS...................... M
		
		OTHER SOURCE
		  SHOP ....N
		  TRADITIONAL HEALER .... O
		
		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
			  PRIVATE DOCTOR.................... G
			  OTHER PVT.
			    MEDICAL _____ H
			      (SPECIFY)
			
			CHAL
			  CHAL HOSPITAL I
			  CHAL HEALTH CENTER............. J
			
			CBD ....K
			COMMUNITY HEALTH WORKER ... L
			SUPPORT GROUPS...................... M
			
			OTHER SOURCE
			  SHOP .... N
			  TRADITIONAL HEALER .... O
			
			OTHER _____ X
			(SPECIFY)

472	CHECK 466: HAD FEVER?	"YES" IN 466 "NO"/"DK" IN 466 ▼ (SKIP TO 475)	"YES" IN 466 "NO"/"DK" IN 466 ▼ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES ....1 NO ....2 (SKIP TO 475)◄———————┤ DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 475)◄———————┤ DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN.	PARACETAMOL/PANADOL ....A IBUPROFEN ....B ASPIRIN ....C OTHER _____ X (SPECIFY) DON'T KNOW ....Z	PARACETAMOL/PANADOL ....A IBUPROFEN....................................B ASPIRIN .... C OTHER _____ X (SPECIFY) DON'T KNOW ....Z
475	Has (NAME) had diarrhea in the last 2 weeks, that is three or more watery stools per day?	YES .... 1 NO .... 2 (SKIP TO 483)◄————┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 483)◄————┤ DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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
476A	CHECK 445: 'YES' 'NO' (BF) (NOT BF) GO TO 477 When (NAME) had diarrhea, was he/she offered less than usual to breastfeed, about the same amount, more than usual, or nothing to breastfeed?	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
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered 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
478 a b	Was he/she given any of the following to drink: A fluid made from a special packet called Motsoako or ORS? A health clinic-recommended sugar-salt solution?	YES NO DK FLUID FROM ORS PKT..... 1 2 8 SUGAR-SALT SOLUTION . 1 2 8	YES NO DK FLUID FROM ORS PKT..... 1 2 8 SUGAR-SALT SOLUTION . 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES .... 1 NO .... 2 (SKIP TO 481)◄————┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 481)◄————┤ DON'T KNOW 8

480	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS MENTIONED.
		PILL OR SYRUP ....A
		INJECTION......................................B
		(I.V.) INTRAVENOUS......................C
		HOME REMEDIES/
		    HERBAL MEDICINES ....D
		
		OTHER _____ X
		(SPECIFY)
			PILL OR SYRUP ....A
			INJECTION......................................B
			(I.V.) INTRAVENOUS..................... C
			HOME REMEDIES/
			    HERBAL MEDICINES .... D
			
			OTHER _____ X
			(SPECIFY)

481	Did you seek advice or treatment for the diarrhea?	YES .... 1 NO .... 2 (SKIP TO 483)◄————┘	YES .... 1 NO .... 2 (SKIP TO 483)◄————┘

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

482	Where did you seek advice or treatment?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	(LAST BIRTH)
	
	_____
	(NAME OF PLACE)
	(NEXT-TO-LAST BIRTH)
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		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
		  PRIVATE DOCTOR .... G
		  OTHER PVT.
		    MEDICAL _____ H
		            (SPECIFY)
		
		CHAL
		  CHAL HOSPITAL I
		  CHAL HEALTH CENTER............ J
		
		CBD...K
		COMMUNITY HEALTH WORKER ... L
		SUPPORT GROUPS......................M
		
		OTHER SOURCE
		  SHOP ....N
		  TRADITIONAL HEALER .... O
		
		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
			  PRIVATE DOCTOR.................... G
			  OTHER PVT.
			    MEDICAL _____ H
			            (SPECIFY)
			
			CHAL
			  CHAL HOSPITAL I
			  CHAL HEALTH CENTER .... J
			
			CBD...K
			COMMUNITY HEALTH WORKER ... L
			SUPPORT GROUPS......................M
			
			OTHER SOURCE
			  SHOP .... N
			  TRADITIONAL HEALER .... O
			
			OTHER _____ X
			            (SPECIFY)

483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1999 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐⌄　　　　NONE ☐ _____		→487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE 　TOILET/LATRINE ....01 THROW IN THE TOILET/LATRINE ....02 THROW OUTSIDE THE DWELLING......03 THROW OUTSIDE THE YARD..............04 BURY IN THE YARD..............................05 RINSE AWAY......................................06 USE DISPOSABLE DIAPERS ....07 USE WASHABLE DIAPERS ....08 NOT DISPOSED OF ....09 OTHER _____ 96 　　　　　(SPECIFY)	
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID ☐⌄　　ANY CHILD FROM ORS PACKET　　　RECEIVED FLUID ☐ _____ 　　　　　　　　　　　FROM ORS PACKET		→488
487	Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhea?	YES ....1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING ☐⌄　　HAS NO CHILDREN WITH HER　　　　　　　　LIVING WITH HER ☐ _____		→490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES ....1 NO ....2 DEPENDS 3	
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		

Below question 490, a sub-table:

	BIG PROBLEM	NOT A BIG PROBLEM
Knowing where to go.	1	2
Getting permission to go.	1	2
Getting money needed for treatment.	1	2
The distance to a health facility.	1	2
Having to take transport.	1	2
Not wanting to go alone.	1	2
Concern that there may not be a female health provider.	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
490A	Do you have a Health Card/Bukana?	YES ....1 NO 2	→491
490B	Have you ever used another person's Health Card/Bukana?	YES ....1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER ☐ DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER ☐—————— RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		→496
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?	YESTERDAY/LAST NIGHT NUMBER OF TIMES	
a	Plain water?	a ☐	
b	Commercially produced infant formula?	b ☐	
c	Any other milk such as tinned, powdered, or fresh animal milk?	c ☐	
d	Fruit juice?	d ☐	
e	Any other liquids? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	e ☐	
493	Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?	YESTERDAY/LAST NIGHT NUMBER OF TIMES	
a	Barley, bread, rolls, cereal bran, flour, maize, noodles, pasta, oats, porridges, rice, sorghum, wheat?	a ☐	
b	Pumpkin, red/orange/dark yellow squash, carrots, or red sweet potatoes - fresh or dried?	b ☐	
c	Any other food made from roots or tubers, such as white potatoes?	c ☐	
d	Any dark green leafy vegetables, such as broccoli, beet, kale, mustard, pumpkin leaves, turnip leaves, wild Moroho, pepper, spinach, swiss chard, cabbage – fresh or dried?	d ☐	
e	Mango, papaya, apricots, peaches, goose berries – fresh or dried?	e ☐	
f	Any other fruits and vegetables, such as bananas, apples/sauce, citrus fruit, figs, pears, plums, cauliflower, eggplant, mushrooms, green beans, avocados, tomatoes?	f ☐	
g	Red meat, pork, poultry, fish, or eggs?	g ☐	
h	Any food made from legumes, such as lentils, beans, bean sprouts, chickpeas, almonds, cashew nuts, or peanuts?	h ☐	
i	Cheese or yoghurt?	i ☐	
j	Any food made with oil, fat, or butter? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	j ☐	
496	Do you currently smoke cigarettes or tobacco? IF YES: what type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES .... A YES, PIPE.. B YES, SNUFF .... C YES, OTHER TOBACCO........................ D NO .... Y	
497	CHECK 496: CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐———————		→499A
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499A	Have you ever drunk an alcohol-containing beverage?	YES ....1 NO 2	→499F
499B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS .... [|] NONE 95	
499C	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES ....1 NO 2	→499F
499D	CHECK 499B: DRANK ALCOHOL ON [ ] NONE [ ]_____ AT LEAST ONE DAY ▾		→499F
499E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF… …….. [|] TIMES NONE……………………………………95	
499F	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have? IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'. IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS……[|] DIABETIC...95 NONE..00	→499H →501
499G	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS……[|] NONE..00	
499H	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES ....1 NO ....2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED ....1 YES, LIVING WITH A MAN ....2 NO, NOT IN UNION 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED...................1 YES, LIVED WITH A MAN ....2 NO 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ....1 DIVORCED...2 SEPARATED..3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ....1 STAYING ELSEWHERE 2	
506	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. ………………………☐☐	
510	Have you been married or lived with a man only once, or more than once?	ONCE ....1 MORE THAN ONCE................................2	
511	CHECK 510: 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 we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH. ………………………☐☐ DON'T KNOW MONTH ....98 YEAR ………………☐☐☐☐ DON'T KNOW YEAR..........................9998	→514
512	How old were you when you started living with him?	AGE…………………………☐☐	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER ....00 AGE IN YEARS ………………☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER....95	→529
514A	CHECK 106: 15-24 YEARS OLD ☐ 25-49 YEARS OLD ☐		→515
514B	The first time you had sexual intercourse, was a male or a female condom used?	YES, MALE CONDOM ....1 YES, FEMALE CONDOM ....2 NO...3	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ....1 ☐☐ WEEKS AGO.......................2 ☐☐ MONTHS AGO ....3 ☐☐ YEARS AGO ....4 ☐☐	
516	The last time you had sexual intercourse, was a male or female condom used?	YES, MALE CONDOM ....1 YES, FEMALE CONDOM.........................2 NO 3	→516B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV ....01 RESPONDENT WANTED TO PREVENT PREGNANCY.......................................02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY ......03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..04 PARTNER REQUESTED/INSISTED ......05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→516C
516B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE ....01 COST TOO MUCH..................................02 USED FAMILY PLANNING METHOD ....03 CONDOMS TRANSMIT HIV ....04 CONDOMS HAVE WORMS....................05 TRUSTED PARTNER ....06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE..............08 PARTNER REFUSED/OBJECTED.........09 PARTNER DRUNK/ON DRUGS ....10 RESPONDENT DRUNK/ON DRUGS .....11 RESPONDENT WANTED TO GET PREGNANT ....12 OTHER _____ 96 (SPECIFY)	
516C	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES .... 1 NO 2	→517
516D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY .... 1 PARTNER ONLY..................................... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER.. 4	
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .... 01 MAN IS BOYFRIEND/FIANCÉ .... 02 OTHER FRIEND..................................... 03 CASUAL ACQUAINTANCE.................... 04 RELATIVE .... 05 PROSTITUTE .... 06 OTHER _____ 96 (SPECIFY)	→519
517A	CHECK 106: 15-24 YEARS OLD ☐ 25-49 YEARS OLD ☐ ────────────		→518
517B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER ....1 ABOUT SAME AGE ....2 LESS THAN 10 YEARS OLDER..............3 10 OR MORE YEARS OLDER.................4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW 8	
518	For how long have you had sexual relations with this man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD 'O1' DAYS.	DAYS....................................1 ☐☐ WEEKS................................2 ☐☐ MONTHS ....3 ☐☐ YEARS ....4 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	Have you had sex with any other man in the last 12 months?	YES ....1 NO 2	→529
520	The last time you had sexual intercourse this second man, was a male or female condom used?	YES, MALE CONDOM ....1 YES, FEMALE CONDOM........................2 NO 3	→520B

