

**MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005**  
**WOMAN'S QUESTIONNAIRE**

June 1, 2005

MINISTRY OF HEALTH  
CENTER FOR PREVENTIVE MEDICINE

REPUBLIC OF MOLDOVA

IDENTIFICATION	
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... MUNICIPIUL / RAIONUL _____ RESIDENCE (URBAN = 1, RURAL = 2) ..... NAME AND LINE NUMBER OF WOMAN _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; border: 1px solid black; background: white;"></div> </div>
CHECK TABLE 49G IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "RELATIONS IN THE HOUSEHOLD" (SECTION 10 WOMAN'S Q.)? ..... <span style="float: right;">(YES = 1, NO=2)</span>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">2</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">5</div> INT. CODE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ 3 POSTPONED                      6 INCAPACITATED                      (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> LANGUAGE OF INTERVIEW: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> LANGUAGE OF RESPONDENT: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>				
LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY _____)= 3				
TRANSLATOR USED: 1-YES, 2-NO <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>				

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

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

### INFORMED CONSENT

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

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

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

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 106
103	Just before you moved here, did you live in a city, a town or the countryside?	CITY ..... 1 MINICIPAL ..... 2 COUNTRYSIDE ..... 3	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended?	PRIMARY (GR 1-4) ..... 1 GYMNASIUM (GR 5-9) ..... 2 LYCEUM/MEDIUM (GR 10-12) ..... 3 POLYVALENT/SPT/MESERII ..... 4 COLLEGE/TECHNICAL ..... 5 INSTIT/UNIV/POST GRAD ..... 6	
110	What is the highest grade you completed at that level?	GRADE/YEAR ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109:  PRIMARY <input type="checkbox"/> GRADE 5 OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
114	CHECK 112:  CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	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	→ 116
115A	Which language(s) do you read most easily?	ROMANIAN / LATIN CHARAC. .... 1 ROMANIAN / CYRILLIC CHARAC. .... 2 RUSSIAN ..... 3 READ BOTH ROMANIAN AND RUSSIAN EQUALLY WELL .... 4 OTHER ..... 6 (SPECIFY)	
116	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	
117	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	
118	What is your religion?	ORTHODOX ..... 1 CATHOLIC/GREEK CATH. .... 2 PROTESTANT (EX. EVANGELICAL, BAPTIST, JEHOVAH WITNESS) ..... 3 JEWISH ..... 4 NO RELIGION ..... 5  OTHER ..... 6 (SPECIFY) REFUSED TO ANSWER/DK ..... 8	
119	What is your ethnic background?  RECORD MAJOR ETHNIC GROUP	MOLDOVAN ..... 01 ROMANIAN ..... 02 UKRAINIAN ..... 03 RUSSIAN ..... 04 GAGAUZAN ..... 05 ROMA (GYPSY) ..... 06 BULGARIAN ..... 07 JEWISH ..... 08 OTHER ..... 96 (SPECIFY) REFUSED/NOT STATED ..... 98	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1"><tr><td></td><td></td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately.  How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1"><tr><td></td><td></td></tr></table>									
209B	How many miscarriages?  IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1"><tr><td></td><td></td></tr></table>									
209C	How many stillbirths?  IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1"><tr><td></td><td></td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL ..... <table border="1"><tr><td></td><td></td></tr></table>									
210	CHECK 209D:  ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → 226										

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information

212	213	214	215	216	217	218	219	220	221	222	222A
Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	In what month and year (was this child born / did this pregnancy end?)	Was there any other pregnancy between this one and the pregnancy you just mentioned? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old (NAME) was on his/her last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. OF CHILD.	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.
01 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH . . . . 4	MONTH <input type="text"/> YEAR <input type="text"/>		LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIAG . . . . 3 STILL BIRT . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: <input type="text"/>	YES . . 1 NO . . . 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
02 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH . . . . 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . . 1 NO . . . . 2	LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIAG . . . . 3 STILL BIRT . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: <input type="text"/>	YES . . 1 NO . . . 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
03 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH . . . . 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . . 1 NO . . . . 2	LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIAG . . . . 3 STILL BIRT . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: <input type="text"/>	YES . . 1 NO . . . 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
04 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH . . . . 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . . 1 NO . . . . 2	LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIAG . . . . 3 STILL BIRT . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: <input type="text"/>	YES . . 1 NO . . . 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
05 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH . . . . 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . . 1 NO . . . . 2	LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIAG . . . . 3 STILL BIRT . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: <input type="text"/>	YES . . 1 NO . . . 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3

212	213	214	215	216	217	218	219	220	221	222	222A
Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	In what month and year (was this child born / did this pregnancy end?)	Was there any other pregnancy between this one and the pregnancy you just mentioned?	CHECK 212: RECORD SAME RESPONSE	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. OF CHILD.	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1
06 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3
07 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3
08 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3
09 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3
10 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3
11 LIVE BIRTH .... 1 ABORTION .... 2 MISCARRIAI... 3 STILL BIRTH... 4	MONTH <input type="text"/> YEAR <input type="text"/>	YES .... 1 NO .... 2	LIVE BIRTH... 1 ABORTION .... 2 MISCARRIAG... 3 STILL BIRT ... 4 NEXT PREGNACY	SING 1 MULT 2	NAME: <input type="text"/>	BOY 1 GIRL 2	YES . 1 NO . . . 2 222A	AGE IN YEARS: <input type="text"/>	YES .. 1 NO ... 2	LINE NO.: <input type="text"/> NEXT PREGNACY	DAYS ... 1 MONTHS . 2 YEARS ... 3

222B	<p>Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth?          IF YES, RECORD PREGNANCIES IN TABLE ABOVE.</p>	YES ..... 1 NO ..... 2
223	<p>COMPARE 209D WITH TOTAL NUMBER OF LIVE BIRTHS AND TERMINATED PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <p>           NUMBERS ARE SAME <input type="checkbox"/>      NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)         </p> <p>           CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED (Q.213)         </p> <p>           FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 213, 220)         </p> <p>           FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 219, 222A).         </p> <p>           FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222A).         </p>	
224	<p>CHECK 212 AND 213:          ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2000 OR LATER. IF NONE, RECORD '00'.</p>	

225	<p>FOR EACH BIRTH SINCE JANUARY 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.</p> <p>FOR EACH <u>PREGNANCY TERMINATION</u> (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.</p>										
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 237								
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
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									
237	When did your last menstrual period start?   _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8									





### SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	302    Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘
05	INJECTABLES Women can have an injection by a health provide that stops them from becoming pregnant for one or more months.	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 ↘
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘
08A	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↘
08B	FOAM / JELLY / SPERMICIDE Women can place a suppository, jelly or cream, in their vagina before intercourse.	YES ..... 1 NO ..... 2 ↘
09	LACTATIONAL AMENORRHEA METH 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 ↘
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES ..... 1 NO ..... 2 ↘
11	WITHDRAWAL Men can be careful and pull out before climax	YES ..... 1 NO ..... 2 ↘
12	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant	YES ..... 1 NO ..... 2 ↘
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 _____ (SPECIFY) ..... 2 YES ..... 1 _____ (SPECIFY) ..... 2 NO ..... 2
303	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             CHECK 302:              NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> </div> <div style="text-align: center;">             AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div> <div style="text-align: right;">             → 307           </div> </div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 331
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 322
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G DIAPHRAGM ..... H FOAM/JELLY/S ..... I LACTATIONAL AMEN. METHOD ..... J RHYTHM METHOD ..... K WITHDRAWAL ..... L  OTHER ..... X (SPECIFY)	→ 316 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
315	The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> LEI  FREE ..... 995 DON'T KNOW ..... 998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>FAMILY DOCTOR ..... 12</p> <p>FAMILY PLANNING OFFICE ..... 13</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PRIVATE DOCTOR'S OFFICE ... 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... 26</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
317	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>CODE 'A' <input type="checkbox"/></p> <p>CIRCLED</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div> <p>CODE 'B' <input type="checkbox"/></p> <p>CIRCLED</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
318	<p>How much did you pay in total for the sterilization, including any consultation you may have had?</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LEI</p> <p>FREE ..... 9995</p> <p>DON'T KNOW ..... 9998</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>320</p>
319A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: Since when have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
320	<p>CHECK 319/319A AND 213:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A ?</p> <p>IF YES, GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
321	<p>CHECK 319/319A:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 322</p> </div> <div> <p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000.</p> <p>THEN SKIP TO 329</p> </div> </div>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1</b>, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1:     *    When was the last time you used a method? Which method was that?                   *    When did you start using that method? How long after the birth of (NAME)?                   *    How long did you use the method then?</p> <p><b>IN COLUMN 2</b>, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2:     *    Where did you obtain the method when you started using it?                   *    Where did you get advice on how to use the method [for LAM or rhythm]?</p> <p><b>IN COLUMN 3</b>, ENTER THE CODES FOR THE REASON FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. THE NUMBER OF CODES IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED IN ORDER TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3:     *    Why did you stop using the (METHOD)?                   *    Did you become pregnant while using (METHOD), or did you stop using to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:                   *    How many months did it take you to get pregnant after you stopped using (METHOD)?                           AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																														
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table><tr><td>NO CODE CIRCLED .....</td><td>00</td></tr><tr><td>FEMALE STERILIZATION .....</td><td>01</td></tr><tr><td>MALE STERILIZATION .....</td><td>02</td></tr><tr><td>PILL .....</td><td>03</td></tr><tr><td>IUD .....</td><td>04</td></tr><tr><td>INJECTABLES .....</td><td>05</td></tr><tr><td>IMPLANTS .....</td><td>06</td></tr><tr><td>CONDOM .....</td><td>07</td></tr><tr><td>DIAPHRAGM .....</td><td>09</td></tr><tr><td>FOAM/JELLY .....</td><td>10</td></tr><tr><td>LACTATIONAL AMEN. METHOD ...</td><td>11</td></tr><tr><td>RHYTHM METHOD .....</td><td>12</td></tr><tr><td>WITHDRAWAL .....</td><td>13</td></tr><tr><td>OTHER METHOD .....</td><td>96</td></tr></table>	NO CODE CIRCLED .....	00	FEMALE STERILIZATION .....	01	MALE STERILIZATION .....	02	PILL .....	03	IUD .....	04	INJECTABLES .....	05	IMPLANTS .....	06	CONDOM .....	07	DIAPHRAGM .....	09	FOAM/JELLY .....	10	LACTATIONAL AMEN. METHOD ...	11	RHYTHM METHOD .....	12	WITHDRAWAL .....	13	OTHER METHOD .....	96	<div>→ 331</div> <div>→ 334</div> <div>→ 330</div> <div>→ 327</div> <div>→ 334</div>
NO CODE CIRCLED .....	00																														
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RHYTHM METHOD .....	12																														
WITHDRAWAL .....	13																														
OTHER METHOD .....	96																														
324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<table><tr><td>YES .....</td><td>1</td></tr><tr><td>NO .....</td><td>2</td></tr></table>	YES .....	1	NO .....	2	<div>→ 326</div>																								
YES .....	1																														
NO .....	2																														
325	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<table><tr><td>YES .....</td><td>1</td></tr><tr><td>NO .....</td><td>2</td></tr></table>	YES .....	1	NO .....	2	<div>→ 327</div>																								
YES .....	1																														
NO .....	2																														
326	<p>Were you told what to do if you experienced side effects or problems?</p>	<table><tr><td>YES .....</td><td>1</td></tr><tr><td>NO .....</td><td>2</td></tr></table>	YES .....	1	NO .....	2																									
YES .....	1																														
NO .....	2																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-between;"> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 329
328	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
329	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER METHOD ..... 96</p>	<p>→ 334</p> <p>→ 334</p>
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>FAMILY DOCTOR ..... 12</p> <p>FAMILY PLANNING OFFICE ..... 13</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>NGO ..... 34</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	→ 334
331	Do you know of a place where you can obtain a method of family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 334

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>FAMILY DOCTOR ..... B</p> <p>FAMILY PLANNING OFFICE ..... C</p> <p>OTHER PUBLIC ..... D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ..... F</p> <p>PRIVATE DOCTOR ..... G</p> <p>OTHER PRIVATE MEDICAL ..... H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I</p> <p>CHURCH ..... J</p> <p>FRIEND/RELATIVE ..... K</p> <p>BAR ..... L</p> <p>NGO ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

