

2008 MALDIVES DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
ISLAND NAME	
HOUSEHOLD NAME	
NAME OF HOUSEHOLD HEAD	
CLUSTER NUMBER	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">☞</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
HOUSEHOLD NUMBER	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">☞</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
ATOLL	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">☞</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
SUBSAMPLE: 1. EVER-MARRIED MEN 2. YOUTH AND YOUNG ADULT	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">☞</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="display: flex; justify-content: space-around;"> <div>day [][]</div> <div>month [][]</div> </div> <div style="text-align: center;">year 2 0 0 []</div>	<div style="display: flex; justify-content: space-around;"> <div>day [][]</div> <div>month [][]</div> </div> <div style="text-align: center;">year 2 0 0 []</div>	<div style="display: flex; justify-content: space-around;"> <div>day [][]</div> <div>month [][]</div> </div> <div style="text-align: center;">year 2 0 0 []</div>	Day [][] Month [][] Year 2 0 0 [] INT. NUMBER [][][] RESULT []
INTERVIEWER'S NAME				
RESULT*	[]	[]	[]	
NEXT VISIT: DATE	<div style="display: flex; justify-content: space-around;"> <div>day [][]</div> <div>month [][]</div> </div> <div style="text-align: center;">year 2 0 0 []</div>	<div style="display: flex; justify-content: space-around;"> <div>day [][]</div> <div>month [][]</div> </div> <div style="text-align: center;">year 2 0 0 []</div>		TOTAL NUMBER OF VISITS []
TIME	<div style="display: flex; justify-content: space-around;"> <div>Hr [][]</div> <div>Min [][]</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>Hr [][]</div> <div>Min [][]</div> </div>		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(specify)</div>			TOTAL PERSONS IN THE HOUSEHOLD ☞ [][] TOTAL ELIGIBLE EVER-MARRIED WOMEN ☞ [][] TOTAL ELIGIBLE EVER-MARRIED MEN ☞ [][] TOTAL ELIGIBLE NEVER-MARRIED YOUTH ☞ [][] LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☞ [][]	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME	NAME			
ID CODE [][][]	ID CODE [][][]	ID CODE [][][]	ID CODE [][][]	ID CODE [][][]
DATE [][][][][][]	DATE [][][][][][]			

SECTION 1 : GENERAL INFORMATION

Introduction and Consent

Hello. My name is _____ and I am working with Ministry of Health. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential and will not be shared with anyone other than the members of our survey team. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the 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

RECORD THE TIME.

HOUR		:	MINUTES	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>









LINE NUMBER	01	02	03	04	05	06	07
1							
2	Please give me the names of the persons who usually live in your household and guests who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS 5-54 FOR EACH PERSON AS APPROPRIATE.						
3	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.						
4	Is (NAME) male or female? MALE 1 FEMALE 2	1 2	1 2	1 2	1 2	1 2	1 2
5	Does (NAME) usually live here? YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
6	Did (NAME) stay here last night? YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
6A	Is (NAME) a Maldivian? YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
6B	Is (NAME) married to a Maldivian or is (NAME) a son or daughter of a Maldivian? YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
7	How old is (NAME) ?						
MARITAL STATUS							
8	What is (NAME's) current marital status? 1 = MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED						
ELIGIBLE FOR INTERVIEW							
9	EVER-MARRIED WOMEN 15-49 CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49						
10	EVER-MARRIED MEN 15-64 CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-64						
11	NEVER-MARRIED WOMEN AND MEN 15-24 CIRCLE LINE NUMBER OF ALL NEVER-MARRIED WOMEN AND MEN AGE 15-24						

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?
 YES ☐ NO ☐
 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 YES ☐ NO ☐
 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
 YES ☐ NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NUMBER 		01	02	03	04	05	06	07
12	ELIGIBLE FOR HEIGHT AND WEIGHT	CIRCLE LINE NUMBER OF CHILDREN AGE 0-5 						
13	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Is (NAME)'s natural mother alive?		YES 1 NO 2  DK 8		1 2 8 GO TO 15		1 2 8 GO TO 15	
	Does (NAME)'s natural mother usually live in this household or was she a guest last night?		1 2 8 GO TO 15		1 2 8 GO TO 15		1 2 8 GO TO 15	
	IF YES : What is her name?		MOTHER'S LINE NUMBER  <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
	RECORD MOTHER'S LINE NUMBER  IF NO: RECORD '00'		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 17	
15	Is (NAME)'s natural father alive?		YES 1 NO 2  DK 8		1 2 8 GO TO 17		1 2 8 GO TO 17	
	Does (NAME)'s natural father usually live in this household or was he a guest last night?		1 2 8 GO TO 17		1 2 8 GO TO 17		1 2 8 GO TO 17	
	IF YES : What is his name?		FATHER'S LINE NUMBER  <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
	RECORD FATHER'S LINE NUMBER  IF NO: RECORD '00'		1 2 8 GO TO 17		1 2 8 GO TO 17		1 2 8 GO TO 17	
			1 2 8 GO TO 17		1 2 8 GO TO 17		1 2 8 GO TO 17	

LINE NUMBER	01	02	03	04	05	06	07
BIRTH REGISTRATION							
17	1	1	1	1	1	1	1
Does (NAME) have a birth certificate?							
IF NO, PROBE:							
Has (NAME)'s birth ever been registered with the civil authority?							
1 = YES, HAS CERTIFICATE 2 = NO CERTIFICATE BUT REGISTERED 3 = NO CERTIFICATE AND NOT REGISTERED 8 = DON'T KNOW							
EVER ATTENDED SCHOOL							
18	1	1	1	1	1	1	1
Has (NAME) ever attended school?							
YES 1 NO 2 GO TO 24							
19							
What is the highest level of school (NAME) has attended?							
SEE CODES BELOW							
What is the highest grade (NAME) completed at that level?							
SEE CODES BELOW							
CURRENT/RECENT SCHOOL ATTENDANCE							
20	1	1	1	1	1	1	1
Did (NAME) attend school or preschool at any time during this school year, that is, during 2008?							
YES 1 NO 2 GO TO 22							
21							
During this school year, what level and grade [is/was] (NAME) attending?							
SEE CODES BELOW							
22	1	1	1	1	1	1	1
Did (NAME) attend school or preschool at any time during the previous school year, that is, during 2007?							
YES 1 NO 2 GO TO 24							
23							
During the 2007 school year, what level and grade did (NAME) attend?							
SEE CODES BELOW							
CODES FOR Qs. 19, 21, AND 23: EDUCATION							
LEVEL							
00 = NON-FORMAL EDUCATION 01 = PRESCHOOL 02 = PRIMARY 03 = 'O' LEVEL 04 = 'A' LEVEL 05 = DIPLOMA							
GRADE							
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 19 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23) 98 = DON'T KNOW							

LINE NUMBER		01	02	03	04	05	06	07
DISABILITY								
24	Does (NAME) have any difficulty seeing (even when (he/she) is wearing glasses or contact lenses)? IF YES: Would you say that (he/she) can see only with some difficulty, a lot of difficulty or can (he/she) not see at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
25	Does (NAME) have any difficulty hearing (even when (he/she) is using a hearing aid)? IF YES: Would you say that (he/she) can hear only with some difficulty, a lot of difficulty or can (he/she) not hear at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
26	Does (NAME) have any difficulty communicating (for example understanding others or others understanding (him/her)) because of a physical, mental or emotional condition? IF YES: Would you say that (he/she) can communicate only with some difficulty, a lot of difficulty or can (he/she) not communicate at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
27	Does (NAME) have any difficulty with remembering or concentrating? IF YES: Would you say that (he/she) can remember or concentrate only with some difficulty, a lot of difficulty or can (he/she) not remember or concentrate at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
28	Does (NAME) have any physical condition that makes it difficult for (him/her) to walk or climbing steps? IF YES: Would you say that (he/she) can walk or climb steps only with some difficulty, a lot of difficulty or can (he/she) not walk or climb steps at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
29	Does (NAME) have any physical condition that makes it difficult for (him/her) (with self-care such as) washing all over or dressing? IF YES: Would you say that (he/she) can wash all over or dress only with some difficulty, a lot of difficulty or can (he/she) not wash all over or dress at all?	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

IF AGE 5 YEARS OR OLDER

	LINE NUMBER	01	02	03	04	05	06	07	
IF AGE 2-9 YEARS	YOUNG CHILD DISABILITY								
	The following questions relate to young children and should be asked of the child's parent or primary caretaker.								
	RECORD THE LINE NUMBER OF THE PERSON PROVIDING THE INFORMATION IN QUESTIONS 30-54								
	CHILD'S CARETAKER								
	30	Compared with other children, does or did (NAME) have any serious delay in sitting, standing, or walking?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
	31	Compared with other children, does (NAME) have difficulty seeing,either in the daytime or at night?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
	32	Does (NAME) appear to have difficulty hearing (uses hearing aid ,hears with difficulty or is completely deaf)?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
	33	When you tell (NAME) to do something, does he/she seem to understand what you are saying?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2
34	Does (NAME) have difficulty in walking or moving his/her arms, or does he/she have weakness and/or stiffness in the arms or legs?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
35	Does (NAME) sometimes have fits, become rigid, or lose consciousness?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
36	Does (NAME) learn to do things like other children of his/her age?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
37	Does (NAME) speak at all (Can he/she make him or herself understood in words; can say any recognizable words)?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
38	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
39	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
40	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES 1 NO 2	1 2	1 2	1 2	1 2	1 2	1 2	
IF AGE 3-9 YEARS									
IF AGE 2 YEARS									

LINE NUMBER		01	02	03	04	05	06	07
IF AGE 3 - 4 YEARS	EARLY LEARNING PROGRAMME							
	41	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility including kindergarten or community childcare?	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
	42A	SUPPORT FOR EARLY LEARNING In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)?						
	42B	IF YES: Who engaged in the activity with the child - the child's mother, father or another adult member of the household including the caretaker/respondent)?						
	43	RECORD ALL MENTIONED FOLLOWING CODES						
IF AGE 0 - 4 YEARS	42B	Read books or look at picture books with (NAME)?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y	
	43	Tell stories to (NAME)?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y	
	44	Sing songs with (NAME)?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y	
	45	Take (NAME) outside the home, compound, yard or enclosure?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y	
	46	Play with (NAME)?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y	
47	Spend time with (NAME) naming, counting, and/ or drawing things?	A B C Y	A B C Y	A B C Y	A B C Y	A B C Y		

IF AGE 5-14 YEARS

HOUSEHOLD CHARACTERISTICS

NO. §	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP §
101	What is the main source of drinking water for members of your household?	<div>PIPED WATER</div> <div> <div>PIPED INTO DWELLING 11</div> <div>PIPED TO YARD/PLOT 12</div> <div>PUBLIC TAP/STANDPIPE..... 13</div> <div>TUBE WELL OR BOREHOLE 21</div> </div> <div>DUG WELL</div> <div> <div>PROTECTED WELL 31</div> <div>UNPROTECTED WELL..... 32</div> </div> <div>RAINWATER</div> <div> <div>TANK IN COMPOUND..... 41</div> <div>PUBLIC OR COMMUNITY TANK 42</div> </div> <div>BOTTLED WATER 91</div> <div>OTHER 96</div> <div style="text-align: center;">(SPECIFY)</div>	<div>→ 106</div> <div>→ 103</div> <div>→ 103</div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<div>PIPED WATER</div> <div> <div>PIPED INTO DWELLING 11</div> <div>PIPED TO YARD/PLOT 12</div> <div>PUBLIC TAP/STANDPIPE..... 13</div> <div>TUBE WELL OR BOREHOLE 21</div> </div> <div>DUG WELL</div> <div> <div>PROTECTED WELL 31</div> <div>UNPROTECTED WELL..... 32</div> </div> <div>RAINWATER</div> <div> <div>TANK IN COMPOUND..... 41</div> <div>PUBLIC OR COMMUNITY TANK 42</div> </div> <div>BOTTLED WATER 91</div> <div>OTHER 96</div> <div style="text-align: center;">(SPECIFY)</div>	<div>→ 106</div> <div>→ 106</div>
103	Where is that water source located?	<div>IN OWN DWELLING 1</div> <div>IN OWN YARD/PLOT..... 2</div> <div>ELSEWHERE..... 3</div>	→ 106
104	How long does it take to go there, get water, and come back?	<div>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></div> <div>DON'T KNOW 998</div>	
105	Who usually goes to this source to fetch the water for your household?	<div>ADULT WOMAN 1</div> <div>ADULT MAN 2</div> <div>FEMALE CHILD</div> <div>UNDER 15 YEARS OLD 3</div> <div>MALE CHILD</div> <div>UNDER 15 YEARS OLD 4</div> <div>OTHER 6</div> <div style="text-align: center;">(SPECIFY)</div>	
106	Do you do anything to the water to make it safer to drink?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>	→ 108