520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		  PREVENT STI/HIV.................................01
		 RESPONDENT WANTED TO
		  PREVENT
		  PREGNANCY..02
		 RESPONDENT WANTED TO
		  PREVENT
		  BOTH STI/HIV AND PREGNANCY 03
		 DID NOT TRUST PARTNER/FELT
		  PARTNER HAD OTHER PARTNERS ..04
		 PARTNER REQUESTED/INSISTED 05
		
		 OTHER _____ 96
		            (SPECIFY)
		 DON'T KNOW 98
			→520C

520B	What is the main reason you did not use a condom that time?	NOT AVAILABLE 01
		 COST TOO MUCH..................................02
		 USED FAMILY PLANNING METHOD 03
		 CONDOMS TRANSMIT HIV 04
		 CONDOMS HAVE WORMS....................05
		 TRUSTED PARTNER 06
		 PARTNER WAS NEGATIVE/NO RISK...07
		 RESPONDENT DOESN'T LIKE.............08
		 PARTNER REFUSED/OBJECTED........09
		 PARTNER DRUNK/ON DRUGS.............10
		 RESPONDENT DRUNK/ON DRUGS 11
		 RESPONDENT WANTED TO
		  GET PREGNANT 12
		
		 OTHER _____ 96
		            (SPECIFY)	

520C	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES ....1 NO 2	→521
520D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY.............................1 PARTNER ONLY.....................................2 BOTH RESPONDENT AND PARTNER... 3 NEITHER...4	
521	What is your relationship to this second man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER ....01 MAN IS BOYFRIEND/FIANCÉ ....02 OTHER FRIEND....................................03 CASUAL ACQUAINTANCE....................04 RELATIVE ....05 PROSTITUTE...06 OTHER _____ 96 (SPECIFY)	→523

521A	CHECK 106:
	
	     15-24 ☐ 25-49 ☐
	    YEARS OLD YEARS OLD ☐_____
	         ▼
		→522

521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER ....1 ABOUT SAME AGE ....2 LESS THAN 10 YEARS OLDER...............3 10 OR MORE YEARS OLDER..................4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522	For how long have you had sexual relations with this second man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD 'O1' DAYS.	DAYS.................................1 WEEKS...............................2 MONTHS ....3 YEARS 4	
523	Other than these two men, have you had sex with any other man in the last 12 months?	YES ....1 NO 2	⟶527
524	The last time you had sexual intercourse with this third man, was a male or a female condom used?	YES ....1 NO 2	⟶524B

524A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		  PREVENT STI/HIV................................01
		RESPONDENT WANTED TO
		    PREVENT
		    PREGNANCY......................................02
		RESPONDENT WANTED TO
		    PREVENT
		  BOTH STI/HIV AND PREGNANCY 03
		DID NOT TRUST PARTNER/FELT
		  PARTNER HAD OTHER PARTNERS ..04
		PARTNER REQUESTED/INSISTED 05
		
		OTHER _____ 96
		            (SPECIFY)
		DON'T KNOW 98
			⟶524C

524B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE 01
		COST TOO MUCH.................................02
		USED FAMILY PLANNING METHOD 03
		CONDOMS TRANSMIT HIV 04
		CONDOMS HAVE WORMS...................05
		TRUSTED PARTNER 06
		PARTNER WAS NEGATIVE/NO RISK...07
		RESPONDENT DOESN'T LIKE..............08
		PARTNER REFUSED/OBJECTED.........09
		PARTNER DRUNK/ON DRUGS 10
		RESPONDENT DRUNK/ON DRUGS 11
		RESPONDENT WANTED TO
		    GET PREGNANT 12
		
		OTHER _____ 96
		            (SPECIFY)	

524C	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	YES ....1 NO 2	⟶525
524D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY ....1 PARTNER ONLY......................................2 BOTH RESPONDENT AND PARTNER... 3 NEITHER...4	
525	What is your relationship to this third man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER........01 MAN IS BOYFRIEND/FIANCÉ ....02 OTHER FRIEND ....03 CASUAL ACQUAINTANCE ....04 RELATIVE...05 COMMERCIAL SEX WORKER ....06 OTHER _____ 96 (SPECIFY)	⟶527
525A	CHECK 106: 15-24 25-49 YEARS OLD YEARS OLD		⟶526

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER ....1 ABOUT SAME AGE ....2 LESS THAN 10 YEARS OLDER..............3 10 OR MORE YEARS OLDER.................4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW 8	
526	For how long have you had sexual relations with this third man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS .... 1 WEEKS .... 2 MONTHS............................. 3 YEARS 4	
527	In total, how many different men have you had sexual intercourse with in the last 12 months? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS..... DON'T KNOW 98	
528	In total, how many different men have you had sexual intercourse with in your lifetime? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS..... DON'T KNOW 98	
529	Do you know of a place where a person can get male condoms?	YES .... 1 NO 2	→531

530	Where is that?
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL..................A
		   GOVT. HEALTH CENTER ....B
		   FAMILY PLANNING CLINIC C
		   OTHER PUBLIC _____ D
		                   (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ....E
		   PHARMACY ....F
		   PRIVATE DOCTOR .... G
		   OTHER PRIVATE
		     MEDICAL _____ H
		               (SPECIFY)
		CHAL
		   CHAL HOSPITAL I
		   CHAL HEALTH CENTER...................... J
		
		CBD ....K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS...............................M
		
		OTHER SOURCE
		   SHOP .... N
		   CHURCH.. O
		   PEER EDUCATORS.............................P
		   FRIENDS/RELATIVES......................... Q
		
		OTHER _____ X
		               (SPECIFY)	

531	If you wanted to, could you yourself get a male condom?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	
532	Do you know of a place where one can get female condoms?	YES .... 1 NO 2	→534

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

533	Where is that?
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL..................A
		   GOVT. HEALTH CENTER ....B
		   FAMILY PLANNING CLINIC C
		   OTHER PUBLIC _____ D
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ....E
		   PHARMACY ....F
		   PRIVATE DOCTOR .... G
		   OTHER PRIVATE
		      MEDICAL _____ H
		            (SPECIFY)
		CHAL
		   CHAL HOSPITAL I
		   CHAL HEALTH CENTER.....................J
		
		CBD ....K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS...............................M
		
		OTHER SOURCE
		   SHOP .... N
		   CHURCH.. O
		   PEER EDUCATORS ....P
		   FRIENDS/RELATIVES........................ Q
		
		OTHER _____ X
		             (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310/310A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ _____		▸614

602	CHECK 226:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?
		HAVE (A/ANOTHER) CHILD.....................1
		NO MORE/NONE 2
		SAYS SHE CAN'T GET PREGNANT........3
		UNDECIDED/DON'T KNOW:
		     AND PREGNANT..........................4
		     AND NOT PREGNANT
		          OR UNSURE 5
			
			▸604
			▸614
			
			▸610
			
			▸608

603	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	 ▸609 ▸614 ▸609
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ _____		▸610
605	CHECK 309: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐ _____		▸608
606	CHECK 603: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐ _____		▸610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

607	CHECK 602:
	
	WANTS TO HAVE A/ANOTHER CHILD ☐
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.
	Can you tell me why?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED. · WANTS NO MORE/ NONE ☐
	
	You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.
	Can you tell me why?
	
	Any other reason?
		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 NATURAL
		    PROCESSES.....................................T
		
		OTHER _____ X
		             (SPECIFY)
		DON'T KNOW...Z	

608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM ....1 SMALL PROBLEM ....2 NO PROBLEM...3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4	
609	CHECK 309: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐_____		→614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES..1 NO ....2 DON'T KNOW...8	→612
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION.......................01 MALE STERILIZATION ....02 PILL ....03 IUD ....04 INJECTABLES ....05 IMPLANTS..06 MALE CONDOM.....................................07 FEMALE CONDOM ....08 DIAPHRAGM...09 FOAM/JELLY...10 LACTATIONAL AMEN. METHOD ....11 PERIODIC ABSTINENCE ....12 WITHDRAWAL ....13 LOCAL TRADITIONAL METHODS ....14 OTHER _____ 96 (SPECIFY) UNSURE 98	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED... 11
		
		FERTILITY-RELATED REASONS
		  INFREQUENT SEX/NO SEX 22
		  MENOPAUSAL/HYSTERECTOMY...... 23
		  SUBFECUND/INFECUND 24
		  WANTS AS MANY CHILDREN AS
		     POSSIBLE 26
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED.................. 31
		  HUSBAND 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
			→614

613	Would you ever use a contraceptive method if you were married?	YES... 1 NO .... 2 DON'T KNOW.. 8	
614	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.	NUMBER .... 00 NUMBER .... ☐☐ OTHER _____ 96 (SPECIFY)	→616 →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE .... 1 DISAPPROVE .... 2 DON'T KNOW/UNSURE 3	

617	In the last 3 months have you heard about family planning:
	
	       On the radio?
	       On the television?
	       In a newspaper or magazine?
	       On billboards, posters, pamphlets?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE 1 2
		BILLBRDS/POSTERS/PAMPH 1 2	

619	In the last 3 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES... 1 NO 2	 →621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER ....A MOTHER ....B FATHER .... C SISTER(S) .... D BROTHER(S) ....E DAUGHTER...F SON... G MOTHER-IN-LAW .... H FRIENDS/NEIGHBORS ....I TEACHERS .... J CHIEFS ....K OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, ☐ YES, ☐ NO, ☐ _____ CURRENTLY LIVING NOT IN MARRIED ▾ WITH A MAN ▾ UNION		→628
622	CHECK 310/310A: ANY CODE CIRCLED ☐ NO CODE CIRCLED ☐ _____ ▾		→624
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT .... 1 MAINLY HUSBAND/PARTNER.................2 JOINT DECISION ....3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES...1 DISAPPROVES...2 DON'T KNOW...8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER ....1 ONCE OR TWICE ....2 MORE OFTEN..3	
626	CHECK 310/310A: NEITHER ☐ HE OR SHE ☐ _____ STERILIZED STERILIZED ▾		→628
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..1 MORE CHILDREN.....................................2 FEWER CHILDREN ....3 DON'T KNOW...8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with women other than his wives? She has recently given birth? She is tired or not in the mood?	YES NO DK HAS STD ....1 2 8 OTHER WOMEN ....1 2 8 RECENT BIRTH ....1 2 8 TIRED/MOOD.........................1 2 8	
628A	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES ....1 NO ....2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ ─────────── NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ ─────		→703 →707
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
703	Did your (last) husband/partner ever attend school?	YES ....1 NO 2	→706
704	What is the highest level of school he attended?	PRIMARY ....1 VOCAT/TECHN.TRAINING AFTER PRIMARY ....2 SECONDARY/HIGH ....3 VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH ....4 COLLEGE...5 GRADUATE/POST GRADUATE...............6 DON'T KNOW 8	→706
705	What is the highest (standard/form/year) he completed at that level?	STND/FORM/YEAR.............. ☐☐ DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐ _____ _____ _____	
707	Aside from your own housework, are you currently working?	YES ....1 NO 2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES ....1 NO 2	→710
709	Have you done any work in the last 12 months?	YES ....1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
711	CHECK 710: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐ ────────────────		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ....1 FAMILY LAND...2 RENTED LAND ....3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	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	
714	Do you usually work at home or away from home?	HOME...1 AWAY 2	
715	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	
716	Are you paid or do you earn 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	⌐ └►719

717	Who mainly decides how the money you earn will be used?	MYSELF 1
		HUSBAND/PARTNER...............................2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY 3
		SOMEONE ELSE.....................................4
		RESPONDENT AND SOMEONE ELSE
		    JOINTLY...5	