401	CHECK 224:  ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2000 OR LATER <input type="checkbox"/>	550	
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>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.</p>			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 217 AND 219	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) <input type="checkbox"/>	THEN ..... 1 (SKIP TO 429) <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 429) <input type="checkbox"/>	THEN ..... 1 (SKIP TO 429) <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 429) <input type="checkbox"/>
406	How much longer would you have liked to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/>  DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/>  DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/>  DON'T KNOW ... 998
407	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	<p>HEALTH PROFESSIONAL</p> <p>OB/GYN DOCTOR A</p> <p>FAMILY DOCTOR B</p> <p>OTHER DOCTOR C</p> <p>DOCTOR SPEC</p> <p>UNKNOWN D</p> <p>NURSE/MEDICAL ASSISTANT E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y (SKIP TO 413E) <input type="checkbox"/></p>		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH								
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>FAMILY DOC</p> <p>OFFICE ..... D</p> <p>HEALTH</p> <p>POST ..... E</p> <p>OTHER PUBLIC</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC ..... G</p> <p>OTHER PRIVATE</p> <p>MED. _____ H</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>										
408A	How did you get to your last ante-natal care visit?	<p>ON FOOT ..... 1</p> <p>DONKEY/HORSE CAI. 2</p> <p>PUBLIC TRANSPORT 3</p> <p>PRIVATE VEHICLE . 4</p> <p>HOME VISIT ..... 5</p> <p>(SKIP TO 409) ←</p>										
408B	How long did it take you to get to your last ante-natal care visit?	<p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>										
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW .....98</p>										
409A	Would you say that seeking ante-natal care for this pregnancy: was mainly your decision, mainly your husband/partner's decision, or did you both decide together?	<p>RESPONDENT ... 1</p> <p>HUSBAND/PARTN .. 2</p> <p>RESPONDENT AND</p> <p>HUSB/PART JOINT 3</p> <p>SOMEONE ELSE .. 4</p> <p>JOINTLY ..... 5</p>										
409B	<p>During your first prenatal care visit, were you provided with a perinatal card?</p> <p>IF YES, ASK:</p> <p>Was the perinatal card filled in?</p>	<p>YES, COMPLT ..... 1</p> <p>YES, NOT</p> <p>NOT COMPLT ... 2</p> <p>NO ..... 3</p> <p>DK ..... 8</p>										
410	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER</p> <p>OF TIMES . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW .....98</p>										
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>YES NO</p> <p>Were you weighed? WEIGHT ... 1 2</p> <p>Was your blood pressure measured? BP ..... 1 2</p> <p>Did you give a urine sample? URINE ..... 1 2</p> <p>Did you give a blood sample? BLOOD ... 1 2</p> <p>Did you have an ultrasound exam? ULTRASOUND 1 2</p> <p>Were you given iron tablets? IRON TABLT 1 2</p> <p>Were you given folic acid tablets? FOLIC ACID 1 2</p>											



		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
411A	During those visits did you receive any information about:	<div>YES NO</div> <div>NUTRITION 1 2</div> <div>SMOKING 1 2</div> <div>ALCOLHOL 1 2</div> <div>BREASTFD 1 2</div> <div>EMERG PLAN 1 2</div> <div>CONTRAC 1 2</div> <div>COMPLICAT 1 2</div> <div>POSTNATAL 1 2</div>		
411B	During those visits were you ever encouraged to bring a companion of your choice to the delivery, for example, your husband/partner, family member, or close friend?	<div>YES ..... 1</div> <div>NO ..... 2</div>		
411C	Were the costs of your pre-natal care covered by some government or insurance plan?	<div>COSTS FULLY COVERED ..... 1</div> <div>COSTS PARTIAL COVERED ..... 2</div> <div>IF YES, did it cover all costs for prenatal services, or only some costs?</div> <div>COSTS NOT COVERED ..... 3</div>		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>(SKIP TO 413A) ←</div> <div>DON'T KNOW ..... 8</div>		
413	Were you told where to go if you had any of these complications?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>DON'T KNOW ..... 8</div>		
413A	Did you have any of the following complications during your pregnancy?	<div>YES NO</div> <div>MISCARR 1 2</div> <div>FIRST TRI 1 2</div> <div>SECOND TRI 1 2</div> <div>HBP 1 2</div> <div>DIABET 1 2</div> <div>HEART DIS 1 2</div> <div>LIVER DIS 1 2</div> <div>UTI 1 2</div> <div>PRETERM 1 2</div> <div>RH IZO 1 2</div> <div>ANEMIA 1 2</div> <div>OTHER 1 2</div> <div>(SPECIFY)</div>		
413B	CHECK 413A: HAD PREGNANCY COMPLICATIONS			
	<div>ATLEAST ONE YES ↓</div> <div>NOT ONE YES (SKIP TO 413E) ←</div>			
413C	Did you seek care or treatment for (this/these) complication(s)?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>(SKIP TO 413E) ←</div>		
413D	Were costs of this/these complications covered by some government or insurance plan?	<div>COSTS FULLY COVERED ..... 1</div> <div>COSTS PARTIAL COVERED ..... 2</div> <div>IF YES, did it cover all costs for complications, or only some costs?</div> <div>COSTS NOT COVERED ..... 3</div>		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH															
413E	When did you last receive a tetanus injection?	NEVER ..... 00 (SKIP TO 421) ←  MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DK YEAR ..... 9998																	
413F	In total, how many times have you had a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																	
413G	Have you ever heard of iron tablets, or sirop, that women are recommended to take?	YES ..... 1 NO ..... 2 (SKIP TO 422C) ←																	
421	During this pregnancy, were you given or did you buy any iron tablets or sirop?  SHOW TABLETS.	YES, WAS GIVEN ... 1 YES, BOUGHT ..... 2 NO ..... 3 (SKIP TO 422B) ← DON'T KNOW ..... 8																	
422	During the whole pregnancy, for how many days did you take the iron tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998																	
422A	Who recommended that you take the iron tablets/sirop?	DOCTOR/ MEDICAL ASST . 1 PHARMACIST ..... 2 OTHER ..... 6 _____ (SPECIFY)																	
422B	Do you think that iron supplements:  Strengthen bones? Prevent congenital malformations? Prevent hyper tension? Prevent anemia?	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>			YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8
YES	NO	DK																	
1	2	8																	
1	2	8																	
1	2	8																	
1	2	8																	
422C	Have you ever heard of folic acid?	YES ..... 1 NO ..... 2 (SKIP TO 423) ←																	
422D	During this pregnancy, were you given or did you buy any folic acid tablets?	YES, WAS GIVEN ... 1 YES, BOUGHT ..... 2 NO ..... 3 (SKIP TO 422H) ← DON'T KNOW ..... 8																	
422E	Did you take folic acid at any time during the first three months of your pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 422G) ←																	
422F	Did you take folic acid for at least 45 days within the first trimester of your pregnancy?	YES ..... 1 NO ..... 2 DK ..... 8																	

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
422G	Who recommended that you take the folic acid during pregnancy?	DOCTOR/ MEDICAL ASST . . . 1 PHARMACIST . . . . . 2  OTHER . . . . . 6 <hr/> (SPECIFY)		
422H	Do you think that folic acid:	YES      NO      DK 1          2          8  Strengthen bones? Prevent congenital malformations? Prevent hyper tension? Prevent anemia?		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8		
424	During this pregnancy, did you have a difficulty with vision in the evenings?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW . . . . . 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW . . . . . 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW . . . . . 8