NO. ¶	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP ¶
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 BIOGAS 04 KEROSENE 05 WOOD 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	<div>→ 116</div> <div>→ 118</div>
114	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER 6 (SPECIFY)	<div>→ 116</div>
115	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
116	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	<div>→ 118</div>
117	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
118	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION.	NATURAL FLOOR SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR CEMENT/SLAKE LIME 31 TILES 32 CONCRETE SHEET 33 DURABLE WOOD 34 CARPET 35 OTHER 96 (SPECIFY)	
119	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH 12 FINISHED ROOFING GALVANIZED SHEETS 31 ROOFING TILES 32 CONCRETE SHEETS 33 WOOD 34 OTHER 96 (SPECIFY)	





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
120	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION	NATURAL WALLS NO WALLS 11 RUDIMENTARY WALLS THATCH AND STICK 21 FINISHED WALLS WITH BRICKS, CEMENT AND LIME 31 BRICKS UNPLASTERED 32 THIN PLYWOOD/WOOD STICKS 33 GALVANIZED TIN SHEETS 34 DURABLE WOOD/SHEETS 35 OTHER 96 (SPECIFY)																									
121	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
122	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A pickup/lorry? A fishing boat? Any other boat?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE OR MOTOR SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR OR TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>PICKUP/LORRY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FISHING BOAT</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER BOAT.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE OR MOTOR SCOOTER	1	2	CAR OR TRUCK	1	2	PICKUP/LORRY	1	2	FISHING BOAT	1	2	ANY OTHER BOAT.....	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE OR MOTOR SCOOTER	1	2																									
CAR OR TRUCK	1	2																									
PICKUP/LORRY	1	2																									
FISHING BOAT	1	2																									
ANY OTHER BOAT.....	1	2																									
123	Does any member of this household have a bank account?	YES 1 NO 2																									
124	Were members of your household displaced due to the tsunami?	YES 1 NO 2	→ 127																								
125	Were they displaced on this island or to another island?	ON THIS ISLAND 1 TO ANOTHER ISLAND 2																									
126	Which type of shelters or houses are they living in now? Are they living in temporary shelters or in their own damaged house or their own but renovated/repared houses or reconstructed new houses or are they living with host families?	TEMPORARY SHELTER 1 OLD DAMAGED HOUSE 2 OWN RENOVATED/REPAIRED HOUSE 3 RECONSTRUCTED NEW HOUSE 4 LIVING WITH HOST FAMILIES 5																									
127	Due to the tsunami, did your household provide shelter to another family or household?	YES 1 NO 2	→ 129																								
128	For how many people did this household provide shelter? DO NOT INCLUDE USUAL MEMBERS OF THE HOUSEHOLD	NUMBER SHELTERED <input type="text"/> <input type="text"/>																									
129	How many members of this household received benefits after the tsunami?	NUMBER WHO RECEIVED BENEFITS <input type="text"/> <input type="text"/>																									

HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>Were any members of this household currently covered by a health welfare plan or assistance at any time in the past year?</p> <p>IF YES: How many household members were covered by a plan?</p>	<p>NUMBER OF HH MEMBERS COVERED <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>NO ONE..... 00</p> <p>DON'T KNOW 98</p>	<input type="checkbox"/> → 203
202	<p>To what type(s) of health welfare plan/assistance does (did) the household member(s) belong?</p> <p>RECORD ALL MENTIONED.</p>	<p>GOVERNMENT/OFFICIAL STATE ENTERPRISE A</p> <p>PRIVATE EMPLOYER B</p> <p>SOCIAL SECURITY/ WORKER COMPENSATION C</p> <p>UC CARD D</p> <p>PRIVATE SELF-PURCHASED INSURANCE E</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	
202A	In total, how much do members of your household pay for the insurance premiums/contributions to the plan per month?	<p>TOTAL <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 99998</p>	
203	During the past year, did any member of your household die?	<p>YES 1</p> <p>NO 2</p>	<input type="checkbox"/> → 205
204	Before their death, was (were) the person(s) hospitalized at any time during the past year?	<p>YES 1</p> <p>NO 2</p>	
205	Were any (other) persons who lived in this household hospitalized at any time during the past year?	<p>YES 1</p> <p>NO 2</p>	
206	<p>CHECK 204 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ADMITTED IN THE HOSPITAL AT LEAST ONCE</p> <p>CODE 1 (YES) IN <input type="checkbox"/> </p> <p>QS. 204 AND/OR 205</p> </div> <div style="width: 45%;"> <p>WAS NOT ADMITTED IN THE HOSPITAL <input type="checkbox"/> </p> <p>CODE 2 (NO) IN BOTH QS. 204 AND 205</p> </div> </div>		<input type="checkbox"/> → 212
207	In total, how many separate times were members of your household hospitalized during the past year (including any times that the person(s) who died were hospitalized)?	<p>TOTAL NUMBER OF HOSPITALIZATIONS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 98</p>	
208	<p>Now I am going to ask some questions about how much your household paid in total for (all of) the(se) hospital stays.</p> <p>Please include the amount charged by the hospital itself as well as any fees paid directly to the doctors or other health workers who provided care in the hospital and the costs for any laboratory tests, other medical tests or procedures, and medications during the hospital stay.</p> <p>PLEASE EXCLUDE ANY COSTS WHICH WERE PAID BY A HEALTH WELFARE PLAN/ASSISTANCE.</p> <p>Try to be as exact as possible. If you are not sure, however, please give me your best estimate of the total amount that was paid for (all of) the(se) hospital stay(s).</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
209	<p>CHECK 201:</p> <table border="0"> <tr> <td style="text-align: center;"> <p>HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/> </td> <td style="text-align: center;"> <p>NO ONE HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> </table> <p>How much in total was your household charged for the hospital stay(s) excluding any costs that may have been covered by a health welfare plan/assistance?</p> <p>How much in total was your household charged for the hospital stay(s) ?</p>	<p>HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/>	<p>NO ONE HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/>	↓	↓	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9999998</p>	
<p>HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/>	<p>NO ONE HAS HEALTH WELFARE/ ASSISTANCE</p> <input type="checkbox"/>						
↓	↓						
210	Was (were) the hospital(s) on this island?	<p>YES, ON THIS ISLAND 1</p> <p>NO, ON ANOTHER ISLAND 2</p> <p>NO, ABROAD 3</p>	→212				
211	<p>In total, how much did your household pay for travel costs that were incurred due to the(se) hospital stays?</p> <p>Please include the cost of transporting the patient(s) to and from this island to the hospital and transport and accommodation costs for other household members who may have accompanied the patients(s).</p>	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>					
212	Now I would like to ask you some questions about any health care expenses that your household has had during the past month. In answering these questions, please do not include expenses relating to a hospital stay.						
213	Did anyone in your household visit a health care provider during the past month for treatment of any illness or injury or for preventative care (e.g., an immunization or antenatal care)?	<p>YES 1</p> <p>NO 2</p>	→301				
214	In total, how many visits did members of your household make to a health care provider during the past month?	<p>TOTAL NUMBER OF VISITS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					
215	<p>CHECK 201:</p> <table border="0"> <tr> <td style="text-align: center;"> <p>HAS HEALTH WELFARE</p> <input type="checkbox"/> </td> <td style="text-align: center;"> <p>NO HEALTH WELFARE</p> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> </table> <p>How much in total was your household charged for the(se) visit(s) excluding any costs that may have been covered by a health welfare plan?</p> <p>How much in total was your household charged for the(se) visit(s) ?</p>	<p>HAS HEALTH WELFARE</p> <input type="checkbox"/>	<p>NO HEALTH WELFARE</p> <input type="checkbox"/>	↓	↓	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
<p>HAS HEALTH WELFARE</p> <input type="checkbox"/>	<p>NO HEALTH WELFARE</p> <input type="checkbox"/>						
↓	↓						
216	<p>We would also like to know about other health care costs your household may have had during the past month, e.g., for laboratory tests, other medical tests or procedures, or prescription drugs.</p> <p>Please tell me about such costs only if they were paid for separately and not included in the fee for the provider visit(s) that you have just told me about.</p> <p>Do not include any expenses associated with a hospital stay or expenses that were paid by a health welfare plan</p>						
217	Did any member of your household have laboratory test(s) done?	<p>YES 1</p> <p>NO 2</p>	→220				
218	In total, how many times did members of your household have laboratory tests during the past month?	<p>TOTAL NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
219	<p>CHECK 201:</p> <table border="1"> <tr> <td>HAS HEALTH WELFARE <input type="checkbox"/></td> <td>NO HEALTH WELFARE <input type="checkbox"/></td> </tr> <tr> <td>How much in total was your household charged for the(se) lab test(s) excluding any costs that may have been covered by a health welfare plan?</td> <td>How much in total was your household charged for the(se) lab test(s) ?</td> </tr> </table>	HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>	How much in total was your household charged for the(se) lab test(s) excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) lab test(s) ?	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>						
How much in total was your household charged for the(se) lab test(s) excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) lab test(s) ?						
220	Did any member of your household have any other medical tests, e.g., an X-ray during the past month?	<p>YES 1</p> <p>NO 2</p>	→223				
221	In total, how many times did members of your household have other medical tests during the past month?	<p>TOTAL NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					
222	<p>CHECK 201:</p> <table border="1"> <tr> <td>HAS HEALTH WELFARE <input type="checkbox"/></td> <td>NO HEALTH WELFARE <input type="checkbox"/></td> </tr> <tr> <td>How much in total was your household charged for the(se) test(s) excluding any costs that may have been covered by a health welfare plan?</td> <td>How much in total was your household charged for the(se) test(s) ?</td> </tr> </table>	HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>	How much in total was your household charged for the(se) test(s) excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) test(s) ?	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>						
How much in total was your household charged for the(se) test(s) excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) test(s) ?						
223	Did any member of your household obtain prescription drugs during the past month?	<p>YES 1</p> <p>NO 2</p>	→226				
224	In total, how many times did members of your household have prescriptions filled during the past month?	<p>TOTAL NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					
225	<p>CHECK 201:</p> <table border="1"> <tr> <td>HAS HEALTH WELFARE <input type="checkbox"/></td> <td>NO HEALTH WELFARE <input type="checkbox"/></td> </tr> <tr> <td>How much in total was your household charged for the(se) prescription drugs excluding any costs that may have been covered by a health welfare plan?</td> <td>How much in total was your household charged for the(se) prescription drugs?</td> </tr> </table>	HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>	How much in total was your household charged for the(se) prescription drugs excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) prescription drugs?	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>						
How much in total was your household charged for the(se) prescription drugs excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) prescription drugs?						
226	Did any member of your household obtain non-prescription (over-the-counter) drugs during the last month?	<p>YES 1</p> <p>NO 2</p>	→229				
227	In total, how many times did members of your household obtain non-prescription (over-the-counter) drugs during the past month?	<p>TOTAL NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					
228	<p>CHECK 201:</p> <table border="1"> <tr> <td>HAS HEALTH WELFARE <input type="checkbox"/></td> <td>NO HEALTH WELFARE <input type="checkbox"/></td> </tr> <tr> <td>How much in total was your household charged for the(se) non-prescription drugs excluding any costs that may have been covered by a health welfare plan?</td> <td>How much in total was your household charged for the(se) non-prescription drugs?</td> </tr> </table>	HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>	How much in total was your household charged for the(se) non-prescription drugs excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) non-prescription drugs?	<p>TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
HAS HEALTH WELFARE <input type="checkbox"/>	NO HEALTH WELFARE <input type="checkbox"/>						
How much in total was your household charged for the(se) non-prescription drugs excluding any costs that may have been covered by a health welfare plan?	How much in total was your household charged for the(se) non-prescription drugs?						