718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ....1 LESS THAN HALF ....2 ABOUT HALF ....3 MORE THAN HALF..................................4 ALL ....5 NONE, HER INCOME IS ALL SAVED. 6	

719	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6	
	Your own health care?	1　　2　　3　　4　　5　　6	
	Making large household purchases?	1　　2　　3　　4　　5　　6	
	Making household purchases for daily needs?	1　　2　　3　　4　　5　　6	
	Visits to family or relatives?	1　　2　　3　　4　　5　　6	
	What food should be cooked each day?	1　　2　　3　　4　　5　　6	

720	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　　8 HUSBAND .... 1　　2　　8 OTHER MALES........... 1　　2　　8 OTHER FEMALES ...... 1　　2　　8	

721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	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	

	If she refuses to let husband decide how she should use her pay?	REFUSES TO LET
		   HUSB. DECIDE
		   ABOUT HER PAY . 1　　2　　8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .... 1 NO 2	⟶▸837
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
803	Can a person get the AIDS virus from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
804	Can a person get the AIDS virus from kissing another person?	YES .... 1 NO .... 2 DON'T KNOW 8	
805	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
806	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
807	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
808	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES.. 1 NO .... 2 DON'T KNOW... 8	
809	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES.. 1 NO .... 2 DON'T KNOW... 8	
810	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	⌐ └▸812

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

812	Is it possible for a healthy-looking person to have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
813	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	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	
815	Are there any special medications that a doctor or a nurse can give to a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby?	YES... 1 NO .... 2 DON'T KNOW............................... 8	
816	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES... 1 NO .... 2 DON'T KNOW............................... 8	

817	CHECK 215: LAST BIRTH SINCE ☐ NO BIRTHS/ ☐
	               JANUARY 2002 LAST BIRTH BEFORE
	                ▼ JANUARY 2002
			→820

818	CHECK 407: SOMEONE SEEN ☐ NOONE SEEN ☐
	             FOR ANTENATAL FOR ANTENATAL
	             CARE FOR LAST ▼ CARE FOR LAST
	             PREGNANCY SINCE 2002 PREGNANCY SINCE 2002
			→820

819	During any of the antenatal visits for that pregnancy, did anyone talk to you about: 1. Babies getting the AIDS virus from their mother? 2. Things that you can do to prevent getting the AIDS virus? 3. Getting tested for the AIDS virus? 4. Special medications that can be taken by pregnant women to reduce risk of transmission of the AIDS virus to their baby?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO.......... 1 2 8 GETTING TESTED .... 1 2 8 MEDICATIONS........... 1 2 8	
820	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES... 1 NO 2	→824
821	When was the last time you were tested?	LESS THAN 12 MONTHS .... 1 12-23 MONTHS .... 2 2 YEARS OR MORE................................. 3	
822	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST............................ 1 OFFERED AND ACCEPTED .... 2 REQUIRED 3	
823	I don't want to know the results, but did you get the results of the test?	YES... 1 NO 2	→826A
824	Would you want to be tested for the AIDS virus?	YES... 1 NO .... 2 DON'T KNOW/UNSURE 8	
825	Do you know a place where you could go to get an AIDS test?	YES... 1 NO 2	→827

826	Where can you go for the test?
	
	RECORD ONLY FIRST RESPONSE GIVEN.
	
	826A Where did you go for the test?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVERNMENT HEALTH CENTER ... 12
		   FAMILY PLANNING CLINIC.............. 13
		   OTHER PUBLIC _____ 16
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PHARMACY.. 22
		   PRIVATE DOCTOR 23
		   OTHER PRIVATE
		      MEDICAL _____ 26
		            (SPECIFY)
		
		CHAL
		   CHAL HOSPITAL............................... 31
		   CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS.............................. 43
		
		OTHER SOURCE
		   SHOP... 51
		   CHURCH 52
		   FRIENDS/RELATIVES 53
		
		OTHER _____ 96
		            (SPECIFY)	

827	CHECK 501: YES, CURRENTLY MARRIED/ NO, NOT IN UNION LIVING WITH A MAN ▢ ▢_____		→829
828	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES .... 1 NO 2	
829	In your opinion, is it acceptable or unacceptable for a woman to talk with her partner about ways to prevent getting the virus that causes AIDS?	ACCEPTABLE.. 1 UNACCEPTABLE....................................... 2	

830	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:
	
	On the radio?
	On the TV?
	In newspapers?
		NOT
		               ACCEPT- ACCEPT-
		                 ABLE ABLE
		ON THE RADIO 1 2
		ON THE TV.......................1 2
		IN NEWSPAPERS............1 2	

831	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES.. 1 NO .... 2 DK/NOT SURE 8	
832	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES .... 1 NO .... 2 DK/NOT SURE 8	
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE 8	
834A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE .... 1 SHOULD NOT CONTINUE......................... 2 DK/NOT SURE 8	
834B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE .... 1 SHOULD NOT CONTINUE......................... 2 DK/NOT SURE 8	
835	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES.. 1 NO .... 2 DK/NOT SURE 8	

836	Have you ever been taught how to use a condom?	YES ....1 NO 2	→837

836A	Where/who taught you how to use a condom?
	
	Anywhere/anybody else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL ....A
		  GOVT. HEALTH CENTER ....B
		  FAMILY PLANNING CLINIC C
		  OTHER PUBLIC _____ D
		                       (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC ....E
		  PHARMACY ....F
		  PRIVATE DOCTOR .... G
		  OTHER PRIVATE
		     MEDICAL _____ H
		                       (SPECIFY)
		CHAL
		  CHAL HOSPITAL I
		  CHAL HEALTH CENTER......................J
		
		CBD ....K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS...............................M
		
		OTHER SOURCE
		  MEDIA .... N
		  PEER EDUCATORS .... O
		  SHOP ....P
		  CHURCH.. Q
		  FRIENDS/RELATIVES......................... R
		
		OTHER _____ X
		                       (SPECIFY)	

837	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES ....1 NO 2	→840

838	If a man has a sexually transmitted infection, what symptoms might he have?
	
	Any others?
	
	RECORD ALL SYMPTOMS MENTIONED.
		ABDOMINAL PAIN .... A
		GENITAL DISCHARGE/DRIPPING .... B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA .... E
		SWELLING IN GENITAL AREA ....F
		GENITAL SORES/ULCERS ....G
		GENITAL WARTS .... H
		GENITAL ITCHING I
		BLOOD IN URINE .... J
		LOSS OF WEIGHT .... K
		IMPOTENCE L
		
		OTHER _____ W
		                   (SPECIFY)
		
		OTHER _____ X
		                   (SPECIFY)
		
		NO SYMPTOMS......................................Y
		DON'T KNOW ....Z	

839	If a woman has a sexually transmitted infection, what symptoms might she have?
	
	Any others?
	
	RECORD ALL SYMPTOMS MENTIONED.
		ABDOMINAL PAIN .... A
		GENITAL DISCHARGE .... B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN
		   GENITAL AREA .... E
		SWELLING IN GENITAL AREA ....F
		GENITAL SORES/ULCERS .... G
		GENITAL WARTS .... H
		GENITAL ITCHING I
		BLOOD IN URINE .... J
		LOSS OF WEIGHT .... K
		HARD TO GET PREGNANT/HAVE
		   A CHILD L
		
		OTHER _____ W
		               (SPECIFY)
		
		OTHER _____ X
		               (SPECIFY)
		
		NO SYMPTOMS.....................................Y
		DON'T KNOW ....Z	

840	CHECK 514: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ☐ INTERCOURSE _____		→851
841	CHECK 837: KNOWS STI ☐ DOES NOT KNOW ☐ STI ☐_____		→843
842	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 sexually-transmitted infection?	YES...1 NO ....2 DON'T KNOW..8	
843	Sometimes, women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES...1 NO ....2 DON'T KNOW..8	
844	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES...1 NO ....2 DON'T KNOW..8	
845	CHECK 842/843/844: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION ☐ INFECTION OR ☐_____ DOES NOT KNOW		→851
846	The last time you had (PROBLEM FROM 842/843/844), did you seek any kind of advice or treatment?	YES...1 NO 2	→848

847	Where did you go? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR 　GOVERNMENT HOSPITAL .... A 　GOVT. HEALTH CENTER .... B 　FAMILY PLANNING CLINIC .... C 　OTHER PUBLIC _____ D 　　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC............... E 　PHARMACY ....F 　PRIVATE DOCTOR.............................G 　OTHER PRIVATE 　　MEDICAL _____ H 　　　　　　　　　(SPECIFY) CHAL 　CHAL HOSPITAL ....I 　CHAL HEALTH CENTER ....J CBD .... K COMMUNITY HEALTH WORKER ....L SUPPORT GROUPS...............................M OTHER SOURCE 　SHOP .... N 　CHURCH .... O 　FRIENDS/RELATIVES .... P 　TRADITIONAL HEALER ....Q OTHER _____ X 　　　　　　　　　(SPECIFY)
848	When you had (PROBLEM FROM 842/843/844), did you do something to avoid infecting your sexual partner(s)?	YES .... 1 NO .... 2 PARTNER ALREADY INFECTED............. 3 →851
849	When you had (PROBLEM FROM 842/843/844), did you inform your sexual partner(s) about it?	YES... 1 SOME/NOT ALL .... 2 NO .... 3 DID NOT HAVE PARTNER .... 4 →851
850	What did you do to avoid infecting your partner(s)? Did you.... 　　　Use medicine? 　　　Stop having sex? 　　　Use a condom when having sex?	YES　　NO USE MEDICINE.......................... 1　　2 STOP SEX.................................. 1　　2 USE CONDOM .... 1　　2
851	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: 　　　a. Cough for two weeks or more? 　　　b. Fever for two weeks or more? 　　　c. Chest or back pain? 　　　d. Coughing up blood? 　　　e. Sweating at night?	YES　　NO COUGH 2+ WEEKS .... 1　　2 FEVER 2+ WEEKS.................... 1　　2 CHEST/BACK PAIN .... 1　　2 BLOOD IN SPUTUM .... 1　　2 NIGHT SWEATING .... 1　　2
852	CHECK 851: 　　AT LEAST ONE　　　　　NOT A SINGLE 　　　'YES'　　□　　　　　　'YES'　□ 　(ANY SYMPTOMS)　▾　　(NO SYMPTOM)	_____ →860
853	Did you seek consultation or treatment for the symptom(s)?	YES... 1 →855 NO 2

854	What is the main reason you did <u>not</u> seek consultation or treatment for the symptom(s)?	SYMPTOMS HARMLESS .... 1 COST.. 2 DISTANCE.. 3 EMBARRASSED .... 4 NOT ALLOWED.. 5 OTHER _____ 6 (SPECIFY)	→860

855	The last time you had such symptoms, where did you first go for advice or treatment?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   FAMILY PLANNING CLINIC 13
		   OTHER PUBLIC _____ 14
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC..............21
		   PHARMACY 22
		   PRIVATE DOCTOR............................23
		   OTHER PRIVATE
		     MEDICAL _____ 24
		             (SPECIFY)
		CHAL
		   CHAL HOSPITAL 31
		   CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS...............................43
		
		TRADITIONAL HEALER.........................51
		
		OTHER _____ 96
		(SPECIFY)	

856	How soon after the symptom(s) did you first seek consultation or treatment?	DAYS .... 1 WEEKS .... 2 MONTHS .... 3 DON'T KNOW....................................... 998	
857	During that first visit, were you told by a doctor or another health professional that you had tuberculosis?	YES... 1 NO 2	→860
858	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES... 1 NO 2	→861

859	Where did you go?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   FAMILY PLANNING CLINIC 13
		   OTHER PUBLIC _____ 14
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC.............21
		   PHARMACY 22
		   PRIVATE DOCTOR............................23
		   OTHER PRIVATE
		      MEDICAL _____ 24
		            (SPECIFY)
		CHAL
		   CHAL HOSPITAL 31
		   CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS.............................43
		
		TRADITIONAL HEALER........................51
		
		OTHER _____ 96
		            (SPECIFY)
			→861

860	Have you ever heard of an illness called tuberculosis?	YES...1 NO 2	→901
861	Do you think tuberculosis can be cured?	YES...1 NO 2	
862	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES...1 NO ....2 DK/NOT SURE 8	

863	What signs or symptoms would lead you to think that a person has tuberculosis?
	
	PROBE: Any others?
	