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
430	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8
431	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998
432	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	DOCTOR ..... A NURSE/MIDWIFE ... B AUXILIARY MIDWIFE C RELATIVE/FRIEND .. D OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE ... B AUXILIARY MIDWIFE C RELATIVE/FRIEND .. D OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE ... B AUXILIARY MIDWIFE C RELATIVE/FRIEND .. D OTHER _____ X (SPECIFY) NO ONE ..... Y
432A	Did you have a companion such as the husband/partner a close friend, or relative present during the birth of [NAME]?  IF YES: Who was present with you?	HUSBAND / PARTNER A RELATIVE B CLOSE FRIEND C OTHER X _____ NO COMPANION Y		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																																				
433	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 440) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 440) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 441) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 441) ←</p>																																				
434	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>												
434A	<p>Before you were discharged after (NAME) was born did you receive any information about:</p> <p>a. Self-care such as hygiene, or nutrition?</p> <p>b. When to seek care in the case of danger signs for you or (NAME)?</p> <p>c. Post partum contraception/FP?</p> <p>d. Breastfeeding?</p> <p>e. Immunizations?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SELF-CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEEK CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>FP</td> <td>1</td> <td>2</td> </tr> <tr> <td>BREASTFD</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMMUNIZ</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SELF-CARE	1	2	SEEK CARE	1	2	FP	1	2	BREASTFD	1	2	IMMUNIZ	1	2																				
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435	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																																				
436	<p>Before you were discharged after (NAME) was born, did a health professional check on your health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 439) ←</p>	<p>YES ..... 1</p> <p>(SKIP TO 451) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 451) ←</p> <p>NO ..... 2</p>																																				
437	<p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>																																						

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH												
438	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 11 NURSE/MIDWIFE ... 12 AUXILIARY MIDWIFE ..... 13  OTHER ..... 96 (SPECIFY) (SKIP TO 450) ←														
439	After you were discharged, did a health professional check on your health?	YES ..... 1 (SKIP TO 442) ← NO ..... 2 (SKIP TO 450) ←			YES ..... 1 (SKIP TO 451) ← NO ..... 2	YES ..... 1 (SKIP TO 451) ← NO ..... 2										
440	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TO MUCH ... A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORT ... C DON'T TRUST FACILITY/POOR QUALITY SERV. .. D NO FEMALE PROV. AT FACILITY ... E HUSBAND/FACILITY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER (SPECIFY) .. X														
441	After (NAME) was born, did a health professional check on your health?	YES ..... 1  NO ..... 2 (SKIP TO 445) ←	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 2												
442	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
443	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 11 NURSE/MIDWIFE ... 12 AUXILIARY MIDWIFE ..... 13  OTHER ..... 96 (SPECIFY)														
444	Where did this first check take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 FAMILY DOCTOR ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC ..... 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY) OTHER ..... 96 (SPECIFY)														

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																		
445	In the two months after (NAME) was born, did a health professional on the baby's health?	YES ..... 1 NO ..... 2 (SKIP TO 450) ← DON'T KNOW ..... 8																				
446	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
447	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 1 NURSE/MIDWIFE ... 2 AUXILIARY MIDWIFE ..... 3  OTHER _____ 6 (SPECIFY)																				
448	Where did this first check of (NAME) take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 FAMILY DOCTOR ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY)																				
450	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 452) ← NO ..... 2 (SKIP TO 452) ←																				
451	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 455) ←	YES ..... 1 NO ..... 2 (SKIP TO 455) ←																		
452	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98														
453	CHECK 226:  IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREG- OR <input type="checkbox"/> PREG- NANT UNSURE ↓ (SKIP TO 455) ←																				
454	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 456) ←																				
455	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98														

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																								
456	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 463) ←	YES ..... 1 NO ..... 2 (SKIP TO 463) ←	YES ..... 1 NO ..... 2 (SKIP TO 463) ←																								
457	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	< 1 HOUR ..... 000  HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									< 1 HOUR ..... 000  HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									< 1 HOUR ..... 000  HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←	YES ..... 1 NO ..... 2 (SKIP TO 460) ←	YES ..... 1 NO ..... 2 (SKIP TO 460) ←																								
459	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . D FRUIT JUICE . . . E INFANT FORMULA . . F TEA/INFUSIONS . . . G HONEY . . . H  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . D FRUIT JUICE . . . E INFANT FORMULA . . F TEA/INFUSIONS . . . G HONEY . . . H  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . D FRUIT JUICE . . . E INFANT FORMULA . . F TEA/INFUSIONS . . . G HONEY . . . H  OTHER _____ X (SPECIFY)																								
460	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 462) ←		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 462) ←		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (SKIP TO 462) ←																						
461	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 464) ← NO ..... 2	YES ..... 1 (SKIP TO 464) ← NO ..... 2	YES ..... 1 (SKIP TO 464) ← NO ..... 2																								
462	For how many months did you breastfeed (NAME)?	MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98																				
463	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)		LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)																						



		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
464	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
465	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
467		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

## SECTION 5. IMMUNIZATION AND HEALTH

501	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p>			
502	<p>LINE NUMBER FROM 212</p>	<p>LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>
503	<p>CHECK 217 AND 219</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p><input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p><input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p><input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)</p>
506	<p>Is (NAME) currently taking iron pills, sprinkles with iron, or iron syrup (like this/ any of these)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
506A	<p>Has (NAME) taken any drug for intestinal parasites in the past 6 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
507	<p>Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>
508	<p>Did you ever have a vaccination card for (NAME)?</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>

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

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

		LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH			
		DAY		MONTH		YEAR		DAY		MONTH		YEAR	
BCG													
POLIO 1													
POLIO 2													
POLIO 3													
POLIO 4													
DPT 1													
DPT 2													
DPT 3													
DPT 4													
HepB 1													
HepB 2													
HepB 3													
MEASLES													
MUMPS													
RUBELLA													

NOTE: Since 2002 in Moldova, vaccines against measles, mumps and rubella are administered in a single combined vaccine.

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8
512D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512E	A DPT vaccination, that is, an injection given in the thigh or buttocks to protect him/her against tetanus, whooping cough, and diphtheria? This is sometimes given at the same time as polio drops.	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512G	An HepB vaccination, that is, an injection in the thigh or buttock, to protect against Hepatitis B?	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8
512H	How many times was a HepB vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512I	An injection in the arm to prevent measles?  IF YES, ASK Was this a single injection to prevent measles, mumps and rubella?	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ← NO ..... 3 DON'T KNOW ..... 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ← NO ..... 3 DON'T KNOW ..... 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ← NO ..... 3 DON'T KNOW ..... 8
512J	An injection to prevent mumps?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512K	An injection to prevent rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
<p>512L LAST BIRTH</p> <p>RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.</p> <p>FULL NAME OF CHILD: _____ BIRTHDATE _____ DAY _____ MONTH _____ YEAR _____</p> <p>NAME AND ADDRESS OF MEDICAL FACILITY: _____</p>				
<p>NEXT-TO-LAST BIRTH</p> <p>RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.</p> <p>FULL NAME OF CHILD: _____ BIRTHDATE _____ DAY _____ MONTH _____ YEAR _____</p> <p>NAME AND ADDRESS OF MEDICAL FACILITY: _____</p>				
<p>SECOND-FROM-LAST BIRTH</p> <p>RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.</p> <p>FULL NAME OF CHILD: _____ BIRTHDATE _____ DAY _____ MONTH _____ YEAR _____</p> <p>NAME AND ADDRESS OF MEDICAL FACILITY: _____</p>				

AFTER COMPLETION OF THE INTERVIEWS IN THIS HOUSEHOLD GO THE HEALTH CENTER AND COMPLETE THE VACCINATION DATES IN SECTION 11.