NO. 	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 
229	CHECK 213, 217, 220, 223, AND 226: HAD SOME TYPE OF HEALTH CARE SERVICE <input type="checkbox"/> 	NO HEALTH CARE SERVICES <input type="checkbox"/> 	→ 301
230	Did members of your household obtain all of these health care services on this island, on another island, or abroad during the past month?	YES, ON THIS ISLAND 1 NO, ON ANOTHER ISLAND 2 NO, ABROAD 3	→ 301
231	In total, how much did members of your household pay for the transportation and accommodation they used in going for health care services on other islands? Please include the transport and accommodation costs for other household members who may have accompanied the persons who were receiving these services.	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	

CARE AND SUPPORT FOR OLDER ADULTS

NO.	QUESTIONS AND FILTERS													
301	<p>CHECK QUESTIONS 5 AND 7 IN THE HOUSEHOLD SCHEDULE</p> <p style="text-align: center;"> AT LEAST ONE USUAL HOUSEHOLD MEMBER AGE 65 OR OLDER <input type="checkbox"/> ALL USUAL HOUSEHOLD MEMBERS UNDER AGE 65 <input type="checkbox"/> → 317 </p>													
	<p>↓</p> <p>CHECK QUESTIONS 1, 2, 5 AND 7. RECORD THE NAME(S) AND LINE NUMBER(S) OF ALL USUAL HOUSEHOLD MEMBERS AGE 65 AND OLDER AT THE TOP OF THE TABLE BELOW. IF THERE ARE MORE THAN THREE OLDER ADULTS, USE ADDITIONAL QUESTIONNAIRE.</p>													
303	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">LINE NUMBER FROM QUESTION 1</th> <th style="width: 15%;">OLDER ADULT 1</th> <th style="width: 15%;">OLDER ADULT 2</th> <th style="width: 15%;">OLDER ADULT 3</th> </tr> <tr> <td style="text-align: center;"> <input type="text"/> </td> <td style="text-align: center;"> LINE NUMBER <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> LINE NUMBER <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> LINE NUMBER <input type="text"/> <input type="text"/> </td> </tr> </table>	LINE NUMBER FROM QUESTION 1	OLDER ADULT 1	OLDER ADULT 2	OLDER ADULT 3	<input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>					
LINE NUMBER FROM QUESTION 1	OLDER ADULT 1	OLDER ADULT 2	OLDER ADULT 3											
<input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>											
304	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">NAME FROM QUESTION 2</th> <th style="width: 15%;">OLDER ADULT 1</th> <th style="width: 15%;">OLDER ADULT 2</th> <th style="width: 15%;">OLDER ADULT 3</th> </tr> <tr> <td style="text-align: center;"> <input type="text"/> </td> <td style="text-align: center;"> NAME <input type="text"/> </td> <td style="text-align: center;"> NAME <input type="text"/> </td> <td style="text-align: center;"> NAME <input type="text"/> </td> </tr> </table>	NAME FROM QUESTION 2	OLDER ADULT 1	OLDER ADULT 2	OLDER ADULT 3	<input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>					
NAME FROM QUESTION 2	OLDER ADULT 1	OLDER ADULT 2	OLDER ADULT 3											
<input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>											
305	<p>We are interested in learning about the types of care and support that adults age 65 and older are receiving in order to improve programs for the elderly.</p> <p>BEGIN WITH THE FIRST OLDER ADULT LISTED IN QUESTION 304 AND ASK ALL RELEVANT QUESTIONS BEFORE GOING ON TO THE NEXT OLDER ADULT.</p>													
306	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 35%;">How would you describe (NAME)'s level of physical activity? Is he/she usually not active at all, somewhat active, moderately active or very active?</td> <td style="width: 15%;">NOT ACTIVE AT ALL... 1</td> <td style="width: 15%;">NOT ACTIVE AT ALL... 1</td> <td style="width: 15%;">NOT ACTIVE AT ALL... 1</td> </tr> <tr> <td>SOMEWHAT 2</td> <td>SOMEWHAT 2</td> <td>SOMEWHAT 2</td> </tr> <tr> <td>MODERATELY 3</td> <td>MODERATELY 3</td> <td>MODERATELY 3</td> </tr> <tr> <td>VERY 4</td> <td>VERY 4</td> <td>VERY 4</td> </tr> </table>	How would you describe (NAME)'s level of physical activity? Is he/she usually not active at all, somewhat active, moderately active or very active?	NOT ACTIVE AT ALL... 1	NOT ACTIVE AT ALL... 1	NOT ACTIVE AT ALL... 1	SOMEWHAT 2	SOMEWHAT 2	SOMEWHAT 2	MODERATELY 3	MODERATELY 3	MODERATELY 3	VERY 4	VERY 4	VERY 4
How would you describe (NAME)'s level of physical activity? Is he/she usually not active at all, somewhat active, moderately active or very active?	NOT ACTIVE AT ALL... 1		NOT ACTIVE AT ALL... 1	NOT ACTIVE AT ALL... 1										
	SOMEWHAT 2		SOMEWHAT 2	SOMEWHAT 2										
	MODERATELY 3		MODERATELY 3	MODERATELY 3										
	VERY 4	VERY 4	VERY 4											
307	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 35%;"> Does (NAME) require assistance with personal care like bathing, dressing, and eating? IF YES: Does he/she need help always, most of the time, only sometimes? </td> <td style="width: 15%;">ALWAYS 1</td> <td style="width: 15%;">ALWAYS 1</td> <td style="width: 15%;">ALWAYS 1</td> </tr> <tr> <td>MOST OF THE TIME... 2</td> <td>MOST OF THE TIME... 2</td> <td>MOST OF THE TIME... 2</td> </tr> <tr> <td>SOMETIMES 3</td> <td>SOMETIMES 3</td> <td>SOMETIMES 3</td> </tr> <tr> <td>NEVER 4</td> <td>NEVER 4</td> <td>NEVER 4</td> </tr> </table>	Does (NAME) require assistance with personal care like bathing, dressing, and eating? IF YES: Does he/she need help always, most of the time, only sometimes?	ALWAYS 1	ALWAYS 1	ALWAYS 1	MOST OF THE TIME... 2	MOST OF THE TIME... 2	MOST OF THE TIME... 2	SOMETIMES 3	SOMETIMES 3	SOMETIMES 3	NEVER 4	NEVER 4	NEVER 4
Does (NAME) require assistance with personal care like bathing, dressing, and eating? IF YES: Does he/she need help always, most of the time, only sometimes?	ALWAYS 1		ALWAYS 1	ALWAYS 1										
	MOST OF THE TIME... 2		MOST OF THE TIME... 2	MOST OF THE TIME... 2										
	SOMETIMES 3		SOMETIMES 3	SOMETIMES 3										
	NEVER 4	NEVER 4	NEVER 4											
308	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 35%;">Does (NAME) need medical care, e.g., giving medications or changing dressings?</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	Does (NAME) need medical care, e.g., giving medications or changing dressings?	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2						
Does (NAME) need medical care, e.g., giving medications or changing dressings?	YES 1		YES 1	YES 1										
	NO 2	NO 2	NO 2											
309	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 35%;">Does (NAME) need help with household activities like cooking, doing laundry and cleaning?</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>NOT APPLICABLE 3</td> <td>NOT APPLICABLE 3</td> <td>NOT APPLICABLE 3</td> </tr> </table>	Does (NAME) need help with household activities like cooking, doing laundry and cleaning?	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	NOT APPLICABLE 3	NOT APPLICABLE 3	NOT APPLICABLE 3			
Does (NAME) need help with household activities like cooking, doing laundry and cleaning?	YES 1		YES 1	YES 1										
	NO 2		NO 2	NO 2										
	NOT APPLICABLE 3	NOT APPLICABLE 3	NOT APPLICABLE 3											
310	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 35%;">Does (NAME) need help to go outside the house?</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	Does (NAME) need help to go outside the house?	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2						
Does (NAME) need help to go outside the house?	YES 1		YES 1	YES 1										
	NO 2	NO 2	NO 2											
311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 35%;">Does (NAME) need to be watched over because he/she may hurt him/herself or others?</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> <td style="width: 15%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	Does (NAME) need to be watched over because he/she may hurt him/herself or others?	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2						
Does (NAME) need to be watched over because he/she may hurt him/herself or others?	YES 1		YES 1	YES 1										
	NO 2	NO 2	NO 2											
312	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 35%;">CHECK 306-311:</td> <td style="width: 15%;"> PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/> </td> <td style="width: 15%;"> PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/> </td> <td style="width: 15%;"> PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ← </td> <td style="text-align: center;"> NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ← </td> <td style="text-align: center;"> NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ← </td> </tr> </table>	CHECK 306-311:	PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>	PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>	PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←						
CHECK 306-311:	PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>		PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>	PERSON NEEDS SOME TYPE OF SUPPORT <input type="checkbox"/>										
	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←	NO SUPPORT NEEDED <input type="checkbox"/> (SKIP TO 314) ←											

NO. 9	QUESTIONS AND FILTERS	CODING CATEGORIES		
		OLDER ADULT 1 LINE NUMBER <input type="text"/> <input type="text"/>	OLDER ADULT 2 LINE NUMBER <input type="text"/> <input type="text"/>	OLDER ADULT 3 LINE NUMBER <input type="text"/> <input type="text"/>
	LINE NUMBER FROM COLUMN 1	NAME _____	NAME _____	NAME _____
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
313	Does your household pay someone to come in and help care for (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
314	Is (NAME) receiving any regular income? IF YES: From where does (NAME) receive income? RECORD ALL MENTIONED	EMPLOYEE/EMPLOYER A PENSION B INVESTMENT C SOCIAL WELFARE D RELATIVES E OTHER X (SPECIFY) NO REGULAR INCOME Y (SKIP TO 316) ← DON'T KNOW Z	EMPLOYEE/EMPLOYER A PENSION B INVESTMENT C SOCIAL WELFARE D RELATIVES E OTHER X (SPECIFY) NO REGULAR INCOME Y (SKIP TO 316) ← DON'T KNOW Z	EMPLOYEE/EMPLOYER A PENSION B INVESTMENT C SOCIAL WELFARE D RELATIVES E OTHER X (SPECIFY) NO REGULAR INCOME Y (SKIP TO 316) ← DON'T KNOW Z
315	Is (NAME)'s income adequate for his/her needs or does your household provide additional support?	INCOME ADEQUATE 1 INCOME INADEQUATE/ HOUSEHOLD HELPS 2 OTHER HOUSEHOLD HELPS 3 NOBODY HELPS 4	INCOME ADEQUATE 1 INCOME INADEQUATE/ HOUSEHOLD HELPS 2 OTHER HOUSEHOLD HELPS 3 NOBODY HELPS 4	INCOME ADEQUATE 1 INCOME INADEQUATE/ HOUSEHOLD HELPS 2 OTHER HOUSEHOLD HELPS 3 NOBODY HELPS 4
316		GO BACK TO 306 IN NEXT COLUMN; OR, IF NO MORE PERSONS, GO TO 317. ↑	GO BACK TO 306 IN NEXT COLUMN; OR, IF NO MORE PERSONS, GO TO 317. ↑	GO BACK TO 306 IN NEXT QUESTIONNAIRE; OR, IF NO MORE PERSONS, GO TO 317. ↑
317	Are any members of your household providing care and assistance on a regular basis to elderly persons living elsewhere? (such as personal care, medical care, help with household activities, going out)	YES 1 NO 2		
318	Is this household providing financial assistance on a regular basis to elderly persons living elsewhere?	YES 1 NO 2		
319	RECORD THE TIME		HOUR MINS <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

HEIGHT AND WEIGHT MEASUREMENTS

CHILDREN AGE 0-5

401		CHILD 1				CHILD 2				CHILD 3				CHILD 4				CHILD 5								
CHECK COLUMN 12. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 402. IF MORE THAN FIVE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 408.		LINE NO.	NAME	DAY	MONTH	YEAR	LINE NO.	NAME	DAY	MONTH	YEAR	LINE NO.	NAME	DAY	MONTH	YEAR	LINE NO.	NAME	DAY	MONTH	YEAR	LINE NO.	NAME	DAY	MONTH	YEAR
402	LINE NUMBER FROM COLUMN 12 NAME FROM COLUMN 2																									
403	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?																									
404	CHECK 403: CHILD BORN IN JANUARY 2003 OR LATER?	YES	1				YES	1				YES	1				YES	1				YES	1			
		NO	2				NO	2				NO	2				NO	2				NO	2			
		(GO TO 403 FOR NEXT CHILD OR, IF NO MORE, GO TO 410)					(GO TO 403 FOR NEXT CHILD OR, IF NO MORE, GO TO 410)					(GO TO 403 FOR NEXT CHILD OR, IF NO MORE, GO TO 410)					(GO TO 403 FOR NEXT CHILD OR, IF NO MORE, GO TO 410)									
405	WEIGHT IN KILOGRAMS	KG.					KG.					KG.					KG.					KG.				
406	HEIGHT IN CENTIMETERS	CM.					CM.					CM.					CM.					CM.				
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN	1				LYING DOWN	1				LYING DOWN	1				LYING DOWN	1				LYING DOWN	1			
		STANDING UP	2				STANDING UP	2				STANDING UP	2				STANDING UP	2				STANDING UP	2			
408	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED	1				MEASURED	1				MEASURED	1				MEASURED	1				MEASURED	1			
		NOT PRESENT	2				NOT PRESENT	2				NOT PRESENT	2				NOT PRESENT	2				NOT PRESENT	2			
		REFUSED	3				REFUSED	3				REFUSED	3				REFUSED	3				REFUSED	3			
		OTHER	6				OTHER	6				OTHER	6				OTHER	6				OTHER	6			
409	GO BACK TO 403 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 410.																									