	RECORD ALL MENTIONED.
		COUGHING .... A
		COUGHING WITH SPUTUM.................... B
		COUGHING FOR SEVERAL
		  WEEKS.. C
		FEVER...D
		BLOOD IN SPUTUM .... E
		LOSS OF APPETITE............................... F
		NIGHT SWEATING ....G
		PAIN IN CHEST OR BACK .... H
		TIREDNESS/FATIGUE.............................I
		WEIGHT LOSS..J
		
		OTHER _____ X
		         (SPECIFY)
		
		NO SYMPTOMS...................................... Y
		DON'T KNOW... Z	

864	What do you think is the cause of tuberculosis?
	
	PROBE: Anything else?
	
	RECORD ALL MENTIONED.
		MICROBES/GERMS/BACTERIA .... A
		INHERITED .... B
		LIFESTYLE.. C
		SMOKING..D
		ALCOHOL DRINKING .... E
		EXPOSURE TO COLD TEMPERAT. .... F
		DUST/POLLUTION...................................G
		
		OTHER _____ X
		         (SPECIFY)
		
		OTHER _____ Y
		         (SPECIFY)
		
		DON'T KNOW... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER............. ☐☐					
902	CHECK 901: TWO OR MORE BIRTHS ☐ ▼ ONLY ONE BIRTH ☐ (RESPONDENT ONLY)						→914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS .... ☐☐					
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
905	Is (NAME) male or female?	MALE ....1 FEMALE........2	MALE............ 1 FEMALE 2	MALE ....1 FEMALE 2	MALE .... 1 FEMALE 2	MALE............1 FEMALE 2	MALE .... 1 FEMALE........ 2
906	Is (NAME) still alive?	YES..............1 NO.................2 └→GO TO 908 DK................8 └→GO TO [2]	YES .... 1 NO .... 2 └→GO TO 908 DK .... 8 └→GO TO [3]	YES..............1 NO ....2 └→GO TO 908 DK................8 └→GO TO [4]	YES .... 1 NO .... 2 └→GO TO 908 DK .... 8 └→GO TO [5]	YES .... 1 NO .... 2 └→GO TO 908 DK................8 └→GO TO [6]	YES............... 1 NO.................2 └→GO TO 908 DK .... 8 └→GO TO [7]
907	How old is (NAME)?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]	☐☐ GO TO [7]
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	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]
910	Was (NAME) pregnant when she died?	YES..............1 GO TO 913◄┘ NO.................2	YES .... 1 GO TO 913◄┘ NO 2	YES..............1 GO TO 913◄┘ NO 2	YES .... 1 GO TO 913◄┘ NO 2	YES .... 1 GO TO 913◄┘ NO 2	YES............... 1 GO TO 913◄┘ NO................. 2
911	Did (NAME) die during childbirth?	YES..............1 GO TO 913◄┘ NO.................2	YES .... 1 GO TO 913◄┘ NO 2	YES..............1 GO TO 913◄┘ NO 2	YES .... 1 GO TO 913◄┘ NO 2	YES .... 1 GO TO 913◄┘ NO 2	YES............... 1 GO TO 913◄┘ NO................. 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..............1 NO.................2	YES .... 1 NO 2	YES..............1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2	YES............... 1 NO................. 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
	IF NO MORE BROTHERS OR SISTERS, GO TO 914						

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE ....1 FEMALE........2	MALE............ 1 FEMALE 2	MALE ....1 FEMALE 2	MALE .... 1 FEMALE....... 2	MALE............1 FEMALE 2	MALE .... 1 FEMALE........ 2
906	Is (NAME) still alive?	YES..............1 NO................2 └▸GO TO 908 DK................8 └▸GO TO [8]	YES .... 1 NO .... 2 └▸GO TO 908 DK .... 8 └▸GO TO [9]	YES..............1 NO ....2 └▸GO TO 908 DK................8 └▸GO TO [10]	YES .... 1 NO .... 2 └▸GO TO 908 DK .... 8 └▸GO TO [11]	YES .... 1 NO .... 2 └▸GO TO 908 DK................8 └▸GO TO [12]	YES.............. 1 NO................ 2 └▸GO TO 908 DK................ 8 └▸GO TO [13]
907	How old is (NAME)?	☐☐ GO TO [8]	☐☐ GO TO [9]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	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]
910	Was (NAME) pregnant when she died?	YES..............1 GO TO 913◂┘ NO................2	YES .... 1 GO TO 913◂┘ NO 2	YES..............1 GO TO 913◂┘ NO 2	YES .... 1 GO TO 913◂┘ NO 2	YES .... 1 GO TO 913◂┘ NO 2	YES.............. 1 GO TO 913◂┘ NO 2
911	Did (NAME) die during childbirth?	YES..............1 GO TO 913◂┘ NO................2	YES .... 1 GO TO 913◂┘ NO 2	YES..............1 GO TO 913◂┘ NO 2	YES .... 1 GO TO 913◂┘ NO 2	YES .... 1 GO TO 913◂┘ NO 2	YES.............. 1 GO TO 913◂┘ NO 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..............1 NO................2	YES .... 1 NO 2	YES..............1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2	YES.............. 1 NO 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
IF NO MORE BROTHERS OR SISTERS, GO TO 914							

904	What was name given to your oldest (next oldest) brother or sister?	[13] _____	[14] _____	[15] _____	[16] _____	[17] _____	[18] _____
905	Is (NAME) male or female?	MALE ....1 FEMALE........2	MALE............ 1 FEMALE 2	MALE ....1 FEMALE 2	MALE .... 1 FEMALE........ 2	MALE............1 FEMALE 2	MALE .... 1 FEMALE........ 2
906	Is (NAME) still alive?	YES...............1 NO.................2 └─▸GO TO 908 DK.................8 └─▸GO TO [14]	YES .... 1 NO .... 2 └─▸GO TO 908 DK .... 8 └─▸GO TO [15]	YES...............1 NO ....2 └─▸GO TO 908 DK.................8 └─▸GO TO [16]	YES .... 1 NO .... 2 └─▸GO TO 908 DK .... 8 └─▸GO TO [17]	YES .... 1 NO .... 2 └─▸GO TO 908 DK.................8 └─▸GO TO [18]	YES............... 1 NO................. 2 └─▸GO TO 908 DK................. 8 └─▸GO TO [19]
907	How old is (NAME)?	☐☐ GO TO [14]	☐☐ GO TO [15]	☐☐ GO TO [16]	☐☐ GO TO [17]	☐☐ GO TO [18]	☐☐ GO TO [19]
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [16]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [17]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [18]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [19]
910	Was (NAME) pregnant when she died?	YES...............1 GO TO 913◂─┘ NO.................2	YES .... 1 GO TO 913◂─┘ NO 2	YES...............1 GO TO 913◂─┘ NO 2	YES .... 1 GO TO 913◂─┘ NO 2	YES ....1 GO TO 913◂─┘ NO 2	YES............... 1 GO TO 913◂─┘ NO................. 2
911	Did (NAME) die during childbirth?	YES...............1 GO TO 913◂─┘ NO.................2	YES .... 1 GO TO 913◂─┘ NO 2	YES...............1 GO TO 913◂─┘ NO 2	YES .... 1 GO TO 913◂─┘ NO 2	YES ....1 GO TO 913◂─┘ NO 2	YES............... 1 GO TO 913◂─┘ NO................. 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES...............1 NO.................2	YES .... 1 NO 2	YES...............1 NO 2	YES .... 1 NO 2	YES ....1 NO 2	YES............... 1 NO................. 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
	IF NO MORE BROTHERS OR SISTERS, GO TO 914						
914	RECORD THE TIME.		HOURS .... ☐☐ MINUTES .... ☐☐				

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

_____

NAME OF THE SUPERVISOR:_____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

NAME OF EDITOR:_____   DATE: _____

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION	
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER .... HOUSEHOLD NUMBER .... LESOTHO ECOLOGICAL ZONE .... (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) DISTRICT[1] .... URBAN/RURAL (URBAN=1, RURAL=2) .... NAME AND LINE NUMBER OF MAN _____	(grid boxes)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR NAME RESULT
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISITS

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

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**
 	
LANGUAGE OF INTERVIEW *** _____
 	
HOME LANGUAGE OF RESPONDENT*** _____
 	
WAS A TRANSLATOR USED? (YES=1, NO=2)..
 	
*** LANGUAGE CODES:
  01 ENGLISH   06 OTHER_____
  02 SESOTHO   (SPECIFY)
	0 1 (grid boxes)

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

[1]   01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

INTRODUCTION AND CONSENT

> **INFORMED CONSENT**
>
> Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.
>
> At this time, do you want to ask me anything about the survey?
>
> May I begin the interview now?
>
> Signature of interviewer: _____   Date: _____
>
> RESPONDENT AGREES TO BE INTERVIEWED........ 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .... 2 ——▴END
> v

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR………………………… ☐☐ MINUTES ……………………… ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in an urban or in a rural area?	URBAN ....1 RURAL..2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ………………………… ☐☐ ALWAYS...95 VISITOR 96	⌐ └>105
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN ....1 RURAL..2	
105	In the last 12 months, on how many separate occasions have you traveled away from this household and slept away?	NUMBER OF TRIPS AWAY .. ☐☐ NONE 00	—>107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES ....1 NO 2	
107	In what month and year were you born?	MONTH .... ☐☐ DON'T KNOW MONTH ....98 YEAR..................... ☐☐☐☐ DON'T KNOW YEAR...........................9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
109	Have you ever attended school?	YES ....1 NO 2	—>116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest level of school you attended?	PRIMARY ....1 VOCAT/TECHN. TRAINING AFTER PRIMARY ....2 SECONDARY/HIGH ....3 VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH ....4 COLLEGE..5 GRADUATE/POST GRADUATE 6	
111	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR .... ☐☐	

112	CHECK 108:
	   AGE 24 ☐ AGE 25 ☐
	   OR BELOW OR ABOVE _____
	    v
			—>115

113	Are you currently attending school?	YES ....1 NO 2	—>115

114	What is the main reason you are not attending school?	GOT MARRIED 01
		CARE FOR YOUNGER CHILDREN 02
		FAMILY NEEDED HELP ON FARM OR
		   IN BUSINESS 03
		COULD NOT PAY SCHOOL FEES 04
		NEEDED TO WORK FOR MONEY 05
		GRADUATED... 06
		DID NOT PASS ENTRANCE EXAMS..... 07
		DID NOT LIKE SCHOOL.......................... 08
		SCHOOL NOT ACCESSIBLE/
		   TOO FAR 09
		