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
515	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
516	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
520	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>FAMILY HEALTH CENTER ..... B</p> <p>MEDICAL CABINET ..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I</p> <p>TRADITIONAL PRACTITIONER J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>FAMILY HEALTH CENTER ..... B</p> <p>MEDICAL CABINET ..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I</p> <p>TRADITIONAL PRACTITIONER J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>FAMILY HEALTH CENTER ..... B</p> <p>MEDICAL CABINET ..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I</p> <p>TRADITIONAL PRACTITIONER J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
521	CHECK 520:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 523)</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 523)</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 523)</p>
522	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 520.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
523	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>
524	Does (NAME) still have diarrhea?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
525	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a. A fluid made from a special packet called Regidron or Rehidol?</p> <p>b. A pre-packaged ORS liquid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LIQUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LIQUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LIQUID 1 2 8</p>

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
526	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
527	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE ..... J  OTHER _____ X (SPECIFY)
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←
534	CHECK 530:  HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←



		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
537	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 542) ←	YES ..... 1 NO ..... 2 (SKIP TO 542) ←	YES ..... 1 NO ..... 2 (SKIP TO 542) ←
538	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES 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 PVT DOCTOR ... G OTHER PRIVATE MED. _____ H (SPECIFY)  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC ..... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. _____ H (SPECIFY)  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC ..... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. _____ H (SPECIFY)  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J  OTHER _____ X (SPECIFY)
539	CHECK 538:	TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
540	Where did you first seek advice or treatment?  USE LETTER CODE FROM 538.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
542	Is (NAME) still sick with a (fever/cough)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8
544	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
544A	CHECK 544:  ANY ANTIBIOTICS CIRCLED (CODES A-B)?	YES      NO <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546)	YES      NO <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546)	YES      NO <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546)
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?  IF YES, CIRCLE CODE FOR THAT DRUG.  ASK SEPARATELY FOR EACH ANTIBIOTIC GIVEN IN 544.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS ..... B  OTHER DRUGS ASPIRIN ..... C ACETA- MINOPHEN ... D IBUPROFEN ... E PARACETAMOL F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
547	CHECK 213 AND 221, ALL ROWS:  NUMBER OF CHILDREN BORN IN 2000 OR LATER AND LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		550																					
549	CHECK 525(a) AND 525(b), ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID (11) <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID (11) <input type="checkbox"/>		551																					
550	Have you ever heard of a special product called Regidrom Rehidol, or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2																						
551	Now I would like to ask you some questions about medical care for you yourself.  Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?  Getting permission to go.  Getting money needed for treatment.  The distance to the health facility.  Having to take transport.  Not wanting to go alone.  Concern that there may not be a female health provider.	<table border="0"> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY .....</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>TAKING TRANSPORT ...</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE .....</td><td>1</td><td>2</td></tr> <tr> <td>NO FEMALE PROV. ...</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY .....	1	2	DISTANCE .....	1	2	TAKING TRANSPORT ...	1	2	GO ALONE .....	1	2	NO FEMALE PROV. ...	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																						
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DISTANCE .....	1	2																						
TAKING TRANSPORT ...	1	2																						
GO ALONE .....	1	2																						
NO FEMALE PROV. ...	1	2																						
552	Do you have health insurance?	YES ..... 1 NO ..... 2	554																					
553	What type of health insurance do you have?  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER/EDUCAT INST. .... A SOCIAL SECURITY ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER ..... X (SPECIFY)																						
554	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	558																					
555	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	558																					





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																	
564	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																																																																																																																																																		
565	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8																																																																																																																																																																		
566	<p>CHECK 213 AND 221:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 567)</p> <p>_____</p> <p>(NAME)</p>		601																																																																																																																																																																	
567	<p>Now I would like to ask you about liquids or food (NAME FROM 566) had yesterday during the day or at night.</p> <p>Did (NAME FROM 566) drink or eat:</p> <p>Plain water?</p> <p>Commercially produced infant formula?</p> <p>Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G. CERELAC]?</p> <p>Any other porridge or gruel? E.g. hrishka, mamliga</p> <p>Any other liquid or food?</p>	<p>YES NO DK</p> <p>PLAIN WATER ..... 1 2 8</p> <p>FORMULA ..... 1 2 8</p> <p>BABY CEREAL ..... 1 2 8</p> <p>OTHER PORRIDGE/GRUEL. . 1 2 8</p> <p>OTHER LIQUID OR FOOD 1 2 8</p>																																																																																																																																																																		
568	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 566) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 566)/you drink (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk?</p> <p>b. Tea or coffee?</p> <p>c. Sugary drinks such as sodas or fruit juices?</p> <p>d. Any other liquids?</p> <p>e. Bread, rice, noodles, biscuits or other foods made from grains? E.g. hrishka, mamliga</p> <p>f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>g. White potatoes, white yams, turnips or any other foods made from roots?</p> <p>h. Any dark green, leafy vegetables? E.g. marar (dill), parsley, spinach, turnip greens, nettle</p> <p>i. Ripe peaches or apricots?</p> <p>j. Any other fruits or vegetables? E.g. cabbage, beets</p> <p>k. Liver, kidney, heart, tongue or other organ meats?</p> <p>l. Beef, pork, lamb, goat, rabbit or any game meat?</p> <p>m. Chicken, turkey, duck or other birds?</p> <p>n. Eggs?</p> <p>o. Fish, caviar or shellfish?</p> <p>p. Any foods made from beans, peas, or lentils?</p> <p>q. Any nuts?</p> <p>r. Cheese, yogurt or other milk products?</p> <p>s. Any oil, lard, butter or other fats?</p> <p>t. Any sugary foods such as pastries, cakes or candies?</p> <p>u. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th><th colspan="3">CHILD</th><th colspan="3">MOTHER</th></tr> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr><td>a</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>l</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>m</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>n</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>o</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>p</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>q</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>r</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>s</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>t</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>u</td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td></tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	s	1	2	8	1	2	8	t	1	2	8	1	2	8	u	1	2	8				
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569	<p>CHECK 568 (CHILD):</p> <p>AT LEAST ONE <input type="checkbox"/></p> <p>"YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	601																																																																																																																																																																	
570	<p>How many times did (NAME FROM 566) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																																																																																																																																																																		