EVER-MARRIED WOMEN 15-49

410 CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 411. IF THERE ARE MORE THAN FIVE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 414.											
		WOMAN 1		WOMAN 2		WOMAN 3		WOMAN 4		WOMAN 5	
411	LINE NUMBER (COLUMN 9)	LINE NO.	<input type="text"/> <input type="text"/>	LINE NO.	<input type="text"/> <input type="text"/>	LINE NO.	<input type="text"/> <input type="text"/>	LINE NO.	<input type="text"/> <input type="text"/>	LINE NO.	<input type="text"/> <input type="text"/>
	NAME (COLUMN 2)	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME
412	WEIGHT IN KILOGRAMS	KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> KG.
	HEIGHT IN CENTIMETERS	CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CM.
414	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED	1	MEASURED	1	MEASURED	1	MEASURED	1	MEASURED	1
		NOT PRESENT	2	NOT PRESENT	2	NOT PRESENT	2	NOT PRESENT	2	NOT PRESENT	2
		REFUSED	3	REFUSED	3	REFUSED	3	REFUSED	3	REFUSED	3
		OTHER	6	OTHER	6	OTHER	6	OTHER	6	OTHER	6
415	GO BACK TO 412 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 501.										

2008 MALDIVES DEMOGRAPHIC AND HEALTH SURVEY EVER-MARRIED WOMEN'S QUESTIONNAIRE

IDENTIFICATION	
ISLAND NAME	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div>
HOUSEHOLD NAME	
NAME OF HOUSEHOLD HEAD	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
ATOLL	
NAME AND LINE NUMBER OF ELIGIBLE WOMAN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div>Day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>Month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>Year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>INT. NUMBER <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>RESULT <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div>
INTERVIEWER'S NAME .....	.....	.....	.....	.....
RESULT*	<div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	<div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	<div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	.....
NEXT VISIT:	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>		<div>TOTAL NUMBER OF VISITS <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div>
DATE	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>month <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>		<div>TOTAL NUMBER OF VISITS <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div>
TIME	<div style="display: flex; justify-content: space-around;"> <div>Hr <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>Min <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>Hr <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> <div>Min <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div> </div>		<div>TOTAL NUMBER OF VISITS <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div></div>

*RESULT CODES:

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

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME	NAME			
ID CODE <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	ID CODE <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	ID CODE	ID CODE	ID CODE
DATE <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	DATE <div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	<div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	<div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>	<div style="display: flex; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div>

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 that asks women, men and youth about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

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

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

May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR MINUTES [] [] : [] []	
102	In what month and year were you born?	MONTH [] [] DON'T KNOW MONTH 98 YEAR [] [] [] [] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday?	AGE IN COMPLETED YEARS [] []	
	COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.		
104	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
105	Have you ever attended school?	YES 1 NO 2	→ 108

2

NO. 🔍	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 🔍
106	What is the highest level of school you attended?	NON-FORMAL EDUCATION 00 PRESCHOOL 01 PRIMARY 02 'O' LEVEL 03 'A' LEVEL 04 DIPLOMA 05 FIRST DEGREE 06 MASTER'S CERTIFICATE/ABOVE 07 CERTIFICATE 08	
107	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
108	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 CANNOT READ 5	→ 110
109	Do you use the internet almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
110	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
111	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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? How many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>		
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 226 </div> </div>		

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND COLUMN).									
LINE NUMBER		01	02	03	04	05	06	07	
212	What name was given to your (first/next) baby?	(NAME)							
213	Were any of these births twins?	SINGLE MULTIPLE	1 2	1 2	1 2	1 2	1 2	1 2	
214	Is (NAME) a boy or a girl?	BOY GIRL	1 2	1 2	1 2	1 2	1 2	1 2	
215	In what month and year was (NAME) born? PROBE: What is his/her birthday?	MONTH YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
216	Is (NAME) still alive?	YES NO	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	
217	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	AGE IN YEARS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
218	IF ALIVE: Is (NAME) living with you?	YES NO	1 2	1 2	1 2	1 2	1 2	1 2	
219	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	LINE NUMBER (NEXT BIRTH)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
220	IF DEAD: How old was (NAME) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS	DAYS MONTHS YEARS	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
221	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after b	YES NO	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	



LINE NUMBER		08	09	10	11	12	13	14
212	What name was given to your next baby? (NAME)							
213	Were any of these births twins? SINGLE MULTIPLE	1 2	1 2	1 2	1 2	1 2	1 2	1 2
214	Is (NAME) a boy or a girl? BOY GIRL	1 2	1 2	1 2	1 2	1 2	1 2	1 2
215	In what month and year was (NAME) born? PROBE: What is his/her birthday? MONTH YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
216	Is (NAME) still alive? YES NO	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220	1 2 ↓ GO TO 220
217	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
218	IF ALIVE: Is (NAME) living with you? YES NO	1 2	1 2	1 2	1 2	1 2	1 2	1 2
219	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). LINE NUMBER	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221	<input type="text"/> ↓ GO TO 221
220	IF DEAD: How old was (NAME) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS DAYS MONTHS YEARS	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
221	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? YES NO	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2	1 ↓ ADD BIRTH NEXT BIRTH 2



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES 1 NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED <input type="checkbox"/> FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH ARE RECORDED <input type="checkbox"/> FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED <input type="checkbox"/> FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED <input type="checkbox"/> FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="checkbox"/>		
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '00' AND SKIP TO 226	<input type="text"/> <input type="text"/>	
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE FIRST COLUMN OF CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. 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). <div style="float: right; font-size: 2em; font-weight: bold;">C</div>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND EARLIER MONTHS TO EQUAL THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: 2em; font-weight: bold;">C</div>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN JANUARY 2003 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JANUARY 2003 <input type="checkbox"/> → 237		
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR, IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: 2em; font-weight: bold;">C</div>	
233	Since January 2003, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2003.</p> <p>ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		C
235	<p>Did you have any miscarriages, abortions, or stillbirths that ended before 2003?</p>	<p>YES 1</p> <p>NO 2</p>	→ 237
236	<p>When did the last such pregnancy that terminated before 2003 end?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
237	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p> <p>IN MENOPAUSE/HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	
238	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 301
239	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	

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>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:</p> <p>Have you ever heard of (METHOD)?</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>302 Have you ever used (METHOD)?</p>	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES 1</p> <p>NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?</p> <p>YES 1</p> <p>NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
08	<p>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.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
09	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
10	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">↓</p>	<p>YES 1</p> <p>NO 2</p>
11	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>_____</p> <p style="text-align: center;">(SPECIFY)</p> <p>_____</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>	
<p>303 CHECK 302:</p> <p style="text-align: center;">NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 307</p>			

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 THE CALENDAR IN EACH BLANK MONTH. → 331		
C			
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"/> → 320		
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 320
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G DIAPHRAGM H FOAM/JELLY I RHYTHM METHOD J WITHDRAWAL K OTHER X (SPECIFY)	→ 314 → 313 → 313 → 317A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	How many (pill cycles/condoms) did you get the last time?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
313	The last time you obtained (HIGHEST METHOD ON LIST 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"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	→ 317A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 11</p> <p>GOVT. REGIONAL HOSPITAL 12</p> <p>GOVT. ATOLL HOSPITAL 13</p> <p>GOVT. HEALTH CENTER 14</p> <p>OTHER PUBLIC 16</p> <p>_____</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 MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
315	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
316	<p>How much did you/your husband pay in total for the sterilization, including any consultation you/he may have had?</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 9995</p> <p>DON'T KNOW 9998</p>	
317	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/></p>	
317A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
318	<p>CHECK 317/317A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 317/317A?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p>GO BACK TO 317/317A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>CHECK 317/317A:</p> <p>YEAR IS 2003 OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2002 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003.</p>	<p>C</p> <p>THEN SKIP TO → 329</p>
320	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C</p> <p><u>COLUMN 1- SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 2003.</u></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NON-USE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>RECORD PERIODS OF USE AND NON-USE IN COLUMN 1 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER '0' IN THOSE MONTHS WHEN NO METHOD WAS USED.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 1</p> <ul style="list-style-type: none"> * 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><u>COLUMN 2- REASON FOR DISCONTINUATION</u></p> <p>FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.</p> <p>IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT.</p> <p>THE NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 1.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2</p> <ul style="list-style-type: none"> * Why did you stop using the (method)? * Did you become pregnant while using (method), or did you stop to get pregnant, or stop for some other reason? <p>C</p>		
321	<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>	<p>NO CODE CIRCLED 00</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 08</p> <p>FOAM/JELLY 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>OTHER METHOD 96</p>	<p>→ 331</p> <p>→ 324</p> <p>→ 324</p> <p>→ 322A</p> <p>→ 331</p> <p>→ 331</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL 11 GOVT. REGIONAL HOSPITAL 12 GOVT. ATOLL HOSPITAL 13 GOVT. HEALTH CENTER 14 GOVT. HEALTH POST 15 COMMUNITY/FAMILY HEALTH WORKER 16 OTHER PUBLIC 17 _____ (SPECIFY)	
322A	Where did you learn how to use the rhythm method?	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 _____ (SPECIFY)	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	OTHER SOURCE SHOP 31 FRIEND/RELATIVE 33 OTHER 96 _____ (SPECIFY)	
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 DIAPHRAGM 08 FOAM/JELLY 09 RHYTHM METHOD 10	→ 330 → 327 → 327 → 333
324	You obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) in (DATE FROM 317/317A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 326
325	Were you ever told by a health provider or community health/family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
327	CHECK 324: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '1' CIRCLED <input type="checkbox"/> ↓ At that time, were you told about other methods of family planning that you could use? </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED <input type="checkbox"/> ↓ When you obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 329