		OTHER_____ 96
		      (SPECIFY)
		DON'T KNOW 98	

115	CHECK 110:
	   PRIMARY/ ☐ SECONDARY ☐
	   VOCATION/TECHN. OR HIGHER _____
	   AFTER PRIMARY ▾
			—>119

116	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.[1]
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL.............................1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE...2
		ABLE TO READ WHOLE SENTENCE......3
		NO CARD WITH REQUIRED
		   LANGUAGE_____ 4
		      (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED................... 5	

117	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES...1 NO 2	

118	CHECK 116:
	   CODE '2', '3' ☐ CODE '1' OR '5' ☐
	   OR '4' CIRCLED _____
	   CIRCLED v
			—>120

119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	—>120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE..... A RSA NEWSPAPER/MAGAZINE.............. B OTHER _____X (SPECIFY)	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	→121
120A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO .... A RSA RADIO .... B OTHER _____X (SPECIFY)	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	→122
121A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV .... A RSA TV... B OTHER _____X (SPECIFY)	
122	Are you currently working?	YES..1 NO 2	→125
123	Have you done any work in the last 12 months?	YES ....1 NO 2	→125
124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING.............1 LOOKING FOR WORK ....2 RETIRED...3 UNABLE TO WORK, ILL/HANDICAPPED.............................4 HOUSEWORK/CHILDCARE....................5 OTHER _____ 6 (SPECIFY)	→132
125	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	

126	CHECK 125:
	    WORKS IN DOES NOT WORK
	    AGRICULTURE IN AGRICULTURE
			→128

127	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	
128	During the last 12 months, how many months did you work?	NUMBER OF MONTHS .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	Are/were 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	┐ ┘>132

130	Who mainly decides how the money you earn will be used?	RESPONDENT..1
		WIFE/PARTNER 2
		RESPONDENT AND WIFE/
		  PARTNER JOINTLY 3
		SOMEONE ELSE 4
		  RESPONDENT AND SOMEONE
		ELSE JOINTLY...5	

131	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ....1 LESS THAN HALF ....2 ABOUT HALF ....3 MORE THAN HALF ....4 ALL ....5 NONE, HIS INCOME IS ALL SAVED........6	
132	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH................01 LESOTHO EVANGELICAL CHURCH.....02 METHODIST...03 ANGLICAN CHURCH..............................04 SEVENTH DAY ADVENTIST ....05 PENTECOSTAL ....06 OTHER CHRISTIAN...............................07 NONE ....08 OTHER RELIGION _____ 96 (SPECIFY)	

[1] LITERACY CARD (Q. 116):

1. Parents love their children.

2. Farming is hard work.

3. Birds fly in the sky.

4. Children work hard at school.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES ....1 NO ....2 DON'T KNOW 8	⌐>206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ....1 NO 2	—>204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... DAUGHTERS AT HOME	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES ....1 NO 2	—>206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE............... DAUGHTERS ELSEWHERE ..	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ....1 NO ....2 DON'T KNOW 8	⌐>208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... GIRLS DEAD...........................	

208	(In addition to the children that you have just told me about), do you have:
	a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name?
	b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name?
	
	NO YES TO PROBE AND
	TO BOTH EITHER >CORRECT
	   v OR BOTH 201-207 AS
	                NECESSARY.		

209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN	

210	CHECK 209:
	
	HAS HAD
	 MORE
	THAN
	ONE CHILD v
	
	                HAS HAD
	                ONLY ONE
	                CHILD HAS NOT HAD
	                                ANY CHILDREN
			—>213
			
			—>301

211	Do the children that you have fathered all have the same biological mother?	YES ....1 NO 2	—>213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN............	
213	How old were you when your (first) child was born?	AGE IN YEARS	

SECTION 3. CONTRACEPTION

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

	301 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:		302 Have you (or your partner) ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES...................... 1 NO .... 2 v	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.........................1 NO .... 2 v	Have you ever had an operation to avoid having any more children? YES................................1 NO...................................2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES...................... 1 NO .... 2 v	
04	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES...................... 1 NO .... 2 v	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES...................... 1 NO .... 2 v	
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 v	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.........................1 NO .... 2 v	YES................................1 NO...................................2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.........................1 NO .... 2 v	YES................................1 NO...................................2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES...................... 1 NO .... 2 v	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES...................... 1 NO .... 2 v	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES...................... 1 NO .... 2 v	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.........................1 NO .... 2 v	YES ....1 NO...................................2 DON'T KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.........................1 NO .... 2 v	YES................................1 NO...................................2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant.	YES...................... 1 NO .... 2 v	
15	LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy.	YES ....1 NO ....2 v	YES................................1 NO...................................2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:		302 Have you ever used (METHOD)?	
16	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	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ....1 NO ....2 DON'T KNOW 8		└—>305

304	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		  BEGINS................................1
		DURING HER PERIOD 2
		RIGHT AFTER HER PERIOD
		  HAS ENDED 3
		HALFWAY BETWEEN TWO
		  PERIODS 4
		
		OTHER _____6
		        (SPECIFY)
		DON'T KNOW 8		

305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ....1 NO ....2 DEPENDS ....3 DON'T KNOW 8		
306	I would like to ask you about the first time that you or your partner did something or used a method to avoid pregnancy. How many living children did you have at that time, if any?	NUMBER OF CHILDREN......... ☐☐ DON'T KNOW……………………98		
307	How old were you when you first started using something to avoid impregnating someone?	AGE AT FIRST USE................. ☐☐		
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception. d) A woman who uses contraceptives might have a problem getting pregnant.			

	AGREE	DISAGREE	DK
a)	1	2	8
b)	1	2	8
c)	1	2	8
d)	1	2	8

309	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION ☐ OTHER ☐———————————————————————	>401

	BUT IS NOT
	  STERILIZED │
	            v	

310	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER ....1 —>401 WOULD NOT CONSIDER........................2 UNSURE/DEPENDS ....3 WIFE ALREADY STERILIZED ....4 └—>401

311	Why would you never consider getting sterilized?
	
	PROBE: Any other reasons?
	
	RECORD ALL REASONS MENTIONED.
		AGAINST RELIGION................................ A
		BAD FOR MAN'S HEALTH .... B
		OPERATION NOT SAFE C
		LESS INTRUSIVE WAYS
		   AVAILABLE .... D
		MAY WANT MORE CHILDREN
		   /MAY WANT TO REPLACE CHILD
		     WHO DIED .... E
		MAY REMARRY SOME DAY ....F
		LOSS OF WAGES...................................G
		LOSS OF SEXUAL FUNCTION .... H
		LOSS OF MANLINESS I
		
		OTHER _____ X
		          (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a partner? NOTE TO INTERVIEWER: 'MARRIED' MEANS HAVING GOTTEN MARRIED THROUGH TRADITIONAL, CIVIL AND/OR RELIGIOUS CEREMONY.	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A WOMAN .... 2 NO, NOT IN UNION 3	—>404 —>406
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES .... ☐☐	
403	Are there any other women with whom you live as if married?	YES .... 1 NO 2	>405
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF .... ☐☐ LIVE-IN PARTNERS	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY .... 1 OCCASIONAL PARTNER(S) ONLY .... 2 REGULAR AND OCCASIONAL PARTNERS .... 3 NO SEXUAL PARTNER 4	>409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY .... 1 OCCASIONAL PARTNER(S) ONLY .... 2 REGULAR AND OCCASIONAL PARTNERS .... 3 NO SEXUAL PARTNER 4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY .... 1 YES, LIVED WITH A WOMAN ONLY .... 2 YES, BOTH .... 3 NO 4	—>411 —>416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED .... 3 COHABITING 4	>411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).		

CHECK: 402 AND 404

SUM OF 402 AND 404 = 1 ⊐

SUM OF 402 AND 404 > 1 ⊐

Please tell me the name of your wife/partner.

Please tell me the name of each wife/partner that you live with, starting with the one you lived with first.

LINE NUMBER
IN HOUSEHOLD QUESTIONNAIRE

WIFE/PARTNER NUMBER
1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	CHECK 409: ONLY ONE WIFE/ PARNTER ⊐ ∨ MORE THAN ONE WIFE/PARNTER ⊐ _____		→412
411	Have you been married or lived with a woman only once or more than once?	ONCE ....1 MORE THAN ONCE...................................2	—>414 —>413
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES ....1 NO 2	 —>414
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	CHECK 409 AND 411: ONLY ONE WIFE/ PARNTER AND 411=1 ☐ OTHER ☐ v v In what month and year did you start living with your wife/partner? Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH .... ☐☐ DON'T KNOW MONTH ....98 YEAR..................... ☐☐☐☐ DON'T KNOW YEAR............................9998	->416
415	How old were you when you started living with her?	AGE .... ☐☐	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health issues. How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER ....00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	->446

416A	CHECK 108:
	      15-24 ☐ 25-59 ☐ _____
	    YEARS OLD YEARS OLD
	       v
			->417

416B	The first time you had sexual intercourse, was a male or female condom used?	YES, MALE CONDOM .... 1 YES, FEMALE CONDOM......................... 2 NO 3	
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ....1 ☐☐ WEEKS AGO......................2 ☐☐ MONTHS AGO ....3 ☐☐ YEARS AGO ....4 ☐☐	->445
418	The last time you had sexual intercourse, did you or your partner use any contraception/protection?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	->420 ->423A
419	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 PILL .... 03 IUCD.. 04 INJECTABLES .... 05 IMPLANTS.. 06 MALE CONDOM .... 07 FEMALE CONDOM............................... 08 DIAPHRAGM... 09 FOAM/JELLY... 10 LACTATIONAL AMEN. METHOD .... 11 PERIODIC ABSTINENCE .... 12 WITHDRAWAL....................................... 13 LOCAL TRADITIONAL METHOD .... 14 OTHER _____96 (SPECIFY)	->421

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

420	What is the reason a method was <u>not</u> used?
	
	Any other reasons?
	