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	<input type="checkbox"/> → 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000		→ 619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
611	CHECK 610:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 613
612	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time, if you ever had?	NEVER ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95 REFUSED ..... 98	→ 622  → 622 → 646
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	→ 646
622	CHECK 107:      15-24 <input type="text"/> 25-49 <input type="text"/> YEARS OLD      YEARS OLD		
623	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH ..... 3	
627	When was the <u>last</u> time you had sexual intercourse?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 629  → 641



NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																																				
628	When was the last time you had sexual intercourse with this other person?		DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
629	The last time you had sexual intercourse (with this other person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 631) ←	YES ..... 1 NO ..... 2 (SKIP TO 631) ←																																				
630	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																				
631	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE ..... 01 (SKIP TO 637) ← LIVE-IN PARTNER ..... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)	SPOUSE ..... 01 (SKIP TO 637) ← LIVE-IN PARTNER ..... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)																																				
632	For how long (have you had/did you have) a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
633	CHECK 107:	15 - 24 YEARS 25 - 49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> OLD YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 637) ←			15 - 24 YEARS 25 - 49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> OLD YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 637) ←																																		
634	How old is this person?	AGE OF PARTNER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> (SKIP TO 637) ← DON'T KNOW ..... 98			AGE OF PARTNER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> (SKIP TO 637) ← DON'T KNOW ..... 98																																		
635	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW ..... 8 (SKIP TO 637) ←	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW ..... 8 (SKIP TO 637) ←																																				
636	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3																																				
637	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 639) ←	YES ..... 1 NO ..... 2 (SKIP TO 640) ←																																				

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
638	<p>Were you or your partner drunk at that time?</p> <p>IF YES: Who was drunk?</p>	<p>RESPONDENT ONLY ..... 1</p> <p>PARTNER ONLY ..... 2</p> <p>RESPONDENT AND PARTNER BOTH ..... 3</p> <p>NEITHER ..... 4</p>	<p>RESPONDENT ONLY ..... 1</p> <p>PARTNER ONLY ..... 2</p> <p>RESPONDENT AND PARTNER BOTH ..... 3</p> <p>NEITHER ..... 4</p>
639	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1 (GO BACK TO 628 ← IN NEXT COLUMN)</p> <p>NO ..... 2 (SKIP TO 641) ←</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS      <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
646	<p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 701
647	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>FAMILY HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>OTHER PUBLIC ..... D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ..... F</p> <p>PRIVATE DOCTOR ..... G</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I</p> <p>CHURCH ..... J</p> <p>FRIENDS/RELATIVES ..... K</p> <p>NGO ..... L</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A:  NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 715
702	CHECK 226:  NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 715 → 709 → 708
703	CHECK 226:  NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 715 → 708
704	CHECK 226:  NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING		→ 715
706	CHECK 703:  NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS OR 00-01 YEAR		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC .... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>USES ABORTION ..... U</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 715
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 711
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 715

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX .... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR .... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 715
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715	In the last few months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? From pamphlets or brochures? Community events?	<div>YES NO</div> RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 PAMPHLETS ..... 1 2 COMMUNITY EVENT ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601:  <div style="display: flex; justify-content: space-around;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>NO, NOT IN UNION <input type="checkbox"/></div> </div>		→ 723
718	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div>NEITHER CODE B NOR CODE G CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/></div> <div>CODE B OR G CIRCLED <input type="checkbox"/></div> </div>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
721	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 723
722	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 HUSBAND/PARTNER DOESN'T WANT ..... 4 DON'T KNOW ..... 8	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> HAS STD ..... 1 2 8 OTHER WOMEN ..... 1 2 8 TIRED/NOT IN MOOD ..... 1 2 8	
724	When a woman knows her husband/partner has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 806
804	What was the highest level of school he attended?	<p>PRIMARY (GR 1-4) ..... 1</p> <p>GYMNASIUM (GR 5-9) ..... 2</p> <p>LYCEUM/MEDIUM (GR 10-12) ..... 3</p> <p>POLYVALENT/SPT/MESERII ..... 4</p> <p>COLLEGE/TECHNICAL ..... 5</p> <p>UNIV/INSTIT/POST GRAD ..... 6</p> <p>DON'T KNOW ..... 8</p>	→ 806
805	What was the highest (grade/form/year) he completed at that level?	<p>GRADE ..... <input style="width: 20px; border: 1px solid black;" type="text"/><input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW ..... 98</p>	
806	<p>CHECK 801:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or in-kind for this work, or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A MAN <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> CODE 3 OR 4 CIRCLED, OR NOT ASKED <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS . 4 OTHER ..... 6																									
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else?  Who usually makes decisions about making major household purchases?  Who usually makes decisions about making purchases for daily household needs?  Who usually makes decisions about visits to your family or relatives?	<div>RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT &amp; HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5</div> <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5					
1	2	3	4	5																							
1	2	3	4	5																							
1	2	3	4	5																							
1	2	3	4	5																							
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table><tr><td></td><td>PRES/ LISTEN.</td><td>PRES/ NOT LISTEN.</td><td>NOT PRES</td></tr><tr><td>CHILDREN &lt; 10</td><td>1</td><td>2</td><td>8</td></tr><tr><td>HUSBAND</td><td>1</td><td>2</td><td>8</td></tr><tr><td>OTHER MALES</td><td>1</td><td>2</td><td>8</td></tr><tr><td>OTHER FEMALES</td><td>1</td><td>2</td><td>8</td></tr></table>		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					
	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																								
825	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr><tr><td>NEGL. CHILDREN</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr><tr><td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr><tr><td>BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																								
GOES OUT	1	2	8																								
NEGL. CHILDREN	1	2	8																								
ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 944
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 910
909	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
911	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
915	CHECK 212 AND 213:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2003 NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2003		→ 924 → 924
916	CHECK 407: SOUGHT <input type="checkbox"/> PRE-NATAL CARE DID NOT SEEK <input type="checkbox"/> PRE-NATAL CARE		→ 924

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
917	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>AIDS FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR AIDS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
918	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2																	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 924																
919A	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2																	
919B	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	
920	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	
921	Where was the test done?       IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 FAMILY HEALTH CENTER ..... 12 AIDS CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 SKIN-STI DISPANSER ..... 15 OTHER PUBLIC ..... 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 PRIVATE LABS ..... 22 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY) OTHER ..... 96 (SPECIFY)	→ 931																
924	I don't want to know the results, but have you <u>ever</u> been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 929																
925	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	
926	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																	
927	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	
928	Where was the test done?       IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 FAMILY HEALTH CENTER ..... 12 AIDS CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 SKIN-STI DISPANSER ..... 15 OTHER PUBLIC ..... 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 PRIVATE LABS ..... 22 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY) OTHER ..... 96 (SPECIFY)	→ 931																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	Do you know of a place where people can go to be tested for the virus that causes AIDS?	YES ..... 1 NO ..... 2	→ 931
930	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)  Any other place?  RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A FAMILY HEALTH CENTER ..... B AIDS CENTER/LABS ..... C FAMILY PLANNING CLINIC ..... D SKIN-STI DISPENSER ..... E OTHER PUBLIC ..... F (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G PRIVATE LABS ..... H OTHER PRIVATE MEDICAL ..... I (SPECIFY)  OTHER ..... X (SPECIFY)	
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
933	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
934	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	