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
333	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES 1</p> <p>NO 2</p>	→401
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2003 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2003 OR LATER <input type="checkbox"/>	→ 576	
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 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 NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH <input type="text"/> <input type="text"/>	SECOND-FROM LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	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 426) ← LATER 2 NOT AT ALL 3 (SKIP TO 426) ←	THEN 1 (SKIP TO 426) ← LATER 2 NOT AT ALL 3 (SKIP TO 426) ←
406	How much longer would you have liked to wait?	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 TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL GYNECOLOGIST A DOCTOR B NURSE/MIDWIFE/ C COMMUNITY/ FAMILY HEALTH WORKER D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E OTHER X (SPECIFY) NO ONE Y (SKIP TO 414) ←	<div style="height: 150px; width: 100%;"></div>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH																					
		NAME	NAME	NAME																					
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL C</p> <p>GVT. REGIONAL HOSPITAL D</p> <p>GVT. ATOLL HOSPITAL E</p> <p>GVT. HEALTH CENTER F</p> <p>GVT. HEALTH POST G</p> <p>OTHER PUBLIC H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC I</p> <p>OTHER PRIVATE MED. J</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>																							
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
410	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Were you weighed?</td> <td>WEIGHT 1</td> <td>2</td> </tr> <tr> <td>Was your blood pressure measured?</td> <td>BP 1</td> <td>2</td> </tr> <tr> <td>Did you give a urine sample?</td> <td>URINE 1</td> <td>2</td> </tr> <tr> <td>Did you give a blood sample?</td> <td>BLOOD 1</td> <td>2</td> </tr> <tr> <td>Was a sonogram done?</td> <td>SONOGRAM 1</td> <td>2</td> </tr> <tr> <td>Were you counseled about HIV/AIDS?</td> <td>COUNSELED ON HIV/AIDS 1</td> <td>2</td> </tr> </tbody> </table>				YES	NO	Were you weighed?	WEIGHT 1	2	Was your blood pressure measured?	BP 1	2	Did you give a urine sample?	URINE 1	2	Did you give a blood sample?	BLOOD 1	2	Was a sonogram done?	SONOGRAM 1	2	Were you counseled about HIV/AIDS?	COUNSELED ON HIV/AIDS 1	2	
	YES	NO																							
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Was a sonogram done?	SONOGRAM 1	2																							
Were you counseled about HIV/AIDS?	COUNSELED ON HIV/AIDS 1	2																							
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 414) ←</p> <p>DON'T KNOW 8</p>																								
413	<p>Were you told where to go if you had any of these complications?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
416	CHECK 415:	2 OR MORE TIMES <input type="text"/> OTHER <input type="text"/> (SKIP TO 421) ↓		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 8		
	IF 7 OR MORE TIMES, RECORD '7'.			
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.			
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8		
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	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 99.998	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 99.998	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 99.998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL GYNECOLOGIST A DOCTOR B NURSE/MIDWIFE C COMMUNITY/ FAMILY HEALTH WORKER D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X (SPECIFY) NO ONE Y	HEALTH PERSONNEL GYNECOLOGIST A DOCTOR B NURSE/MIDWIFE C COMMUNITY/ FAMILY HEALTH WORKER D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X (SPECIFY) NO ONE Y	HEALTH PERSONNEL GYNECOLOGIST A DOCTOR B NURSE/MIDWIFE C COMMUNITY/ FAMILY HEALTH WORKER D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 437) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 21</p> <p>GVT. REGIONAL HOSPITAL 22</p> <p>GVT. ATOLL HOSPITAL 23</p> <p>GVT. HEALTH CENTER 24</p> <p>GVT. HEALTH POST 25</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 437) ←</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 437) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 21</p> <p>GVT. REGIONAL HOSPITAL 22</p> <p>GVT. ATOLL HOSPITAL 23</p> <p>GVT. HEALTH CENTER 24</p> <p>GVT. HEALTH POST 25</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 438) ←</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 437) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 21</p> <p>GVT. REGIONAL HOSPITAL 22</p> <p>GVT. ATOLL HOSPITAL 23</p> <p>GVT. HEALTH CENTER 24</p> <p>GVT. HEALTH POST 25</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 438) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
432	Was (NAME) delivered by caesarean section?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
433	Before you were discharged after (NAME) was born, did any health care provider check on your health?	<p>YES 1</p> <p>NO 2 (SKIP TO 436) ←</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2</p>
434	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
435	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>GYNECOLOGIST 11</p> <p>DOCTOR 12</p> <p>NURSE/MIDWIFE 13</p> <p>COMMUNITY/ FAMILY HEALTH WORKER 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 447) ←</p>		
436	<p>After you were discharged did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1</p> <p>(SKIP TO 439) ←</p> <p>NO 2</p> <p>(SKIP TO 447) ←</p>	<p>YES 1</p> <p>(SKIP TO 449) ←</p> <p>NO 2</p>	<p>YES 1</p> <p>(SKIP TO 449) ←</p> <p>NO 2</p>
437	<p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH A</p> <p>FACILITY NOT OPEN B</p> <p>TOO FAR/NO TRANSPORTATION C</p> <p>DON'T TRUST FACILITY/ POOR QUALITY SERVICE D</p> <p>NO FEMALE PROVIDER AT FACILITY E</p> <p>HUSBAND/FAMILY DID NOT ALLOW F</p> <p>NOT NECESSARY G</p> <p>NOT CUSTOMARY H</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>		
438	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 443) ←</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
439	<p>How long 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 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
440	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>GYNECOLOGIST 11</p> <p>DOCTOR 12</p> <p>NURSE/MIDWIFE 13</p> <p>COMMUNITY/ FAMILY HEALTH WORKER 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96</p> <p>(SPECIFY)</p>		
441	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 21</p> <p>GVT. REGIONAL HOSPITAL 22</p> <p>GVT. ATOLL HOSPITAL 23</p> <p>GVT. HEALTH CENTER 24</p> <p>GVT. HEALTH POST 25</p> <p>OTHER PUBLIC 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>		
442	CHECK 436:	<p>ASKED <input type="checkbox"/> NOT ASKED <input type="checkbox"/></p> <p>(SKIP TO 447) ↓</p>		
443	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 447) ←</p> <p>DON'T KNOW 8</p>		
444	<p>How many hours, days, or weeks after the birth of (NAME) 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>HRS AFTER BIRTH 1 <input type="text"/> <input type="text"/></p> <p>DAYS AFTER BIRTH 2 <input type="text"/> <input type="text"/></p> <p>WEEKS AFTER BIRTH 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH SECOND-FROM LAST BIRTH	
		NAME	NAME	NAME
445	Who checked on (NAME)'s health at that time?	HEALTH PERSONNEL PEDIATRICIAN 11 DOCTOR 12 NURSE/MIDWIFE 13 COMMUNITY/ FAMILY HEALTH WORKER 14		
	PROBE FOR MOST QUALIFIED PERSON.	OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY) _____		
446	Where did this first check of (NAME) take place?	HOME YOUR HOME 11 OTHER HOME 12		
	PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL 21 GVT. REGIONAL HOSPITAL 22 GVT. ATOLL HOSPITAL 23 GVT. HEALTH CENTER 24 GVT. HEALTH POST 25 OTHER PUBLIC 26 (SPECIFY) _____		
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE) _____	PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____		
447	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?	YES 1 NO 2 DON'T KNOW 8		
	SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.			
448	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 450) ⬅ NO 2 (SKIP TO 451) ⬅		
449	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 453) ⬅	YES 1 NO 2 (SKIP TO 453) ⬅

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH		
		NAME	NAME	NAME		
450	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		
451	CHECK 226: IS RESPONDENT PREGNANT?	<div> NOT PREGNANT <input type="checkbox"/> ↓ </div> <div> PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 453) </div>				
452	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 454) ↩				
453	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	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
454	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 461) ↩			YES 1 NO 2 (SKIP TO 461) ↩	YES 1 NO 2 (SKIP TO 461) ↩
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>				
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ↩				
457	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 GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)				
458	CHECK 404: IS CHILD LIVING?	<div> LIVING <input type="checkbox"/> ↓ </div> <div> DEAD <input type="checkbox"/> ↓ (SKIP TO 460) </div>				

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 462) ← NO 2		
460	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW 98
461	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 464) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 464) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 464) (GO TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTH, GO TO 501)
462	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHT TIME FEEDINGS <input type="text"/> <input type="text"/>		
463	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"/>		
464	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
465		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 501.

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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 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			NEXT-TO-LAST BIRTH			SECOND-FROM LAST BIRTH		
				LINE NO. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>			LINE NO. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>			LINE NO. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
503	FROM 212 AND 216			NAME LIVING <input style="width: 20px;" type="checkbox"/> DEAD <input style="width: 20px;" type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> </div> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573).			NAME LIVING <input style="width: 20px;" type="checkbox"/> DEAD <input style="width: 20px;" type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> </div> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573).			NAME LIVING <input style="width: 20px;" type="checkbox"/> DEAD <input style="width: 20px;" type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> </div> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTH, GO TO 573).		
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?			YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3			YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3			YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3		
505	Did you ever have a vaccination card for (NAME)?			YES 1 (SKIP TO 508) NO 2			YES 1 (SKIP TO 508) NO 2			YES 1 (SKIP TO 508) NO 2		
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.											
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 0 (POLIO GIVEN AT BIRTH)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	PO	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	PO	<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"/>	P1	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	P1	<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"/>	P2	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	P2	<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"/>	P3	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	P3	<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"/>	D1	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	D1	<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"/>	D2	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	D2	<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"/>	D3	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	D3	<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"/>	H1	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	H1	<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"/>	H2	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	H2	<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"/>	H3	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	H3	<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"/>	MEA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	MEA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
VITAMIN A (MOST RECENT)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	VITA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	VITA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
VITAMIN A (2ND MOST RECENT)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	VITA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	VITA	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)
507	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	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
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2
509D	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"/>
509E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
509G	A Hepatitis B vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as DPT and polio drops?	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8
509H	How many times was a Hep B vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509J	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	CHECK 506: DATE SHOWN FOR VITAMIN 'A' DOSE	DATE FOR MOST RECENT VITAMIN 'A' DOSE <input type="text"/> ↓ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN 'A' DOSE <input type="text"/> ↓ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN 'A' DOSE <input type="text"/> ↓ (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin 'A' dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin 'A' dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 517) ← DON'T KNOW 8
514	Has (NAME) ever received a vitamin 'A' dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin 'A' dose within the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	When (NAME) had diarrhea, 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ↩</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ↩</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ↩</p>
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GVT. REGIONAL HOSPITAL B</p> <p>GVT. ATOLL HOSPITAL C</p> <p>GVT. HEALTH CENTER D</p> <p>GVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC H</p> <p>OTHER PRIVATE MED. I</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>TRADITIONAL PRACTITIONER K</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GVT. REGIONAL HOSPITAL B</p> <p>GVT. ATOLL HOSPITAL C</p> <p>GVT. HEALTH CENTER D</p> <p>GVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC H</p> <p>OTHER PRIVATE MED. I</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>TRADITIONAL PRACTITIONER K</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GVT. REGIONAL HOSPITAL B</p> <p>GVT. ATOLL HOSPITAL C</p> <p>GVT. HEALTH CENTER D</p> <p>GVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC H</p> <p>OTHER PRIVATE MED. I</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>TRADITIONAL PRACTITIONER K</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>
524	CHECK 523:	<p>TWO OR MORE CODES CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 526)</p>	<p>TWO OR MORE CODES CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 526)</p>	<p>TWO OR MORE CODES CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 526)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH																																																																								
		NAME	NAME	NAME																																																																								
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>																																																																								
526	How many days after the diarrhea 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"/>																																																																								
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																								
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special ORS packet? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ORS PKT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS LQD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM				ORS PKT	1	2	8	ORS LQD	1	2	8	HOMEMADE				FLUID	1	2	8	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ORS PKT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS LQD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM				ORS PKT	1	2	8	ORS LQD	1	2	8	HOMEMADE				FLUID	1	2	8	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ORS PKT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS LQD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM				ORS PKT	1	2	8	ORS LQD	1	2	8	HOMEMADE				FLUID	1	2	8
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FLUID	1	2	8																																																																									
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8																																																																								
530	what (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER(NOT ANTI-BIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER(NOT ANTI-BIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER(NOT ANTI-BIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER X (SPECIFY)																																																																								
531	CHECK 530: GIVEN ZINC?	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 533)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 533)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 533)																																																																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
532	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ↩	YES 1 NO 2 (SKIP TO 545) ↩	YES 1 NO 2 (SKIP TO 545) ↩
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S))	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL A GVT. REGIONAL HOSPITAL B GVT. ATOLL HOSPITAL C GVT. HEALTH CENTER D GVT. HEALTH POST E COMMUNITY/FAMILY HEALTH WORKER F OTHER PUBLIC G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H OTHER PRIVATE MED. I (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL A GVT. REGIONAL HOSPITAL B GVT. ATOLL HOSPITAL C GVT. HEALTH CENTER D GVT. HEALTH POST E COMMUNITY/FAMILY HEALTH WORKER F OTHER PUBLIC G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H OTHER PRIVATE MED. I (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL A GVT. REGIONAL HOSPITAL B GVT. ATOLL HOSPITAL C GVT. HEALTH CENTER D GVT. HEALTH POST E COMMUNITY/FAMILY HEALTH WORKER F OTHER PUBLIC G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC H OTHER PRIVATE MED. I (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 544) ↓	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 544) ↓	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 544) ↓
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
544	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"/>
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM LAST BIRTH
		NAME	NAME	NAME
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP A INJECTION B OTHER DRUGS X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP A INJECTION B OTHER DRUGS X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP A INJECTION B OTHER DRUGS X (SPECIFY) DON'T KNOW Z
548	CHECK 547: CODE 'A' CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 573)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?	HAD ANTIBIOTIC PILL/ SYRUP AT HOME 1 NO ANTIBIOTIC PILL/SYRUP AT HOME 2	HAD ANTIBIOTIC PILL/ SYRUP AT HOME 1 NO ANTIBIOTIC PILL/SYRUP AT HOME 2	HAD ANTIBIOTIC PILL/ SYRUP AT HOME 1 NO ANTIBIOTIC PILL/SYRUP AT HOME 2
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
573	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 576</p> <p>↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574)</p> <p>_____ (NAME)</p>																						
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)																					
575	<p>CHECK 528(a) AND 528(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> → 577</p> <p>↓</p>																						
576	Have you ever heard of a special product called LONU packet or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES 1 NO 2																					
577	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 601</p> <p>↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578)</p> <p>_____ (NAME)</p>																						
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water?</p> <p>Commercially produced infant formula?</p> <p>Any (BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD. E.G., Cerelac)?</p> <p>Any (other) porridge or gruel?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORTIFIED BABY CEREAL.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	FORTIFIED BABY CEREAL.....	1	2	8	OTHER PORRIDGE/GRUEL.....	1	2	8	
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579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577) and you may have had yesterday during the day or at night. I am interested in whether your child and you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577) / you drink (eat):</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Milk such as tinned, powdered, or fresh animal milk?</td> <td>(a) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Tea or coffee?</td> <td>(b) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Any other liquids?</td> <td>(c) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Bread, rice, noodles, or other foods made from grains?</td> <td>(d) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td>(e) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td> <td>(f) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Any dark green, leafy vegetables?</td> <td>(g) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) Ripe mangoes or papayas?</td> <td>(h) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Any other fruits or vegetables?</td> <td>(i) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Liver, kidney, heart or other organ meats?</td> <td>(j) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td>(k) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Eggs?</td> <td>(l) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Fresh or dried fish or shellfish?</td> <td>(m) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any foods made from beans, peas, lentils or nuts?</td> <td>(n) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Cheese, yogurt or other milk products?</td> <td>(o) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any oil, fats, or butter, or foods made with any of these?</td> <td>(p) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</td> <td>(q) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Any other solid or semi-solid food?</td> <td>(r) 1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a) Milk such as tinned, powdered, or fresh animal milk?	(a) 1	2	8	1	2	8	b) Tea or coffee?	(b) 1	2	8	1	2	8	c) Any other liquids?	(c) 1	2	8	1	2	8	d) Bread, rice, noodles, or other foods made from grains?	(d) 1	2	8	1	2	8	e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	(e) 1	2	8	1	2	8	f) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	(f) 1	2	8	1	2	8	g) Any dark green, leafy vegetables?	(g) 1	2	8	1	2	8	h) Ripe mangoes or papayas?	(h) 1	2	8	1	2	8	i) Any other fruits or vegetables?	(i) 1	2	8	1	2	8	j) Liver, kidney, heart or other organ meats?	(j) 1	2	8	1	2	8	k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	(k) 1	2	8	1	2	8	l) Eggs?	(l) 1	2	8	1	2	8	m) Fresh or dried fish or shellfish?	(m) 1	2	8	1	2	8	n) Any foods made from beans, peas, lentils or nuts?	(n) 1	2	8	1	2	8	o) Cheese, yogurt or other milk products?	(o) 1	2	8	1	2	8	p) Any oil, fats, or butter, or foods made with any of these?	(p) 1	2	8	1	2	8	q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	(q) 1	2	8	1	2	8	r) Any other solid or semi-solid food?	(r) 1	2	8	1	2	8		
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/> → 601</p>																																																																																																																																														
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 104: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>WIDOWED/DIVORCED/ SEPARATED <input type="checkbox"/></p> <p style="text-align: right;">→ 607</p>	
602	Is your husband living with you now or is he staying elsewhere?	<p>LIVING WITH HER 1</p> <p>STAYING ELSEWHERE 2</p>	
603	<p>RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.</p> <p>IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>NAME</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	
607	Have you been married only once or more than once?	<p>ONLY ONCE 1</p> <p>MORE THAN ONCE 2</p>	
608	<p>CHECK 607:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>In what month and year did you start living together with your husband?</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?</p> </div> </div>	<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> <p style="text-align: right;">→ 609B</p>	
609	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
609B	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
609C	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95</p>	
610	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">→ 701</p>	