	RECORD ALL MENTIONED.
		CASUAL SEX PARTNER SO
		   DOES NOT CARE ....A
		CONTRACEPTION WOMEN'S
		   BUSINESS ....B
		
		FERTILITY-RELATED REASONS
		   WIFE/PARTNER MENOPAUSAL/HAD
		      HYSTERECTOMY C
		   COUPLE SUBFECUND/INFECUND... D
		   WIFE/PARTNER WAS PREGNANT ...E
		   WIFE/PARTNER WAS POSTPARTUM
		      AMENORRHEIC...............................F
		   WIFE/PARTNER WAS
		      BREASTFEEDING .... G
		   WANTED (MORE) CHILDREN .... H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED...................I
		   WIFE/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
		   COST TOO MUCH .... R
		   INCONVENIENT TO USE ....S
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES..................T
		
		OTHER _____ X
		           (SPECIFY)
		DON'T KNOW ....Z
			->423A

421	CHECK 419: MALE OR FEMALE OTHER CONDOM USED ☐ METHOD USED ☐ _____ v		->423

422	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		   PREVENT STD/HIV 01
		RESPONDENT WANTED TO
		   PREVENT PREGNANCY................... 02
		RESPONDENT WANTED TO
		   PREVENT BOTH STD/HIV AND
		   PREGNANCY.................................... 03
		DID NOT TRUST PARTNER/FELT
		   PARTNER HAD OTHER
		   PARTNERS 04
		PARTNER REQUESTED/INSISTED 05
		
		OTHER _____96
		           (SPECIFY)
		DON'T KNOW 98
			->423A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

423	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE 01
		COST TOO MUCH...................................02
		USED FAMILY PLANNING METHOD 03
		CONDOMS TRANSMIT HIV 04
		CONDOMS HAVE WORMS 05
		TRUSTED PARTNER 06
		PARTNER WAS NEGATIVE/NO RISK...07
		RESPONDENT DOESN'T LIKE..............08
		PARTNER REFUSED/OBJECTED.........09
		PARTNER DRUNK/ON DRUGS 10
		RESPONDENT DRUNK/ON DRUGS 11
		PARTNER WANTED TO
		    GET PREGNANT 12
		
		OTHER _____ 96
		      (SPECIFY)	

423A	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES .... 1 NO 2	—>424
423B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY.............................. 1 PARTNER ONLY..................................... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER... 4	
424	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER.............01 WOMAN IS GIRLFRIEND/FIANCÉE......02 OTHER FRIEND....................................03 CASUAL ACQUAINTANCE....................04 RELATIVE ....05 WOMAN IS PROSTITUTE ....06 OTHER _____ 96 (SPECIFY)	—>426
425	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS..................................1 WEEKS................................2 MONTHS ....3 YEARS 4	
426	Have you had sex with any other woman in the last 12 months?	YES .... 1 NO 2	—>445
427	The last time you had sexual intercourse with this second woman, did you or your partner use any contraception/protection ?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	—>429 —>432A
428	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 PILL .... 03 IUCD... 04 INJECTABLES .... 05 IMPLANTS... 06 MALE CONDOM .... 07 FEMALE CONDOM............................... 08 DIAPHRAGM... 09 FOAM/JELLY... 10 LACTATIONAL AMEN. METHOD .... 11 PERIODIC ABSTINENCE .... 12 WITHDRAWAL .... 13 LOCAL TRADITIONAL METHOD .... 14 OTHER _____ 96 (SPECIFY)	—>430

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

429	What is the reason a method was <u>not</u> used?
	
	Any other reasons?
	
	RECORD ALL MENTIONED.
		CASUAL SEX PARTNER SO
		   DOES NOT CARE.............................A
		CONTRACEPTION WOMEN'S
		   BUSINESS ....B
		
		FERTILITY-RELATED REASONS
		  WIFE/PARTNER MENOPAUSAL/HAD
		     HYSTERECTOMY.......................... C
		  COUPLE SUBFECUND/INFECUND... D
		  WIFE/PARTNER WAS PREGNANT ...E
		  WIFE/PARTNER WAS POSTPARTUM
		     AMENORRHEIC...............................F
		  WIFE/PARTNER WAS
		    BREASTFEEDING .... G
		  WANTED (MORE) CHILDREN .... H
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED...................I
		  WIFE/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
		   COST TOO MUCH .... R
		   INCONVENIENT TO USE ....S
		   INTERFERES WITH BODY'S
		     NORMAL PROCESSES..................T
		
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW ....Z
			->432A

430	CHECK 428: MALE OR FEMALE OTHER CONDOM USED ☐ METHOD USED ☐_____ v		->432

431	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		  PREVENT STD/HIV 01
		RESPONDENT WANTED TO
		  PREVENT PREGNANCY................... 02
		RESPONDENT WANTED TO
		  PREVENT BOTH STD/HIV AND
		  PREGNANCY.................................... 03
		DID NOT TRUST PARTNER/FELT
		  PARTNER HAD OTHER
		  PARTNERS 04
		PARTNER REQUESTED/INSISTED 05
		
		OTHER _____96
		           (SPECIFY)
		DON'T KNOW 98
			->432A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
432	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE ....01 COST TOO MUCH...................................02 USED FAMILY PLANNING METHOD ....03 CONDOMS TRANSMIT HIV ....04 CONDOMS HAVE WORMS ....05 TRUSTED PARTNER ....06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE..............08 PARTNER REFUSED/OBJECTED.........09 PARTNER DRUNK/ON DRUGS.............10 RESPONDENT DRUNK/ON DRUGS .....11 PARTNER WANTED TO GET PREGNANT ....12 OTHER _____ 96 (SPECIFY)	
432A	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES ....1 NO 2	—>433
432B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY.............................. 1 PARTNER ONLY..................................... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER.. 4	
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER ....01 WOMAN IS GIRLFRIEND/FIANCÉE......02 OTHER FRIEND....................................03 CASUAL ACQUAINTANCE....................04 RELATIVE ....05 WOMAN IS PROSTITUTE ....06 OTHER _____ 96 (SPECIFY)	—▲435
434	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS...................................1 WEEKS................................2 MONTHS ....3 YEARS 4	
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES ....1 NO 2	—>445
436	The last time you had sexual intercourse with this third woman, did you or your partner use any contraception/protection ?	YES ....1 NO ....2 DON'T KNOW/UNSURE 8	—>438 —>441A
437	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 PILL .... 03 IUCD.. 04 INJECTABLES .... 05 IMPLANTS... 06 MALE CONDOM .... 07 FEMALE CONDOM............................... 08 DIAPHRAGM... 09 FOAM/JELLY... 10 LACTATIONAL AMEN. METHOD .... 11 PERIODIC ABSTINENCE .... 12 WITHDRAWAL .... 13 LOCAL TRADITIONAL METHOD .... 14 OTHER _____ 96 (SPECIFY)	—>439

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

438	What is the reason a method was <u>not</u> used?
	
	Any other reasons?
	
	RECORD ALL MENTIONED.
		CASUAL SEX PARTNER SO
		   DOES NOT CARE ....A
		CONTRACEPTION WOMEN'S
		   BUSINESS ....B
		
		FERTILITY-RELATED REASONS
		   WIFE/PARTNER MENOPAUSAL/HAD
		      HYSTERECTOMY C
		   COUPLE SUBFECUND/INFECUND... D
		   WIFE/PARTNER WAS PREGNANT ...E
		   WIFE/PARTNER WAS POSTPARTUM
		      AMENORRHEIC...............................F
		   WIFE/PARTNER WAS
		      BREASTFEEDING .... G
		   WANTED (MORE) CHILDREN .... H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED..................I
		   WIFE/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
		   COST TOO MUCH .... R
		   INCONVENIENT TO USE ....S
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES..................T
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW ....Z
			->441A

439	CHECK 437: MALE OR FEMALE OTHER CONDOM USED ☐ METHOD USED ☐ _____ v		->441

440	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		   PREVENT STD/HIV 01
		RESPONDENT WANTED TO
		   PREVENT PREGNANCY.................. 02
		RESPONDENT WANTED TO
		   PREVENT BOTH STD/HIV AND
		   PREGNANCY.................................... 03
		DID NOT TRUST PARTNER/FELT
		   PARTNER HAD OTHER
		   PARTNERS 04
		PARTNER REQUESTED/INSISTED 05
		
		OTHER _____96
		          (SPECIFY)
		DON'T KNOW 98
			->441A

441	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE 01
		COST TOO MUCH.................................02
		USED FAMILY PLANNING METHOD 03
		CONDOMS TRANSMIT HIV 04
		CONDOMS HAVE WORMS 05
		TRUSTED PARTNER 06
		PARTNER WAS NEGATIVE/NO RISK...07
		RESPONDENT DOESN'T LIKE..............08
		PARTNER REFUSED/OBJECTED.........09
		PARTNER DRUNK/ON DRUGS.............10
		RESPONDENT DRUNK/ON DRUGS 11
		PARTNER WANTED TO
		   GET PREGNANT..............................12
		
		OTHER _____ 96
		         (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441A	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	YES .... 1 NO 2	–>442
441B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY............................. 1 PARTNER ONLY..................................... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER... 4	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER .... 01 WOMAN IS GIRLFRIEND/FIANCÉE...... 02 OTHER FRIEND.................................... 03 CASUAL ACQUAINTANCE.................... 04 RELATIVE .... 05 WOMAN IS PROSTITUTE .... 06 OTHER _____ 96 (SPECIFY)	–>444
443	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS...................................1 WEEKS...............................2 MONTHS ....3 YEARS 4	
444	In total, how many different women have you had sexual intercourse with in the last 12 months? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS ..... DON'T KNOW 98	
445	In total, how many different women have you had sexual intercourse with in your lifetime? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS ..... DON'T KNOW 98	
446	If you needed or wanted to, could you yourself get a male condom easily?	EASILY .... 1 SOMEWHAT DIFFICULT…………………..2 VERY DIFFICULT/IMPOSSIBLE…………..3 DON'T KNOW/UNSURE 8	
447	CHECK 302(07), 416B, 419, 428, 437 EVER USED A MALE OR FEMALE CONDOM? HAS USED CONDOM ⊓ NEVER USED ⊓ _____ v A CONDOM		–>449
448	How old were you when you used a male/female condom for the first time?	AGE AT FIRST USE................ DON'T REMEMBER................................ 98	
449	Have you ever paid for sex?	YES .... 1 NO 2	–>452
450	How long ago was the last time you paid for sex?	DAYS AGO...........................1 WEEKS AGO.......................2 MONTHS AGO ....3 YEARS AGO 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
451	The last time that you paid for sex, was a male or female condom used on that occasion?	YES, MALE CONDOM ....1 YES, FEMALE CONDOM........................2 NO 3	
452	Do you know of a place where a person can get male or female condoms?	YES ....1 NO 2	—>454

453	Where is that?
	
	Any other place?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL..................A
		   GOVT. HEALTH CENTER ....B
		   FAMILY PLANNING CLINIC C
		   OTHER PUBLIC _____ D
		                  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ....E
		   PHARMACY..F
		   PRIVATE DOCTOR ....G
		   OTHER PRIVATE
		     MEDICAL _____ H
		               (SPECIFY)
		CHAL
		   CHAL HOSPITAL...................................I
		   CHAL HEALTH CENTER..................... J
		
		CBD...K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS...............................M
		
		OTHER SOURCE
		   SHOP .... N
		   CHURCH.. O
		   PEER EDUCATORS............................P
		   FRIENDS/RELATIVES........................ Q
		
		OTHER _____ X
		             (SPECIFY)	

454	Have you ever experienced any problems with using condoms?
	
	IF YES: What problems have you experienced?
	
	PROBE: Any other problems?
	