**SECTION 10. RELATIONS IN THE HOUSEHOLD**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1000	<p>CHECK COVER PAGE: THE WOMAN BEING INTERVIEWED IS SELECTED TO BE ASKED QUESTIONS ON 'RELATIONS IN THE HOUSEHOLD'?</p> <p style="text-align: center;">YES <input type="checkbox"/>                      NO <input type="checkbox"/></p>		1035																												
1001	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED <input type="checkbox"/>                      PRIVACY NOT POSSIBLE <input type="checkbox"/></p>		1034																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Moldova. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1002	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/>                      FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/>                      NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		1014A																												
1003	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?  b) He frequently (accuses/accused) you of being unfaithful?  c) He (does/did) not permit you to meet your female friends?  d) He (tries/tried) to limit your contact with your family?  e) He (insists/insisted) on knowing where you (are/were) at all times?  f) He (does/did) not trust you with any money?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>ACCUSES .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>NOT MEET FRIENDS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>NO FAMILY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>WHERE YOU ARE ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>MONEY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY .....	1	2	8	
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MONEY .....	1	2	8																												
1004	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>CHECK 604: IF RESPONDENT IS A WIDOW ASK ONLY PART A, NOT PART B</b> </div> <p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner.</p> <p>A (Does/did) your (last) husband/partner ever:</p> <p>a) say or do something to humiliate you in front of others?      YES 1 →  NO 2 ↓</p> <p>b) threaten to hurt or harm you or someone close to you?      YES 1 →  NO 2 ↓</p> <p>c) insult you or make you feel bad about yourself?      YES 1 →  NO 2 ↓</p>	<p><b>IF RESPONDENT IS NOT A WIDOW, ASK:</b></p> <p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">OFTEN</th><th style="text-align: center;">SOME-TIMES</th><th style="text-align: center;">NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>b)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>c)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a)	1	2	3	b)	1	2	3	c)	1	2	3													
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
1005	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>IF RESPONDENT IS A WIDOW ASK ONLY PART A, NOT PART B</b> </div> <p><b>A</b> (Does/did) your (last) husband/partner ever do any of the following things to you:</p>	<p><b>B</b> IF RESPONDENT IS NOT A WIDOW, ASK: How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you or beat you up?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to?</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) force you to perform any sexual acts you did not want to?</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) push you, shake you, or throw something at you?	1	2	3	b) slap you?	1	2	3	c) twist your arm or pull your hair?	1	2	3	d) punch you with his fist or with something that could hurt you?	1	2	3	e) kick you, drag you or beat you up?	1	2	3	f) try to choke you or burn you on purpose?	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon?	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to?	1	2	3	i) force you to perform any sexual acts you did not want to?	1	2	3	
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1006	<p>CHECK 1005A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		1009																																								
1007	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																									
1008	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p>	<table> <tbody> <tr> <td>a) You had cuts, bruises or aches?</td> <td>YES ..... 1</td> <td>NO ..... 2</td> </tr> <tr> <td>b) You had eye injuries, sprains, dislocations, or burns?</td> <td>YES ..... 1</td> <td>NO ..... 2</td> </tr> <tr> <td>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td>YES ..... 1</td> <td>NO ..... 2</td> </tr> </tbody> </table>	a) You had cuts, bruises or aches?	YES ..... 1	NO ..... 2	b) You had eye injuries, sprains, dislocations, or burns?	YES ..... 1	NO ..... 2	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1	NO ..... 2																																
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1009	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	1012																																								
1010	<p>CHECK 604:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/></p>		1012																																								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1012	Does (did) your husband/partner drink alcohol?	YES ..... 1 NO ..... 2	→ 1014
1013	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1014	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> </div>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1017
1015	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/PARTNER ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M POLICE/SOLDIER ..... N  OTHER ..... X (SPECIFY) _____	
1016	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1017	CHECK 209D AND 226:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>EVER BEEN PREGNANT OR CURRENTLY PREGNANT</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER BEEN PREGNANT</p> <input type="checkbox"/> </div> </div>		→ 1020
1018	While you were pregnant, did anyone ever hit, slapped, kicked, or done anything to hurt you physically?	YES ..... 1 NO ..... 2	→ 1020

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1019	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	CURRENT HUSBAND/PARTNER . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M EMPLOYER/SOMEONE AT WORK . N POLICE/SOLDIER . . . . . O  OTHER _____ X (SPECIFY)	
1020	<p>CHECK 620: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/></p>		→ 1025
1021	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE . . . . . 3	
1022	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN      NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?      In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3	
1023	<p>CHECK 1021 AND 1022:</p> <p>1021 ='1' OR '3' <input type="checkbox"/> AND 1022 ='2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/></p>		→ 1026
1024	<p>CHECK 1005A(h) and 1005A(i):</p> <p>1005(h) IS NOT '1' AND 1005(i) IS NOT '1' OR Q. NOT ASKED <input type="checkbox"/> 1005A(h) or 1005A(i) IS '1' <input type="checkbox"/></p>		→ 1028
1025	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3	→ 1028
1026	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . . . 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . 02 CURRENT/FORMER BOYFRIEND . 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE . . 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK . 13 POLICE/SOLDIER ..... 11 PRIEST/RELIGIOUS LEADER ..... 12 STRANGER ..... 14 OTHER ..... 96 (SPECIFY)	
1028	CHECK 1005A (a-i), 1008, 1014, 1018, 1021, 1022, 1025: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> AND/OR 1021='2'		→ 1032
1029	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO ..... 2	→ 1031
1030	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY .... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND . D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL . H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER ..... X (SPECIFY)	→ 1032
1031	Have you ever told any one else about this?	YES ..... 1 NO ..... 2	
1032	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE 'RELATIONS IN THE HH' MODULE ONLY.

