

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 _____	<table border="1" style="border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
MUNICIPIUL / RAIONUL _____																			
RESIDENCE (URBAN = 1, RURAL = 2)																			
NAME AND LINE NUMBER OF WOMAN _____																			
CHECK TABLE 49G IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "RELATIONS IN THE HOUSEHOLD" (SECTION 10 WOMAN'S Q.)? (YES = 1, NO=2)	<input type="checkbox"/>																		

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align: center;">2</td><td style="width:20px; height:20px; text-align: center;">0</td><td style="width:20px; height:20px; text-align: center;">0</td><td style="width:20px; height:20px; text-align: center;">5</td></tr></table>	2	0	0	5					
2	0	0	5										
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE									
RESULT*	_____	_____	_____	RESULT									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS									
TIME	_____	_____		<input type="checkbox"/>									
<p>*RESULT CODES:</p> <table style="width:100%;"> <tr> <td style="width:33%;">1 COMPLETED</td> <td style="width:33%;">4 REFUSED</td> <td style="width:33%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONED	6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT: <input type="checkbox"/>													
LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY _____)= 3													
TRANSLATOR USED: 1-YES, 2-NO <input type="checkbox"/>													

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____	NAME _____	<input type="checkbox"/>	<input type="checkbox"/>										
DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>				DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>		

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"/>	

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" data-bbox="1203 321 1297 380"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1203 390 1297 449"><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" data-bbox="1203 552 1297 611"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1203 621 1297 680"><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" data-bbox="1203 858 1297 917"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1203 928 1297 987"><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" data-bbox="1203 1012 1297 1071"><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" data-bbox="1203 1404 1297 1463"><tr><td></td><td></td></tr></table>									
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1" data-bbox="1203 1509 1297 1568"><tr><td></td><td></td></tr></table>									
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1" data-bbox="1203 1602 1297 1661"><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" data-bbox="1203 1686 1297 1745"><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	Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	213	In what month and year (was this child born / did this pregnancy end?)	214	Was there any other pregnancy between this one and the pregnancy you just mentioned? IF YES, ADD IT TO TABLE	215	CHECK 212: RECORD SAME RESPONSE	216	Was this a single or a multiple birth?	217	What name was given to this child?	218	Is (NAME) a boy or girl?	219	Is (NAME) still alive?	220	IF ALIVE: How old (NAME) was on his/her last birthday? RECORD AGE IN COMPLT YEARS	221	IF ALIVE: Is (NAME) living with you?	222	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222A	IF DIED: 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 YEAR		YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAG 3 STILL BIRT 4 NEXT PREGNACY	SING 1 MULT 2	NAME: _____	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: [] []	YES . . 1 NO 2	LINE NO.: [] [] NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3										
02	LIVE BIRTH 1 ABORTION 2 MISCARRIA 3 STILL BIRTH 4	MONTH YEAR		YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAG 3 STILL BIRT 4 NEXT PREGNACY	SING 1 MULT 2	NAME: _____	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: [] []	YES . . 1 NO 2	LINE NO.: [] [] NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3										
03	LIVE BIRTH 1 ABORTION 2 MISCARRIA 3 STILL BIRTH 4	MONTH YEAR		YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAG 3 STILL BIRT 4 NEXT PREGNACY	SING 1 MULT 2	NAME: _____	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: [] []	YES . . 1 NO 2	LINE NO.: [] [] NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3										
04	LIVE BIRTH 1 ABORTION 2 MISCARRIA 3 STILL BIRTH 4	MONTH YEAR		YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAG 3 STILL BIRT 4 NEXT PREGNACY	SING 1 MULT 2	NAME: _____	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: [] []	YES . . 1 NO 2	LINE NO.: [] [] NEXT PREGNACY	DAYS . . . 1 MONTHS . 2 YEARS . . 3										
05	LIVE BIRTH 1 ABORTION 2 MISCARRIA 3 STILL BIRTH 4	MONTH YEAR		YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAG 3 STILL BIRT 4 NEXT PREGNACY	SING 1 MULT 2	NAME: _____	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS: [] []	YES . . 1 NO 2	LINE NO.: [] [] 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: was (NAME)? RECORD DAYS IF LESS THAN 1
06 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: _____	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 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: _____	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 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: _____	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 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: _____	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 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: _____	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 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: _____	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	Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	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>↓</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>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 212 AND 213: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2000 OR LATER. IF NONE, RECORD '00'.	<input type="checkbox"/>