	RECORD ALL PROBLEMS MENTIONED.
		DIFFICULT TO DISPOSE OF ....A
		DIFFICULT TO PUT ON/TAKE OFF ....B
		SPOILS THE MOOD C
		DIMINISHES PLEASURE .... D
		WIFE PARTNER OBJECTS/DOES
		   NOT LIKE ....E
		WIFE/PARTNER GOT PREGNANT........ F
		INCONVENIENT TO USE/MESSY ....G
		CONDOM BROKE...................................H
		
		OTHER _____ X
		            (SPECIFY)
		NO PROBLEM..Y	

455	I will now read you some statements about male condom use. Please tell me if you agree or disagree with each. a) Male condoms diminish a man's sexual pleasure. b) A male condom is very inconvenient to use. c) A male condom can be reused. d) A male condom protects against sexually transmitted infection. e) Buying male condoms is embarrassing. f) A woman has no right to ask a man to use a male condom. g) A male condom has the AIDS virus h) A male condom is the best way to prevent unwanted pregnancy i) People who use the male condom are not faithful since they might have the AIDS virus or other sexually transmitted infections.	<table><tr><td></td><td>AGREE</td><td>DISAGREE</td><td>DK</td></tr><tr><td>a)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>f)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>g)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>h)</td><td>1</td><td>2</td><td>8</td></tr><tr><td>i)</td><td>1</td><td>2</td><td>8</td></tr></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 409: HAS ONE WIFE/ PARTNER ☐ HAS MORE THAN ONE WIFE/ PARTNER ☐ QUESTION SKIPPED ☐		—>505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES ....1 NO...2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ PARTNER(S) PREGNANT (CODE '1') ☐ NO WIFE/PARTNER PREGNANT OR UNSURE (CODE '2' OR '3') ☐ Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? 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 at all?	HAVE A/ANOTHER CHILD......................1 NO MORE/NONE.....................................2 WIFE/WIVES INFECUND/ STERILIZED ....3 UNDECIDED/DON'T KNOW 8	—>505
504	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ....1 ☐☐ YEARS ....2 ☐☐ SOON/NOW..993 AFTER MARRIAGE ....995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 203 AND 205: 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)	—>507 —>507
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE...1 DISAPPROVE..2 DON'T KNOW/UNSURE 8	

508	In the last few months have you heard about family planning:
	  On the radio?
	  On the television?
	  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
509	In the last 3 months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES...1 NO 2	—>511
510	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE/PARTNER ....A MOTHER ....B FATHER .... C SISTER(S)... D BROTHER(S) ....E DAUGHTER..F SON.. G MOTHER-IN-LAW .... H FRIENDS/NEIGHBORS ....I TEACHERS .... J CHIEFS ....K FATHER-IN-LAW......................................L OTHER _____ X (SPECIFY)	
511	In the last 3 months, have you discussed the practice of family planning with a health worker or health professional?	YES ....1 NO...2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN ☐ v HAS NOT HAD ANY CHILDREN ☐_____		—>617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY.. 1 GIRL... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH .... ☐☐ YEAR .. ☐☐☐☐	
604	Is (NAME OF CHILD) still living?	YES .... 1 NO.. 2 DON'T KNOW 8	—>606 —>606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS ....1 ☐☐ MONTHS ....2 ☐☐ YEARS ....3 ☐☐ DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER IN. ☐☐ HHD QRE.	
607	CHECK 603: (LAST) CHILD BORN IN 1999 OR LATER ☐ v (LAST) CHILD BORN IN 1998 OR EARLIER ☐_____		—>617
608	CHECK 606: LINE NUMBER IS '00' ☐ v OTHER LINE NUMBER ☐_____		—>610

609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE............ 01
		FORMER SPOUSE.............. 02
		CURRENT LIVE-IN
		  PARTNER 03
		FORMER LIVE-IN
		  PARTNER......................... 04
		REGULAR SEXUAL
		  PARTNER......................... 05
		WOMAN IS
		GIRLFRIEND/FIANCÉE....... 06
		OCCASIONAL SEXUAL
		  PARTNER......................... 07
		FRIEND/ACQUAINTANCE .. 08
		
		OTHER _____ 96
		        (SPECIFY)	

		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY

610	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?
		
		YES 1
		NO...2⌐
		    (SKIP TO 612) <—┘
		DK ....8⌐
		    (GO TO 610B IN <—┘
		    NEXT COLUMN)
			610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?
			
			YES 1
			NO..2⌐
			    (SKIP TO 612) <—┘
			DK ....8⌐
			    (GO TO 610C IN
			<—┘
			    NEXT COLUMN)
				610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?
				
				YES 1
				NO ....2⌐
				    (SKIP TO 612) <—┘
				DK ....8⌐
				    (SKIP TO 613)
				<—┘

611	Who mainly provided the money or goods or services to pay for this care?	FREE.................................. 01⌐
		INSURANCE........................ 02⌐
		RESPONDENT .... 03⌐
		CHILD'S MOTHER.............. 04⌐
		RESPONDENT AND
		   CHILD'S MOTHER............ 05⌐
		RESPONDENT'S
		   FAMILY .... 06⌐
		CHILD'S MOTHER'S
		   FAMILY .... 07⌐
		
		OTHER _____ 96⌐
		    (SPECIFY)
		    (GO TO 610B IN <—┘
		    NEXT COLUMN)
			FREE.................................. 01⌐
			INSURANCE .... 02⌐
			RESPONDENT .... 03⌐
			CHILD'S MOTHER............. 04⌐
			RESPONDENT AND
			   CHILD'S MOTHER.......... 05⌐
			RESPONDENT'S
			   FAMILY .... 06⌐
			CHILD'S MOTHER'S
			   FAMILY .... 07⌐
			
			OTHER _____ 96⌐
			    (SPECIFY)
			    (GO TO 610C IN <—┘
			    NEXT COLUMN)
				FREE ....01⌐
				INSURANCE ....02⌐
				RESPONDENT...................03⌐
				CHILD'S MOTHER ....04⌐
				RESPONDENT AND
				   CHILD'S MOTHER ....05⌐
				RESPONDENT'S
				   FAMILY ....06⌐
				CHILD'S MOTHER'S
				   FAMILY ....07⌐
				
				OTHER _____ 96⌐
				    (SPECIFY)
				    (SKIP TO 613) <—┘

612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	NOT NECESSARY .... 01⌐
		NOT CUSTOMARY .... 02⌐
		RESPONDENT
		   DIDN'T ALLOW .... 03⌐
		TOO COSTLY .... 04⌐
		TOO FAR/NO
		   TRANSPORT................... 05⌐
		POOR SERVICE.................. 06⌐
		LACK OF
		   KNOWLEDGE .... 07⌐
		
		OTHER _____ 96⌐
		    (SPECIFY)
		    (GO TO 610B IN <—┘
		    NEXT COLUMN)
			NOT NECESSARY ....01⌐
			NOT CUSTOMARY ....02⌐
			RESPONDENT
			   DIDN'T ALLOW...............03⌐
			TOO COSTLY ....04⌐
			TOO FAR/NO
			   TRANSPORT.................05⌐
			POOR SERVICE ....06⌐
			LACK OF
			   KNOWLEDGE................07⌐
			
			OTHER _____ 96⌐
			    (SPECIFY)
			    (GO TO 610C IN <—┘
			    NEXT COLUMN)
				NOT NECESSARY 01
				NOT CUSTOMARY 02
				RESPONDENT
				   DIDN'T ALLOW.................03
				TOO COSTLY.......................04
				TOO FAR/NO
				   TRANSPORT 05
				POOR SERVICE 06
				LACK OF
				   KNOWLEDGE...................07
				
				OTHER _____ 96
				    (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES .... 1 NO.. 2	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD ———————————————————— (LAST) CHILD LIVING ☐ (LAST) CHILD NOT LIVING OR DON'T KNOW ☐———————— v		—>617
615	Does (NAME OF CHILD) live with you in your household?	YES .... 1 NO.. 2	—>617

616	In your household who usually decides what to do if (NAME OF CHILD) is ill?
	
	RECORD ALL PERSONS MENTIONED.
		RESPONDENT ....A
		CHILD'S MOTHER................B
		WIFE/PARTNER WHO IS
		    NOT CHILD'S MOTHER C
		FEMALE RELATIVE ....D
		MALE RELATIVE ....E
		
		OTHER _____ X
		        (SPECIFY)
		
		CHILD HAS NEVER BEEN
		    ILL ....Y	

617	Now, I want to talk to you about pregnancy and the health of children.
	
	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger?
	
	PROBE: Any other signs or symptoms?
	
	RECORD ALL SIGNS AND SYMPTOMS MENTIONED.
		VAGINAL BLEEDING ....A
		HIGH FEVER ....B
		ABDOMINAL PAIN................C
		SWELLING OF HANDS
		    AND FEET ....D
		DIFFICULT LABOR FOR
		    MORE THAN 12 HRS ....E
		CONVULSIONS ....F
		
		OTHER _____ X
		        (SPECIFY)
		DON'T KNOW ANY SIGNS
		    OR SYMPTOMS ....Z	

618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS .... 1 ABOUT THE SAME .... 2 MORE .... 3 DON'T KNOW 8	
619	Have you ever heard of a special product called [MOTSOAKO] you can get for the treatment of diarrhea?	YES .... 1 NO.. 2	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco?[1] IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES ....A YES, PIPE..............................B YES, SNUFF ....C YES, OTHER TOBACCO.......D NO..Y	
621	CHECK 620: CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐———————— v		—>623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ......☐☐	
623	Have you ever drunk an alcohol-containing beverage?	YES .... 1 NO.. 2	—>628A
624	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF ....☐☐ DAYS NONE................................. 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES .... 1 NO 2	–>628A
626	CHECK 624: DRANK ALCOHOL ON ☐ AT LEAST ONE DAY v	NONE ☐	–>628A
627	In the last 3 months, on how many occasions did you get drunk?	NUMBER OF......... ☐☐ TIMES NONE.................................. 95	
628A	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have? IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'. IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF ☐☐ INJECTIONS.... DIABETIC………………….95 NONE…………………………00	–>628C –>629A
628B	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF ☐☐ INJECTIONS.... NONE…………………………00	
628C	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES .... 1 NO .... 2 DON'T KNOW 8	
629A	Do you have a Health Card/Bukana?	YES .... 1 NO 2	–>701
629B	Have you ever used another person's Health Card/Bukana?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .... 1 NO 2	—>734
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
703	Can a person get the AIDS virus from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
704	Can a person get the AIDS virus from kissing another person?	YES .... 1 NO .... 2 DON'T KNOW 8	
705	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
706	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
707	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES.. 1 NO .... 2 DON'T KNOW.. 8	
709	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES.. 1 NO .... 2 DON'T KNOW.. 8	
710	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	⌐ └▲712

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

712	Is it possible for a healthy-looking person to have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
713	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	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	
715	Are there any special medications that a doctor or a nurse can give to a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby?	YES.. 1 NO .... 2 DON'T KNOW.. 8	
716	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES.. 1 NO .... 2 DON'T KNOW.. 8	
717	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES.. 1 NO 2	—>721
718	When was the last time you were tested?	LESS THAN 12 MONTHS .... 1 12-23 MONTHS .... 2 2 YEARS OR MORE................................. 3	
719	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST............................ 1 OFFERED AND ACCEPTED .... 2 REQUIRED 3	
720	I don't want to know the results, but did you get the results of the test?	YES.. 1 NO 2	>723A
721	Would you want to be tested for the AIDS virus?	YES.. 1 NO .... 2 DON'T KNOW/UNSURE 8	
722	Do you know a place where you could go to get an AIDS test?	YES.. 1 NO 2	—>724

723
 	
723A
	Where can you go for the test?
	
	RECORD ONLY FIRST RESPONSE GIVEN.
	