NO. 9	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 9
611	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
612	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</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"/> → 708	
702	CHECK 226: NOT PREGNANT OR UNSURE <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? PREGNANT <input type="checkbox"/> ↓ 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 have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 704 → 708 → 705 → 704
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ 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 994 AFTER MARRIAGE..... 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 708
704	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> ↓ NO, NOT CURRENTLY USING <input type="checkbox"/> ↓ YES, CURRENTLY USING <input type="checkbox"/> → 708		
705	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 707 → 708
706	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 DIAPHRAGM 08 FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 OTHER 96 (SPECIFY) UNSURE 98	→ 708

NO. 📌	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 📌
712	Does your husband know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
713	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
714	CHECK 311/311A: <div> NEITHER STERILIZED <input type="checkbox"/> <div> HE OR SHE STERILIZED <input type="checkbox"/> → 801 </div> </div>		
715	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 104: <div style="text-align: center;">CURRENTLY MARRIED <input type="checkbox"/></div> <div style="text-align: center;">↓</div>	WIDOWED/DIVORCED/ SEPARATED <input type="checkbox"/> → 803	
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	NON-FORMAL 0 PRIMARY 1 'O' LEVEL 2 'A' LEVEL 3 DIPLOMA 4 FIRST DEGREE 5 MASTER'S CERTIFICATE/ABOVE 6 CERTIFICATE 7 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">CURRENTLY <input type="checkbox"/> MARRIED ↓ What is your husband's occupation? That is, what kind of work does he mainly do?</div> <div style="text-align: center;">WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/> ↓ What was your (last) husband's occupation? That is, what kind of work did he mainly do?</div> </div>	<div style="text-align: right;"><input type="text"/> <input type="text"/></div> _____ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 816
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="text-align: right;"><input type="text"/> <input type="text"/></div> _____ _____ _____	
812	Do you do this work for government, for a private company, for someone else, for a member of your family, or are you self-employed?	FOR GOVERNMENT 1 FOR PRIVATE COMPANY 2 FOR SOMEONE ELSE 3 FOR FAMILY MEMBER 4 SELF-EMPLOYED 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work at home or away from home?	HOME 1 AWAY 2	
814	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	
815	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
816	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		825
817	CHECK 815: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		820
818	Who usually decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
819	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	821
820	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
821	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT AND HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
822	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
823	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
824	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
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 NEGLECTS CHILDREN 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	



SECTION 9. HIV/AIDS

NO. 🔍	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 🔍
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 916
902	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By Breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
910	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 912

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>GOVT. VCT SITE F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL J</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
912	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
913	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
914	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
915	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?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
915A	In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
916	<p>CHECK 701:</p> <div> <div> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 918

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	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	
918	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	
919	Sometimes women have a genital sore or a ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
920	CHECK 917,918, and 919: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 1001	
921	The last time you had (PROBLEM FROM 917 / 918 / 919), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1001
922	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL A GOVT. REGIONAL HOSPITAL B GOVT. ATOLL HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E COMMUNITY/FAMILY HEALTH WORKER F OTHER PUBLIC G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J OTHER PRIVATE MEDICAL K _____ (SPECIFY) OTHER SOURCE SHOP L OTHER X _____ (SPECIFY)	

SECTION 10. OTHER HEALTH ISSUES

NO. 	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/> NONE 00	→1009
1006	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	→1009

NO. 9	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 9
1007	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 11</p> <p>GOVT. REGIONAL HOSPITAL 12</p> <p>GOVT. ATOLL HOSPITAL 13</p> <p>GOVT. HEALTH CENTER 14</p> <p>GOVT. HEALTH POST 15</p> <p>COMMUNITY/FAMILY HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>DENTAL OFFICE/CLINIC 23</p> <p>PHARMACY 24</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME 31</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	
1008	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1009	<p>On how many days this week, did you walk, run, or engage in other various physical activity for at least 20 minutes?</p> <p>IF NONE RECORD '00'.</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW / UNSURE 98</p>	
1010	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→1012
1011	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1012	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→1014
1013	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED</p>	<p>HOOKA A</p> <p>BIDI B</p> <p>CIGAR C</p> <p>PIPE D</p> <p>CHEWING TOBACCO E</p> <p>SNUFF F</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	

NO. 9	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP 9
1014	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?		BIG PROBLEM	NOT A BIG PROBLEM
	Getting permission to go?	PERMISSION TO GO	1	2
	Getting money needed for treatment?	GETTING MONEY	1	2
	The distance to the health facility?	DISTANCE	1	2
	Having to take transport?	TAKING TRANSPORT	1	2
	Not wanting to go alone?	GO ALONE	1	2
	Concern that there may not be a female health provider?	NO FEMALE PROVIDER	1	2
	Concern that there may not be any health provider?	NO PROVIDER	1	2
	Concern that there may be no drugs available?	NO DRUGS	1	2

SECTION 11. BLOOD PRESSURE, DIABETES, HEART ATTACK AND STROKE

NO. 🔑	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 🔑
1101	Have you ever heard of an illness called high blood pressure or hypertension?	YES 1 NO 2	→1105
1102	(Other than during pregnancy) Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	☐→1105
1103	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	☐→1105
1104	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 STOP SMOKING 1 2 3	
1105	Have you ever heard of an illness called diabetes or high sugar?	YES 1 NO 2	→1110
1106	(Other than during pregnancy) Has a doctor or other health professional ever told you that you had diabetes?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	☐→1110
1107	How old were you when you were FIRST told by a doctor or health professional that you had diabetes?	AGE IN COMPLETED YEARS ☐☐	
1108	Are you taking insulin at this time?	YES 1 NO 2	→1110
1109	Are you taking pills to lower your blood sugar?	YES 1 NO 2	
1110	Have you ever been diagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES 1 NO 2	
1111	Have you ever been diagnosed by a doctor or other health professional with a stroke?	YES 1 NO 2	

1112 RECORD THE TIME

HOUR MINS

☐☐ : ☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR:

DATE:

EDITOR'S OBSERVATIONS

NAME OF EDITOR:

DATE:

CALENDAR

INSTRUCTIONS

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 DIAPHRAGM
9 FOAM OR JELLY
J RHYTHM METHOD
K WITHDRAWAL
X OTHER _____
(SPECIFY)

COL.2 DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX / HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS / TOO FAR
8 COST TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
A DIFFICULT TO GET PREGNANT / MENOPAUSAL
D MARITAL SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

2 0 0 9	08	AUG	01			2 0 0 9
	07	JUL	02			
	06	JUN	03			
	05	MAY	04			
	04	APR	05			
	03	MAR	06			
	02	FEB	07			
	01	JAN	08			
2 0 0 8	12	DEC	09			2 0 0 8
	11	NOV	10			
	10	OCT	11			
	09	SEP	12			
	08	AUG	13			
	07	JUL	14			
	06	JUN	15			
	05	MAY	16			
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	03	MAR	18			
	02	FEB	19			
	01	JAN	20			
	12	DEC	21			
	11	NOV	22			
	10	OCT	23			
	09	SEP	24			
2 0 0 6	08	AUG	25			2 0 0 6
	07	JUL	26			
	06	JUN	27			
	05	MAY	28			
	04	APR	29			
	03	MAR	30			
	02	FEB	31			
	01	JAN	32			
2 0 0 6	12	DEC	33			2 0 0 6
	11	NOV	34			
	10	OCT	35			
	09	SEP	36			
	08	AUG	37			
	07	JUL	38			
	06	JUN	39			
	05	MAY	40			
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	03	MAR	42			
	02	FEB	43			
	01	JAN	44			
	12	DEC	45			
	11	NOV	46			
	10	OCT	47			
	09	SEP	48			
2 0 0 4	08	AUG	49			2 0 0 4
	07	JUL	50			
	06	JUN	51			
	05	MAY	52			
	04	APR	53			
	03	MAR	54			
	02	FEB	55			
	01	JAN	56			
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	11	NOV	58			
	10	OCT	59			
	09	SEP	60			
	08	AUG	61			
	07	JUL	62			
	06	JUN	63			
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2 0 0 3	04	APR	65			2 0 0 3
	03	MAR	66			
	02	FEB	67			
	01	JAN	68			
	12	DEC	69			
	11	NOV	70			
	10	OCT	71			
	09	SEP	72			
2 0 0 3	08	AUG	73			2 0 0 3
	07	JUL	74			
	06	JUN	75			
	05	MAY	76			
	04	APR	77			
	03	MAR	78			
	02	FEB	79			
	01	JAN	80			