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 PREGNANCY TERMINATION (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 <input type="text"/> <input type="text"/>	
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 <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"/> 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	

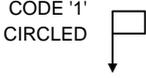
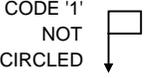
SECTION 3. CONTRACEPTION

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 ↙	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↙	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↙	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↙	YES 1 NO 2
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 ↙	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↙	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↙	YES 1 NO 2
08A	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ↙	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 ↙	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 ↙	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 ↙	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax	YES 1 NO 2 ↙	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 ↙	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) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 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> <p>CODE 'A' <input type="checkbox"/> CIRCLED</p> <p>CODE 'B' <input type="checkbox"/> 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> <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>	<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"/> NO <input type="checkbox"/></p>		
321	<p>CHECK 319/319A:</p> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <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 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> <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>		

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>IN COLUMN 1, 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>IN COLUMN 2, 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>IN COLUMN 3, 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 border="0"> <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	<p>→ 331</p> <p>→ 334</p> <p>→ 330</p> <p>→ 327</p> <p>→ 334</p>
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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 border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 326																								
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 border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 327																								
YES	1																														
NO	2																														
326	<p>Were you told what to do if you experienced side effects or problems?</p>	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																									
YES	1																														
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <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>	<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	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY, POSTNATAL CARE AND NUTRITION

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	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <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) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←
406	How much longer would you have liked to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL OB/GYN DOCTOR A FAMILY DOCTOR B OTHER DOCTOR C DOCTOR SPEC UNKNOWN D NURSE/MEDICAL ASSISTANT E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 413E) ←		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
408	Where did you receive antenatal care for this pregnancy? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME ... A OTHER HOME ... B PUBLIC SECTOR GOVT. HOSPITAL C FAMILY DOC OFFICE D HEALTH POST E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER _____ X (SPECIFY)		
408A	How did you get to your last ante-natal care visit?	ON FOOT 1 DONKEY/HORSE CAI. 2 PUBLIC TRANSPORT 3 PRIVATE VEHICLE . 4 HOME VISIT 5 (SKIP TO 409) ←		
408B	How long did it take you to get to your last ante-natal care visit?	MINUTES <input type="text"/> <input type="text"/> HOURS <input type="text"/> <input type="text"/>		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW98		
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?	RESPONDENT ... 1 HUSBAND/PARTN .. 2 RESPONDENT AND HUSB/PART JOINT 3 SOMEONE ELSE .. 4 JOINTLY 5		
409B	During your first prenatal care visit, were you provided with a perinatal card? IF YES, ASK: Was the perinatal card filled in?	YES, COMPLT 1 YES, NOT NOT COMPLT ... 2 NO 3 DK 8		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Did you have an ultrasound exam? Were you given iron tablets? Were you given folic acid tablets?	YES NO WEIGHT ... 1 2 BP 1 2 URINE 1 2 BLOOD ... 1 2 ULTRASOUND 1 2 IRON TABLT 1 2 FOLIC ACID 1 2		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
411A	During those visits did you receive any information about:	<p style="text-align: center;">YES NO</p> Nutrition NUTRITION 1 2 Smoking during pregnancy SMOKING 1 2 Drinking alcohol during pregnancy ALCOLHOL 1 2 Breastfeeding BREASTFD 1 2 Birth plan in case of emergency EMERG PLAN 1 2 Child spacing/contraception CONTRAC 1 2 Warning signs of preg complications COMPLICAT 1 2 Postnatal care POSTNATAL 1 2		
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?	YES 1 NO 2		
411C	Were the costs of your prenatal care covered by some government or insurance plan? IF YES, did it cover all costs for prenatal services, or only some costs?	COSTS FULLY COVERED 1 COSTS PARTIAL COVERED 2 COSTS NOT COVERED 3		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 413A) ← DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8		
413A	Did you have any of the following complications during your pregnancy? (SPECIFY)	<p style="text-align: center;">YES NO</p> Risk of miscarriage? MISCARR 1 2 First trimester bleeding? FIRST TRI 1 2 Second trimester bleeding? SECOND TRI 1 2 High blood pressure? HBP 1 2 Diabetes? DIABET 1 2 Heart disease? HEART DIS 1 2 Liver disease? LIVER DIS 1 2 Urinary tract infection? UTI 1 2 Risk of preterm labor? PRETERM 1 2 Rh Isoimmunization? RH IZO 1 2 Anemia ANEMIA 1 2 Other? OTHER 1 2		
413B	CHECK 413A: HAD PREGNANCY COMPLICATIONS ATLEAST ONE YES ↓ NOT ONE YES (SKIP TO 413E) ←			
413C	Did you seek care or treatment for (this/these) complication(s)?	YES 1 NO 2 (SKIP TO 413E) ←		
413D	Were costs of this/these complications covered by some government or insurance plan? IF YES, did it cover all costs for complications, or only some costs?	COSTS FULLY COVERED 1 COSTS PARTIAL COVERED 2 COSTS NOT COVERED 3		