1033	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT.....</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ....	1	2	3	FEMALE ADULT.....	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
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FEMALE ADULT.....	1	2	3																
1034	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE 'RELATIONS IN THE HH' MODULE																		
	<div></div> <div></div> <div></div>																		
1035	RECORD THE TIME.	HOUR ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

SECTION 11. VISIT TO MEDICAL FACILITY TO RECORD IMMUNIZATION INFORMATION

1101	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH EXACTLY AS IT IS RECORDED IN 403 AND 404. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).													
1103	INFORMATION FROM 403	LAST BIRTH LINE NUMBER <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>				NEXT-TO-LAST BIRTH LINE NUMBER <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>				SECOND-FROM-LAST BIRTH LINE NUMBER <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>				
1104	INFORMATION FROM 404	NAME _____ LIVING DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)				NAME _____ LIVING DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)				NAME _____ LIVING DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 1102 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 1107)				
1103	CHECK 512L  INFORMATION ABOUT THE MEDICAL FACILITY WHERE IMMUNIZATION RECORD IS KEPT?	YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN) ←				YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN) ←				YES ..... 1 NO ..... 2 (SKIP TO 1107) ←				
1104	HEALTH CENTER WAS VISITED?	YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN) ←				YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN) ←				YES ..... 1 NO ..... 2 (SKIP TO 1107) ←				
1105	IS THERE AN IMMUNIZATION RECORD IN THE FACILITY FOR (NAME)?	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO NEXT COLUMN) ← NO CARD ..... 3				YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO NEXT COLUMN) ← NO CARD ..... 3				YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO 1107) ← NO CARD ..... 3				
1106	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE IMMUNIZATION RECORD (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.													
		LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH				
		DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR		
BCG						BCG					BCG			
POLIO 1						POLIO 1					POLIO 1			
POLIO 2						POLIO 2					POLIO 2			
POLIO 3						POLIO 3					POLIO 3			
POLIO 4						POLIO 4					POLIO 4			
DPT 1						DPT 1					DPT 1			
DPT 2						DPT 2					DPT 2			
DPT 3						DPT 3					DPT 3			
DPT 4						DPT 4					DPT 4			
HepB 1						HepB 1					HepB 1			
HepB 2						HepB 2					HepB 2			
HepB 3						HepB 3					HepB 3			
MEASLES						MEASL					MEASL			
MUMPS						MUMPS					MUMPS			
RUBELLA						RUBELLA					RUBELLA			
1107	END													

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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

INFORMATION TO BE CODED FOR EACH COLUMN

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

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS

0 NO METHOD  
1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 PILL  
4 IUD  
5 INJECTABLES  
6 IMPLANTS  
7 CONDOM  
8 FEMALE CONDOM  
9 DIAPHRAGM  
J FOAM OR JELLY  
K LACTATIONAL AMENORRHEA METHOD  
L RHYTHM METHOD  
M WITHDRAWAL  
X OTHER

(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL  
2 GOVT. HEALTH CENTER  
3 FAMILY PLANNING CLINIC  
4 GOVT. MOBILE CLINIC  
5 GOVT. FIELDWORKER  
6 OTHER PUBLIC  
7 PVT. HOSPITAL/CLINIC  
8 PHARMACY  
9 PRIVATE DOCTOR  
A NON-GOVT. MOBILE CLINIC  
B NON-GOVT. FIELDWORKER  
C OTHER PRIVATE MEDICAL  
D SHOP  
E CHURCH  
F FRIENDS/RELATIVES  
X OTHER

(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY  
1 BECAME PREGNANT WHILE USING  
2 WANTED TO BECOME PREGNANT  
3 HUSBAND/PARTNER DISAPPROVED  
4 WANTED MORE EFFECTIVE METHOD  
5 HEALTH CONCERNS  
6 SIDE EFFECTS  
7 LACK OF ACCESS/TOO FAR  
8 COSTS TOO MUCH  
9 INCONVENIENT TO USE  
F FATALISTIC  
A DIFFICULT TO GET PREGNANT/MENOPAUSAL  
D MARITAL DISSOLUTION/SEPARATION  
X OTHER

(SPECIFY)

Z DON'T KNOW

COL. 4: MARRIAGE/UNION

X IN UNION (MARRIED OR LIVING TOGETHER)  
0 NOT IN UNION

\*\* Response categories may be added for other methods, including fertility awareness methods.

			1	2	3	4			
12	DEC	01					01	DEC	
11	NOV	02					02	NOV	
10	OCT	03					03	OCT	
09	SEP	04					04	SEP	
2	08	AUG	05				05	AUG	2
0	07	JUL	06				06	JUL	0
0	06	JUN	07				07	JUN	0
5	05	MAY	08				08	MAY	5
*	04	APR	09				09	APR	*
	03	MAR	10				10	MAR	
	02	FEB	11				11	FEB	
	01	JAN	12				12	JAN	
12	DEC	13					13	DEC	
11	NOV	14					14	NOV	
10	OCT	15					15	OCT	
09	SEP	16					16	SEP	
2	08	AUG	17				17	AUG	2
0	07	JUL	18				18	JUL	0
0	06	JUN	19				19	JUN	0
4	05	MAY	20				20	MAY	4
*	04	APR	21				21	APR	*
	03	MAR	22				22	MAR	
	02	FEB	23				23	FEB	
	01	JAN	24				24	JAN	
12	DEC	25					25	DEC	
11	NOV	26					26	NOV	
10	OCT	27					27	OCT	
09	SEP	28					28	SEP	
2	08	AUG	29				29	AUG	2
0	07	JUL	30				30	JUL	0
0	06	JUN	31				31	JUN	0
3	05	MAY	32				32	MAY	3
*	04	APR	33				33	APR	*
	03	MAR	34				34	MAR	
	02	FEB	35				35	FEB	
	01	JAN	36				36	JAN	
12	DEC	37					37	DEC	
11	NOV	38					38	NOV	
10	OCT	39					39	OCT	
09	SEP	40					40	SEP	
2	08	AUG	41				41	AUG	2
0	07	JUL	42				42	JUL	0
0	06	JUN	43				43	JUN	0
2	05	MAY	44				44	MAY	2
*	04	APR	45				45	APR	*
	03	MAR	46				46	MAR	
	02	FEB	47				47	FEB	
	01	JAN	48				48	JAN	
12	DEC	49					49	DEC	
11	NOV	50					50	NOV	
10	OCT	51					51	OCT	
09	SEP	52					52	SEP	
2	08	AUG	53				53	AUG	2
0	07	JUL	54				54	JUL	0
0	06	JUN	55				55	JUN	0
1	05	MAY	56				56	MAY	1
*	04	APR	57				57	APR	*
	03	MAR	58				58	MAR	
	02	FEB	59				59	FEB	
	01	JAN	60				60	JAN	
12	DEC	61					61	DEC	
11	NOV	62					62	NOV	
10	OCT	63					63	OCT	
09	SEP	64					64	SEP	
2	08	AUG	65				65	AUG	2
0	07	JUL	66				66	JUL	0
0	06	JUN	67				67	JUN	0
0	05	MAY	68				68	MAY	0
*	04	APR	69				69	APR	*
	03	MAR	70				70	MAR	
	02	FEB	71				71	FEB	
	01	JAN	72				72	JAN	