2008 MALDIVES DEMOGRAPHIC AND HEALTH SURVEY EVER-MARRIED MEN'S QUESTIONNAIRE

IDENTIFICATION	
ISLAND NAME	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NAME	
NAME OF HOUSEHOLD HEAD	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
ATOLL	
NAME AND LINE NUMBER OF ELIGIBLE MAN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="display: flex; justify-content: space-around;"> <div>day <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>month <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>month <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>month <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div>	Day <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Month <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Year <div style="border: 1px solid black; width: 20px; height: 20px;"></div> INT. NUMBER <div style="border: 1px solid black; width: 20px; height: 20px;"></div> RESULT <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER'S NAME	.....	.....	.....	.....
RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	.....
NEXT VISIT:	DATE	DATE		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
TIME	<div style="display: flex; justify-content: space-around;"> <div>day <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>month <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Hr <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>Min <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>day <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>month <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 5px;">year <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>2</div><div>0</div><div>0</div><div></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Hr <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>Min <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>		

*RESULT CODES:

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

(specify)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME	NAME			
ID CODE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	ID CODE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	ID CODE	ID CODE	ID CODE
DATE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	DATE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

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 that asks women, men and youth about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

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

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

May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 ➡ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR : MINUTES <div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div>	
102	In what month and year were you born?	MONTH <div><div></div><div></div></div> DON'T KNOW MONTH 98 YEAR <div><div></div><div></div><div></div><div></div></div> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday?	AGE IN COMPLETED YEARS <div><div></div><div></div></div>	
	COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.		
104	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
105	Have you ever attended school?	YES 1 NO 2	➡108

2

NO. 🔍	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 🔍
106	What is the highest level of school you attended?	NON-FORMAL EDUCATION 00 PRESCHOOL 01 PRIMARY 02 'O' LEVEL 03 'A' LEVEL 04 DIPLOMA 05 FIRST DEGREE 06 MASTER'S CERTIFICATE/ABOVE 07 CERTIFICATE 08	
107	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
108	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 CANNOT READ 5	→ 110
109	Do you use the internet almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
110	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
111	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not living with you now. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	→ 208
207	How many boys have died? How many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> (YOUNGEST) CHILD IS 4 YEARS OR OLDER <input type="checkbox"/>		→ 301

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>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:</p> <p>Have you ever heard of (METHOD)?</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 METHODS 02,07,10 AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2		
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2		
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2		
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2		
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2		
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
08	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	
09	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2	
10	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES 1 NO 2		
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	<div>YES NO</div> <div>RADIO 1 2</div> <div>TELEVISION 1 2</div> <div>NEWSPAPER OR MAGAZINE 1 2</div>	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	<div>YES 1</div> <div>NO 2</div>	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<div>JUST BEFORE HER PERIOD BEGINS 1</div> <div>DURING HER PERIOD 2</div> <div>RIGHT AFTER HER PERIOD HAS ENDED 3</div> <div>HALFWAY BETWEEN TWO PERIODS 4</div> <div>OTHER 6</div> <div>(SPECIFY)</div> <div>DON'T KNOW 8</div>	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	<div>YES 1</div> <div>NO 2</div> <div>DEPENDS 3</div> <div>DON'T KNOW 8</div>	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<div>AG- DIS- DK</div> <div>REE AGREE</div> <div>CONTRACEPTION</div> <div>WOMAN'S BUSINESS 1 2 8</div> <div>WOMAN MAY BECOME</div> <div>PROMISCUOUS 1 2 8</div>	
309	CHECK 301 (07) KNOWS MALE CONDOM <div>YES <input type="checkbox"/> NO <input type="checkbox"/> → 401</div>		
310	Do you know of a place where a person can get condoms?	<div>YES 1</div> <div>NO 2</div>	→ 401
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	<div>PUBLIC SECTOR</div> <div>INDHIRA GANDHI MEMORIAL HOSPITAL A</div> <div>GOVT. REGIONAL HOSPITAL B</div> <div>GOVT. ATOLL HOSPITAL C</div> <div>GOVT. HEALTH CENTER D</div> <div>GOVT. HEALTH POST E</div> <div>COMMUNITY/FAMILY HEALTH WORKER F</div> <div>OTHER PUBLIC G</div> <div>(SPECIFY)</div> <div>PRIVATE MEDICAL SECTOR</div> <div>PRIVATE HOSPITAL/CLINIC H</div> <div>PHARMACY I</div> <div>PRIVATE DOCTOR J</div> <div>OTHER PRIVATE MEDICAL K</div> <div>(SPECIFY)</div> <div>OTHER SOURCE</div> <div>SHOP L</div> <div>FRIEND/RELATIVE M</div> <div>OTHER X</div> <div>(SPECIFY)</div>	

NO. ¶	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP ¶
312	If you wanted to, could you yourself get a condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 104: MARITAL STATUS: CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> → 407	
402	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
403	RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER <input type="text"/> <input type="text"/>	
407	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 408A
408	In what month and year did you start living with your wife?	MONTH <input type="text"/> <input type="text"/>	
408A	Now I would like to ask a question about your first wife. In what month and year did you start living with your first wife?	DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 410
409	How old were you when you first started living with her?	AGE IN YEARS <input type="text"/> <input type="text"/>	
410	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
411	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95	
412	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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"/>	
413	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	CHECK 104: MARITAL STATUS: CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>	→ 501
415	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 501
416	The last time you had sex did you or your wife use any method to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 501
417	What method did you or your wife use? PROBE: Did you or your wife use any other method to prevent a pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION A PILL B IUD C INJECTABLES D IMPLANTS E CONDOM F DIAPHRAGM G FOAM/JELLY H RHYTHM METHOD I WITHDRAWAL J OTHER X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 104: <div style="text-align: center;">CURRENTLY MARRIED <input type="checkbox"/></div> <div style="text-align: center;">↓</div>	WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> → 508	
502	CHECK 302: <div style="text-align: center;">MAN NOT STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">↓</div>	MAN STERILIZED <input type="checkbox"/> → 508	
503	Is your wife (Are any of your wives) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> (NO) WIFE <input type="checkbox"/> PREGNANT OR DON'T KNOW ↓ 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? </div> <div style="width: 45%;"> WIFE(WIVES) <input type="checkbox"/> PREGNANT ↓ Now I have some questions about the future. After the child(ren) you and your wife(wives) are expecting now, would you like to have another child, or would you prefer not to have any more children? </div> </div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
506	CHECK 503: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> (NO) WIFE <input type="checkbox"/> PREGNANT OR DON'T KNOW ↓ How long would you like to wait from now before the birth of (a/another) child? </div> <div style="width: 45%;"> WIFE(WIVES) <input type="checkbox"/> PREGNANT ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div> </div>	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 508
508	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> HAS LIVING <input type="checkbox"/> CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="width: 45%;"> NO LIVING <input type="checkbox"/> CHILDREN ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> <div style="background-color: #f0f0f0; padding: 5px;">PROBE FOR A NUMERIC RESPONSE.</div>	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 601 → 601
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<div style="text-align: center; margin-bottom: 5px;">BOYS GIRLS EITHER</div> NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604																														
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604																														
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 611																														
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____																															
605	Do you do this work for government, for a private company, for someone else, for a member of your family, or are you self-employed?	FOR GOVERNMENT 1 FOR PRIVATE COMPANY 2 FOR SOMEONE ELSE 3 FOR FAMILY MEMBER 4 SELF-EMPLOYED 5																															
606	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																															
607	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4																															
608	CHECK 104: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">CURRENTLY MARRIED <input type="checkbox"/></div> <div style="text-align: center;">WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> → 611</div> </div> <div style="text-align: center; margin-top: 10px;">↓</div>																																
609	CHECK 607: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">CODE 1 OR 2 CIRCLED <input type="checkbox"/></div> <div style="text-align: center;">OTHER <input type="checkbox"/> → 611</div> </div> <div style="text-align: center; margin-top: 10px;">↓</div>																																
610	Who usually decides how the money you earn will be used: mainly you, mainly your (wife(wives)), or you and your (wife(wives)) jointly?	RESPONDENT 1 WIFE (WIVES) 2 RESPONDENT AND WIFE (WIVES) JOINTLY 3 OTHER 6 (SPECIFY) _____																															
611	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) Making major household purchases? b) Making purchases for daily household needs? c) Deciding about visits to the wife's family or relatives? d) Deciding what to do with the money she earns for her work? e) Deciding how many children to have?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">HUSBAND</th> <th style="text-align: center;">WIFE</th> <th style="text-align: center;">BOTH EQUALLY</th> <th style="text-align: center;">DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		HUSBAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	
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d)	1	2	3	8																													
e)	1	2	3	8																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	<table> <tr> <th></th><th>AG- REE</th><th>DIS- AGREE</th><th>DK</th></tr> <tr> <td>CHILDBEARING WOMAN'S CONCERN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DOCTOR/NURSE'S ASSISTANCE CRUCIAL</td><td>1</td><td>2</td><td>8</td></tr> </table>		AG- REE	DIS- AGREE	DK	CHILDBEARING WOMAN'S CONCERN	1	2	8	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8													
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CHILDBEARING WOMAN'S CONCERN	1	2	8																								
DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8																								
615	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																								
GOES OUT	1	2	8																								
NEGL. CHILDREN	1	2	8																								
ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK DEPENDS</th></tr> <tr> <td>GET ANGRY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO SUPPORT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>USE FORCE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SEX WITH OTHER WOMAN</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK DEPENDS	GET ANGRY	1	2	8	NO SUPPORT	1	2	8	USE FORCE	1	2	8	SEX WITH OTHER WOMAN	1	2	8					
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SEX WITH OTHER WOMAN	1	2	8																								

SECTION 7. HIV/AIDS and STIs

NO. 🔑	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 🔑
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 716
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
710	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>GOVT. VCT SITE F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL J</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
712	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
713	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
714	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
715	<p>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?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
715A	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
716	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	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	
718	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
719	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
720	CHECK 717, 718 AND 719: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 723		
721	The last time you had (PROBLEM FROM 717 / 718 / 719), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 723
722	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR INDHIRA GANDHI MEMORIAL HOSPITAL A GOVT. REGIONAL HOSPITAL B GOVT. ATOLL HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E COMMUNITY/FAMILY HEALTH WORKER F OTHER PUBLIC G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J OTHER PRIVATE MEDICAL K _____ (SPECIFY) OTHER SOURCE SHOP L OTHER X _____ (SPECIFY)	
723	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
724	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
725	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	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 DK/UNSURE/DEPENDS 8	
805	Now I would like to ask you some questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 809
806	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	→ 809

NO. 9	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 9
807	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL 11</p> <p>GOVT. REGIONAL HOSPITAL 12</p> <p>GOVT. ATOLL HOSPITAL 13</p> <p>GOVT. HEALTH CENTER 14</p> <p>GOVT. HEALTH POST 15</p> <p>COMMUNITY/FAMILY HEALTH WORKER 16</p> <p>OTHER PUBLIC 17</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>DENTAL OFFICE/CLINIC 23</p> <p>PHARMACY 24</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME 31</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	
808	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
809	<p>On how many days this week, did you walk, run, or engage in other vigorous physical activity for at least 20 minutes?</p> <p>IF NONE RECORD '00'.</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW / UNSURE 98</p>	
810	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 812
811	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
812	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→ 901
813	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED</p>	<p>HOOKA A</p> <p>BIDI B</p> <p>CIGAR C</p> <p>PIPE D</p> <p>CHEWING TOBACCO E</p> <p>SNUFF F</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	

SECTION 9. BLOOD PRESSURE, DIABETES, HEART ATTACK AND STROKE

NO. 	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of an illness called high blood pressure or hypertension?	YES 1 NO 2	→ 905
902	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 905
903	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 905
904	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. stopping smoking?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> TAKE MEDICINE 1 2 8 CONTROL WEIGHT 1 2 8 CUT DOWN SALT 1 2 8 EXERCISE 1 2 8 STOP SMOKING 1 2 8	
905	Have you ever heard of an illness called diabetes or high sugar?	YES 1 NO 2	→ 910
906	Has a doctor or other health professional ever told you that you had diabetes?	YES 1 NO 2 DON'T KNOW/UNSURE 8	<input type="checkbox"/> → 910
907	How old were you when you were FIRST told by a doctor or health professional that you had diabetes?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
908	Are you taking insulin at this time?	YES 1 NO 2	→ 910
909	Are you taking pills to lower you blood sugar?	YES 1 NO 2	
910	Have you ever been diagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES 1 NO 2	
911	Have you ever been diagnosed by a doctor or other health professional with a stroke?	YES 1 NO 2	