	Where did you go for the test?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    GOVERNMENT HEALTH CENTER ... 12
		    FAMILY PLANNING CLINIC.............. 13
		    OTHER PUBLIC _____ 16
		                        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC 21
		    PHARMACY....................................... 22
		    PRIVATE DOCTOR 23
		    OTHER PRIVATE
		        MEDICAL _____ 26
		                        (SPECIFY)
		
		CHAL
		    CHAL HOSPITAL................................ 31
		    CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS............................... 43
		
		OTHER SOURCE
		    SHOP... 51
		    CHURCH 52
		    FRIENDS/RELATIVES 53
		
		OTHER _____ 96
		                        (SPECIFY)	

724	CHECK 401: YES, CURRENTLY MARRIED/ ☐ NO, NOT IN UNION ☐_____
	                    LIVING WITH A WOMAN
	                                              v
			—>726

725	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	NOT ACCEPT- ACCEPT- ABLE ABLE ON THE RADIO .... 1 2 ON THE TV .... 1 2 IN NEWSPAPERS 1 2	
727	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES .... 1 NO .... 2 DK/NOT SURE 8	
728	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES .... 1 NO .... 2 DK/NOT SURE 8	
729	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE 8	
730A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE .... 1 SHOULD NOT CONTINUE .... 2 DK/NOT SURE 8	
730B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE .... 1 SHOULD NOT CONTINUE .... 2 DK/NOT SURE 8	
731	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES .... 1 NO .... 2 DK/NOT SURE 8	
732	Have you ever been taught how to use a condom?	YES .... 1 NO 2	—>734

733	Where/who taught you how to use a condom?
	
	Anywhere/anybody else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   FAMILY PLANNING CLINIC C
		   OTHER PUBLIC _____ D
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC .... E
		   PHARMACY .... F
		   PRIVATE DOCTOR .... G
		   OTHER PRIVATE
		     MEDICAL _____ H
		            (SPECIFY)
		CHAL
		   CHAL HOSPITAL I
		   CHAL HEALTH CENTER .... J
		
		CBD .... K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS .... M
		
		OTHER SOURCE
		   MEDIA .... N
		   PEER EDUCATORS .... O
		   SHOP .... P
		   CHURCH .... Q
		   FRIENDS/RELATIVES .... R
		
		OTHER _____ X
		            (SPECIFY)	

734	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES .... 1 NO 2	—>737

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	If a man has a sexually transmitted infection, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN .... A GENITAL DISCHARGE/DRIPPING .... B FOUL SMELLING DISCHARGE .... C BURNING PAIN ON URINATION .... D REDNESS/INFLAMMATION IN GENITAL AREA .... E SWELLING IN GENITAL AREA ....F GENITAL SORES/ULCERS .... G GENITAL WARTS .... H GENITAL ITCHING ....I BLOOD IN URINE .... J LOSS OF WEIGHT .... K IMPOTENCE ....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS....................................Y DON'T KNOW ....Z	
736	If a woman has a sexually transmitted infection, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN .... A GENITAL DISCHARGE........................... B FOUL SMELLING DISCHARGE .... C BURNING PAIN ON URINATION .... D REDNESS/INFLAMMATION IN GENITAL AREA .... E SWELLING IN GENITAL AREA ....F GENITAL SORES/ULCERS .... G GENITAL WARTS .... H GENITAL ITCHING ....I BLOOD IN URINE .... J LOSS OF WEIGHT .... K HARD TO GET PREGNANT/HAVE A CHILD ....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS....................................Y DON'T KNOW ....Z	
737	CHECK 416: HAS HAD SEXUAL HAS NOT HAD SEXUAL INTERCOURSE ☐ INTERCOURSE ☐_____ V		→748
738	CHECK 734: KNOWS STI ☐ DOES NOT KNOW STI ☐_____ v		→740
739	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 sexually-transmitted infection?	YES... 1 NO .... 2 DON'T KNOW... 8	
740	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES... 1 NO .... 2 DON'T KNOW... 8	
741	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES... 1 NO .... 2 DON'T KNOW... 8	

742	CHECK 739/740/741: HAS HAD AN INFECTION ☐ v HAS NOT HAD AN INFECTION OR ☐ _____		─>748
743	The last time you had (PROBLEM FROM 739/740/741), did you seek any kind of advice or treatment?	YES...1 NO 2	─>745

744	Where did you go?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL .... A
		   GOVT. HEALTH CENTER .... B
		   FAMILY PLANNING CLINIC C
		   OTHER PUBLIC _____ D
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC............... E
		   PHARMACY ....F
		   PRIVATE DOCTOR............................G
		   OTHER PRIVATE
		     MEDICAL _____ H
		              (SPECIFY)
		CHAL
		   CHAL HOSPITAL I
		   CHAL HEALTH CENTER ....J
		
		CBD .... K
		COMMUNITY HEALTH WORKER L
		SUPPORT GROUPS...............................M
		
		OTHER SOURCE
		   SHOP .... N
		   CHURCH...O
		   FRIENDS/RELATIVES .... P
		   TRADITIONAL HEALER ....Q
		
		OTHER _____ X
		             (SPECIFY)	

745	When you had (PROBLEM FROM 739/740/741), did you do something to avoid infecting your sexual partner(s)?	YES ....1 NO ....2 PARTNER ALREADY INFECTED.............3	┘>748
746	When you had (PROBLEM FROM 739/740/741), did you inform your sexual partner(s) about it?	YES..1 SOME/NOT ALL ....2 NO ....3 DID NOT HAVE PARTNER 4	┘>748

747	What did you do to avoid infecting your partner(s)? Did you....
	
	       Use medicine?
	       Stop having sex?
	       Use a condom when having sex?
		YES NO
		USE MEDICINE 1 2
		STOP SEX................................... 1 2
		USE CONDOM 1 2	

748	Now I would like to ask you about something else. Some men in Lesotho are circumcised. Are you circumcised?	YES ....1 NO 2	

749	Now I would like to ask you about something else.
	
	Since age 15, have you ever had the following symptoms:
	
	       a. Cough for two weeks or more?
	       b. Fever for two weeks or more?
	       c. Chest or back pain?
	       d. Coughing up blood?
	       e. Sweating at night?
		YES NO
		COUGH 2+ WEEKS 1 2
		FEVER 2+ WEEKS.................... 1 2
		CHEST/BACK PAIN 1 2
		BLOOD IN SPUTUM 1 2
		NIGHT SWEATING 1 2	

750	CHECK 749:		
	AT LEAST ONE 'YES' (ANY SYMPTOMS) □ v NOT A SINGLE 'YES' (NO SYMPTOM) □_____		->758

751	Did you seek consultation or treatment for the symptom(s)?	YES..1 NO 2	->753
752	What is the main reason you did <u>not</u> seek consultation or treatment for the symptom(s)?	SYMPTOMS HARMLESS ....1 COST...2 DISTANCE..3 EMBARRASSED ....4 OTHER _____ 6 (SPECIFY)	]->758

753	The last time you had such symptoms, where did you first go for advice or treatment?	PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    GOVT. HEALTH CENTER 12
		    FAMILY PLANNING CLINIC 13
		    OTHER PUBLIC _____ 14
		                        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC..............21
		    PHARMACY 22
		    PRIVATE DOCTOR.............................23
		    OTHER PRIVATE
		        MEDICAL _____ 24
		                        (SPECIFY)
		CHAL
		    CHAL HOSPITAL 31
		    CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS...............................43
		
		TRADITIONAL HEALER.........................51
		
		OTHER _____ 96
		                        (SPECIFY)	

754	How soon after the symptom(s) did you first seek consultation or treatment?	DAYS ....1 WEEKS ....2 MONTHS ....3 DON'T KNOW.. 998	
755	During that first visit, were you told by a doctor or another health professional that you had tuberculosis?	YES..1 NO 2	->758
756	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES..1 NO 2	->759

757	Where did you go?	PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    GOVT. HEALTH CENTER 12
		    FAMILY PLANNING CLINIC 13
		    OTHER PUBLIC _____ 14
		                         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC.............21
		    PHARMACY 22
		    PRIVATE DOCTOR............................23
		    OTHER PRIVATE
		        MEDICAL _____ 24
		                         (SPECIFY)
		CHAL
		    CHAL HOSPITAL 31
		    CHAL HEALTH CENTER 32
		
		CBD 41
		COMMUNITY HEALTH WORKER 42
		SUPPORT GROUPS.............................43
		
		TRADITIONAL HEALER.........................51
		
		OTHER _____ 96
		                    (SPECIFY)
			⌐->759

758	Have you ever heard of an illness called tuberculosis?	YES...1 NO 2	—>801
759	Do you think tuberculosis can be cured?	YES...1 NO 2	
760	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES...1 NO ....2 DK/NOT SURE 8	

761	What signs or symptoms would lead you to think that a person has tuberculosis?
	
	PROBE: Any others?
	
	RECORD ALL MENTIONED.
		COUGHING ....A
		COUGHING WITH SPUTUM.....................B
		COUGHING FOR SEVERAL
		    WEEKS...C
		FEVER..D
		BLOOD IN SPUTUM ....E
		LOSS OF APPETITE...............................F
		NIGHT SWEATING ....G
		PAIN IN CHEST OR BACK ....H
		TIREDNESS/FATIGUE.............................I
		WEIGHT LOSS...J
		
		OTHER _____ X
		                    (SPECIFY)
		
		NO SYMPTOMS ....Y
		DON'T KNOW...Z	

762	What do you think is the cause of tuberculosis?
	
	PROBE: Anything else?
	
	RECORD ALL MENTIONED.
		MICROBES/GERMS/BACTERIA ....A
		INHERITED ....B
		LIFESTYLE...C
		SMOKING...D
		ALCOHOL DRINKING ....E
		EXPOSURE TO COLD TEMPERAT. ....F
		DUST/POLLUTION...................................G
		
		OTHER _____ X
		                    (SPECIFY)
		
		OTHER _____ Y
		                    (SPECIFY)
		
		DON'T KNOW...Z	

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:		HUSB-AND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
	a) making large household purchases?	a)	1	2	3	8	
	b) making small daily household purchases?	b)	1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c)	1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d)	1	2	3	8	
	e) deciding how many children to have and when to have them?	e)	1	2	3	8	
	f) deciding on family planning	f)	1	2	3	8	
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...		YES	NO	DON'T KNOW/ DEPENDS		
	a) If she goes out without telling him?	a)	1	2	8		
	b) If she neglects the children?	b)	1	2	8		
	c) If she argues with him?	c)	1	2	8		
	d) If she refuses to have sex with him?	d)	1	2	8		
	e) If she burns the food?	e)	1	2	8		
	f) If she is unfaithful and has sex with other men?	f)	1	2	8		
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES ....1 NO ....2 DON'T KNOW 8					
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	DEPENDS	YES	NO	DON'T KNOW/		
	a) She is tired and not in the mood?	a)	1	2	8		
	b) She has recently given birth?	b)	1	2	8		
	c) She knows her husband has sex with other women?[1]	c)	1	2	8		
	d) She knows her husband has a sexually transmitted disease?	d)	1	2	8		
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...		YES	NO	DON'T KNOW/ DEPENDS		
	a) Get angry and reprimand her?	a)	1	2	8		
	b) Refuse to give her money or other means of financial support?	b)	1	2	8		
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2	8		
	d) Go and have sex with another woman?	d)	1	2	8		
806	RECORD THE TIME.	HOUR .... MINUTES					