		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?	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 _____ (SPECIFY)		
422H	Do you think that folic acid: Strengthen bones? Prevent congenital malformations? Prevent hyper tension? Prevent anemia?	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8		
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		

		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 relat present during the birth of [NAME]? IF YES: Who was present with you?	HUSBAND / PARTNER A RELATIVE B CLOSE FRIEND C OTHER X _____ Y NO COMPANION		

		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 (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 _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 440)</p>	<p>HOME</p> <p>YOUR HOME ... 11 (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 _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 441)</p>	<p>HOME</p> <p>YOUR HOME ... 11 (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 _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (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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BREASTFD	1	2																																						
IMMUNIZ	1	2																																						
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 (SKIP TO 439) ←</p>	<p>YES 1 (SKIP TO 451) ←</p> <p>NO 2</p>	<p>YES 1 (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" 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> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> 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?			
452	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> 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 ... <input type="text"/> <input type="text"/> 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 <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 462) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 462) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (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 <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (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	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).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
503	CHECK 217 AND 219	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
506	Is (NAME) currently taking iron pills, sprinkles with iron, or iron syrup (like this/ any of these)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3
508	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 512) ← NO 2	YES 1 (SKIP TO 512) ← NO 2	YES 1 (SKIP TO 512) ← NO 2

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

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

	LAST BIRTH						NEXT-TO-LAST BIRTH						SECOND-FROM-LAST BIRTH					
	DAY		MONTH		YEAR		DAY		MONTH		YEAR		DAY		MONTH		YEAR	
	BCG						BCG						BCG					
POLIO 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							MEASLES						MEASLES					
MUMPS							MUMPS						MUMPS					
RUBELLA							RUBELLA						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
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="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
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 PROBLEM</th> <th>NOT A BIG PROBLEM</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 PROBLEM	NOT A BIG PROBLEM	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 PROBLEM	NOT A BIG PROBLEM																						
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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
556	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 FAMILY HEALTH CENTER 12 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 DENTAL CLINIC/OFFICE 22 PHARMACY 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER 24 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER 96 (SPECIFY)	
557	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
558	Do you currently smoke cigarettes?	YES 1 NO 2	→ 560
559	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
560	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 561A
561	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER X (SPECIFY)	
561A	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF HARD LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS <input type="text"/> NO DRINKS 00	→ 562
561B	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5 LESS OFTEN 6	
561C	In the past month, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 561A?)	YES 1 NO 2	→ 562
561D	In the past month, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 561A)	NUMBER OF DRINKS <input type="text"/>	
561E	How often did you drink that amount?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5 LESS OFTEN 6	

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

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	→ 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	→ 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	→ 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	<p>CHECK 610:</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓</p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 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	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 STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 715
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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 OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 708 → 715 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 715
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <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> <p>RECORD ALL REASONS MENTIONED.</p> <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>	<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> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 715</p>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 711</p>
710	<p>Which contraceptive method would you prefer to use?</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>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>	<p>→ 715</p>

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?	YES NO 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: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 723																	
718	CHECK 311/311A: NEITHER CODE B NOR CODE G CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B OR G CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>	→ 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: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 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?	<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>HAS STD</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>OTHER WOMEN</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>TIRED/NOT IN MOOD</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	HAS STD	1	2	8	OTHER WOMEN	1	2	8	TIRED/NOT IN MOOD	1	2	8	
	YES	NO	DK																
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																	

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?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 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)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. 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?	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	

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 DISPANSER 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
942	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
943	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
944	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
945	CHECK 620: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1000
946	CHECK 944: HAS HEARD ABOUT OTHER SEXUALLY TRANSMITTED DISEASES YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 948
947	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
948	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
949	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
950	CHECK 947, 948, AND 949: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1000
951	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1000
952	Where did you go? 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 DISPAN E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PRIVATE LABS H OTHER PRIVATE MEDICAL I (SPECIFY) OTHER SOURCE SHOP J OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	<p>IF RESPONDENT IS A WIDOW ASK ONLY PART A, NOT PART E</p> <p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you? YES 1 → NO 2 ↓</p> <p>b) slap you? YES 1 → NO 2 ↓</p> <p>c) twist your arm or pull your hair? YES 1 → NO 2 ↓</p> <p>d) punch you with his fist or with something that could hurt you? YES 1 → NO 2 ↓</p> <p>e) kick you, drag you or beat you up? YES 1 → NO 2 ↓</p> <p>f) try to choke you or burn you on purpose? YES 1 → NO 2 ↓</p> <p>g) threaten or attack you with a knife, gun, or any other weapon? YES 1 → NO 2 ↓</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to? YES 1 → NO 2 ↓</p> <p>i) force you to perform any sexual acts you did not want to? YES 1 → NO 2 ↓</p>	<p>IF RESPONDENT IS NOT A WIDOW, ASK: B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <p>OFTEN SOME-TIMES NOT AT ALL</p> <p>1 2 3</p>	
1006	<p>CHECK 1005A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>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> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>	
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 NO 2</p>	→ 1012
1010	<p>CHECK 604:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/></p> <p>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: EVER MARRIED/LIVED WITH A MAN NEVER MARRIED/ NEVER LIVED WITH A MAN 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? From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	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: EVER BEEN PREGNANT OR CURRENTLY PREGNANT <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 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>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
1020	<p>CHECK 620: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/></p> <p>NEVER HAD SEX <input type="checkbox"/></p>		→ 1025
1021	<p>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?</p>	<p>WANTED TO 1</p> <p>FORCED TO 2</p> <p>REFUSED TO ANSWER/ NO RESPONSE 3</p>	
1022	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN</p> <p>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?</p> <p>In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	
1023	<p>CHECK 1021 AND 1022:</p> <p>1021 = '1' OR '3' <input type="checkbox"/> AND 1022 = '2' OR '3' <input type="checkbox"/></p> <p><input type="checkbox"/> OTHER</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"/></p> <p><input type="checkbox"/> 1005A(h) or 1005A(i) IS '1'</p>		→ 1028
1025	<p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ 1028
1026	<p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

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 border="1"> <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																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT.....	1	2	3																
1034	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE 'RELATIONS IN THE HH' MODULE																		
1035	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	

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				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH			
		LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>				LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>				LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>			
1104	INFORMATION FROM 404	NAME _____ LIVING <input style="width:20px;" type="text"/> DEAD <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)				NAME _____ LIVING <input style="width:20px;" type="text"/> DEAD <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)				NAME _____ LIVING <input style="width:20px;" type="text"/> DEAD <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> (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	DAY	MONTH	YEAR
	BCG	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	BCG	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	BCG	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	POLIO 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	DPT 4	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HepB 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HepB 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HepB 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	HepB 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MEASLES	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	MEASL	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	MEASL	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MUMPS	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	MUMPS	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	MUMPS	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	RUBELLA	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	RUBELLA	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	RUBELLA	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
1107	END												

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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	
<hr/>									
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	
<hr/>									
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	
<hr/>									
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	
<hr/>									
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	
<hr/>									
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	