912 RECORD THE TIME

HOUR MINS

:

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR:

DATE:

EDITOR'S OBSERVATIONS

NAME OF EDITOR:

DATE:

2008 MALDIVES DEMOGRAPHIC AND HEALTH SURVEY YOUTH AND YOUNG ADULT QUESTIONNAIRE

IDENTIFICATION	
ISLAND NAME	<div style="display: flex; align-items: center; justify-content: center;"> <div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;">☞</div> <div style="display: flex; align-items: center;">☞</div> <div style="display: flex; align-items: center;">☞</div> </div> <div style="display: flex; flex-direction: column; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
HOUSEHOLD NAME	
NAME OF HOUSEHOLD HEAD	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
ATOLL	
NAME AND LINE NUMBER OF ELIGIBLE YOUTH/YOUNG ADULT	
SEX OF RESPONDENT: 1. MALE 2. FEMALE	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>Day □ □</div> <div>Month □ □</div> <div>Year 2 0 0 □</div> <div>INT. NUMBER □ □ □ □</div> <div>RESULT □</div> </div>
INTERVIEWER'S NAME	.....		
RESULT*	□	□	□	
NEXT VISIT:	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>		<div style="display: flex; align-items: center; justify-content: center;"> TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
DATE	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>	<div style="display: flex; justify-content: space-around;"> <div>day □ □</div> <div>month □ □</div> </div> <div style="text-align: center;">year 2 0 0 □</div>		
TIME	<div style="display: flex; justify-content: space-around;"> <div>Hr □ □</div> <div>Min □ □</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>Hr □ □</div> <div>Min □ □</div> </div>		

*RESULT CODES:

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

(specify)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME	NAME			
ID CODE □ □ □	ID CODE □ □ □	ID CODE	ID CODE	ID CODE
DATE □ □ □ □ □ □	DATE □ □ □ □ □ □	□ □ □	□ □ □	□ □ □

SECTION 1 : RESPONDENT'S BACKGROUND

Introduction and Consent

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey that asks women, men and youth about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than the members of our survey team.

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

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

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 ➡ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR : MINUTES <div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div>	
102	In what month and year were you born?	MONTH <div><div></div><div></div></div> DON'T KNOW MONTH 98 YEAR <div><div></div><div></div><div></div><div></div></div> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday?	AGE IN COMPLETED YEARS <div><div></div><div></div></div>	
	COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.		
104	Have you ever attended school?	YES 1 NO 2	➡ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	What is the highest level of school you attended?	NON-FORMAL EDUCATION 00 PRESCHOOL 01 PRIMARY 02 'O' LEVEL 03 'A' LEVEL 04 DIPLOMA 05 FIRST DEGREE 06 MASTER'S CERTIFICATE/ABOVE 07 CERTIFICATE 08	
106	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	Are you currently attending school?	YES 1 NO 2	→109
108	What is the main reason you are not currently attending school?	GRADUATED AND DID NOT NEED ADDITIONAL SCHOOLING 01 DID NOT PASS EXAMS 02 DID NOT LIKE SCHOOL/DID NOT WANT TO CONTINUE 03 CARING FOR SIBLINGS/OTHER FAMILY MEMBERS 04 HELP WITH FAMILY BUSINESS 05 NEEDED TO EARN MONEY 06 SCHOOL NOT ACCESSIBLE/TOO FAR 07 COULD NOT PAY SCHOOL FEES 08 OTHER 96 (SPECIFY)	
109	Have you done any work in the last seven days?	YES 1 NO 2	→111
110	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→111A →112
111	During the past seven days, about how many hours did you work?	HOURS WORKED <input type="text"/> <input type="text"/>	→ 113
111A	How many hours do you usually work during a week?	95 HOURS OR MORE 95	
112	Have you done any work in the last 12 months?	YES 1 NO 2	→120
113	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
114	Do you do this work for government, for a private company, for someone else, for a member of your family, or are you self-employed?	FOR GOVERNMENT 1 FOR PRIVATE COMPANY 2 FOR SOMEONE ELSE 3 FOR FAMILY MEMBER 4 SELF-EMPLOYED 5	

NO. ٩	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP ٩
115	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	
117	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	<input type="checkbox"/> → 120
118	Do you use the money you earn to help with household expenses or do you keep all of it?	HELP WITH HOUSEHOLD EXPENSES 1 KEEP ALL 2	→ 120
119	About how much of the money that you earn do you give for household expenses, less than half, about half, more than half, nearly all or all?	LESS THAN HALF 1 ABOUT HALF 2 MORE THAN HALF 3 NEARLY ALL/ALL 4	
120	During this past week did you help with household chores such as house cleaning, washing, shopping, caring for children, or fetching water?	YES 1 NO 2	→ 122
121	During the past seven days, about how many hours did you spend helping with household chores?	HOURS WORKED <input type="text"/> <input type="text"/> 95 HOURS OR MORE 95	
122	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 CANNOT READ 5	→ 124
123	Do you use the internet almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
124	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
125	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 2. KNOWLEDGE OF REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																
201	Now I would like to talk about some issues relating to reproductive health.																																			
202	CHECK 104: EVER ATTENDED SCHOOL <div> <div> ATTENDED SCHOOL <input type="checkbox"/> </div> <div> NEVER ATTENDED SCHOOL <input type="checkbox"/> → 204 </div> </div>																																			
203	Were you ever taught about human reproduction and sexuality in school?	YES 1 NO 2																																		
204	Do you think that young people should be taught about human reproduction and sexuality in school?	YES 1 NO 2	→ 206																																	
205	At what age do you think youth should first be taught about human reproduction and sexuality in school?	AGE <input type="text"/> <input type="text"/>																																		
206	Have you ever seen or heard about anything relating to human reproduction and sexuality on:	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER/MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>INTERNET</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	TELEVISION	1	2	RADIO	1	2	NEWSPAPER/MAGAZINE	1	2	INTERNET	1	2																			
	YES	NO																																		
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RADIO	1	2																																		
NEWSPAPER/MAGAZINE	1	2																																		
INTERNET	1	2																																		
207	Have you ever talked about anything relating to human reproduction and sexuality with any of the following persons:	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>MOTHER</td><td>1</td><td>2</td></tr> <tr> <td>FATHER</td><td>1</td><td>2</td></tr> <tr> <td>BROTHER</td><td>1</td><td>2</td></tr> <tr> <td>SISTER</td><td>1</td><td>2</td></tr> <tr> <td>MALE FRIEND</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE FRIEND</td><td>1</td><td>2</td></tr> <tr> <td>BOYFRIEND/GIRLFRIEND</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE TEACHER</td><td>1</td><td>2</td></tr> <tr> <td>MALE TEACHER</td><td>1</td><td>2</td></tr> <tr> <td>HEALTH PROVIDER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	MOTHER	1	2	FATHER	1	2	BROTHER	1	2	SISTER	1	2	MALE FRIEND	1	2	FEMALE FRIEND	1	2	BOYFRIEND/GIRLFRIEND	1	2	FEMALE TEACHER	1	2	MALE TEACHER	1	2	HEALTH PROVIDER	1	2	
	YES	NO																																		
MOTHER	1	2																																		
FATHER	1	2																																		
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FEMALE TEACHER	1	2																																		
MALE TEACHER	1	2																																		
HEALTH PROVIDER	1	2																																		
208	Do you think that health providers should be more active in providing youth with information about human reproduction?	YES 1 NO 2 DON'T KNOW 8																																		
209	Now I would like to ask you about a woman's risk of pregnancy. Do you think a girl can become pregnant the first time that she ever has sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																																		
210	From one menstrual period to the next, are there certain days when a women is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 212																																	
211	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																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	<p>Do you know about family planning, that is, the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:</p> <p>Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p>		
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	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	
09	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	
10	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES 1 NO 2	
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
213	Would you say that using contraception should mainly be the woman's decision, mainly the man's decision, or they should both decide together?	MAINLY WOMAN 1 MAINLY MAN 2 JOINT DECISION 3 OTHER 6 _____ (SPECIFY)	
214	<p>CHECK 212:</p> <p>KNOWS ONE OR MORE FAMILY PLANNING METHODS <input type="checkbox"/> →</p> <p>DOES NOT KNOW ANY FAMILY PLANNING METHOD <input type="checkbox"/> → 301</p>		

SECTION 3. ATTITUDES ABOUT MARRIAGE AND CHILDBEARING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I am going to ask some questions about marriage and childbearing. In your opinion, what is the best age for a girl to marry?	IDEAL AGE FOR A GIRL TO MARRY <input type="text"/> <input type="text"/> DON'T KNOW 98	
302	In your opinion, what is the best age for a boy to marry?	IDEAL AGE FOR A BOY TO MARRY <input type="text"/> <input type="text"/> DON'T KNOW 98	
303	Who is going to choose the person you will marry, your parents, yourself, or will you decide together with your parents?	MAINLY PARENTS 1 MAINLY RESPONDENT 2 JOINT DECISION WITH PARENT 3 OTHER 6 (SPECIFY)	
304	If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→306 →306
305	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
306	Who do you think should mainly decide how many children a couple should have, the husband, the wife, or both together?	MAINLY HUSBAND 1 MAINLY WIFE 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
307	Please tell me if you agree or disagree with the following: Before they marry, a couple should date and spend some time alone together so they get to know each other well. After a couple marries, they should delay having their first child for at least one year.	AG- DIS- DK REE AGREE DATE/SPEND TIME ALONE TOGETHER 1 2 8 DELAY FIRST BIRTH 1 2 8	
308	How long do you think a woman should wait after one birth before she has another birth?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 4. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 103: AGE 18 YEARS AND OLDER <input type="checkbox"/> ↓ AGE 15 - 17 YEARS <input type="checkbox"/> → 501		
402	Now I am going to ask you some questions about sexual relationships. Some of the questions will be personal. However, we promise that we will keep your answers confidential. Your responses will help us in understanding the situation of youth today in the Maldives and in planning youth health programs. Again your participation is voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
403	Have you ever had sexual intercourse?	YES 1 NO 2	→ 411
404	How old were you when you had sexual intercourse for the very first time?	AGE IN YEARS <input type="text"/> <input type="text"/>	
405	With how many different persons have you ever had sexual intercourse?	TOTAL NUMBER OF SEXUAL PARTNERS <input type="text"/> <input type="text"/>	
406	When did you last have sexual intercourse?	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"/>	
407	The last time you had sexual intercourse, did you or your partner use anything to prevent pregnancy?	YES 1 NO 2	→ 409
408	What method did you use?	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 DIAPHRAGM 08 FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 OTHER 96 (SPECIFY) UNSURE 98	
409	Sometimes a woman becomes pregnant when she does not want to be. FEMALE <input type="checkbox"/> ↓ In the past, have you ever become pregnant when you did not want to be? MALE <input type="checkbox"/> ↓ In the past, has a woman with whom you were having sex ever become pregnant when you did not want her to be?	YES 1 NO 2	→ 411
410	What happened with the (last such) pregnancy?	PREGNANCY CONTINUED 1 HAD ABORTION 2 HAD MISCARRIAGE 3 DON'T KNOW 8	

NO. 📄	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 📄
411	Have any of your unmarried friends told you that they have initiated sexual activity?	YES 1 NO 2	
412	Do you agree or disagree with the following statements: It is becoming more common in the Maldives for couples to initiate sexual intercourse before marriage. Men still want their wives to be virgins at the time they marry.	<div>AG- DIS- DK</div> <div>REE AGREE</div> SEX BEFORE MARRIAGE MORE COMMON 1 2 8 MEN WANT WIVES TO BE VIRGINS 1 2 8	

SECTION 5. HIV/AIDS

NO. ¶	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP ¶
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 517
502	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
504	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
505	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
508	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
509	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
510	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>GOVT. VCT SITE F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL J</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
512	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
513	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
514	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
515	<p>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?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
516	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
517	<p>CHECK 501:</p> <div> <div> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	<p>What other sexually transmitted diseases have you heard about?</p> <p>RECORD ALL MENTIONED.</p>	<p> SYPHILIS A GONORRHEA B HEPATITIS B C HERPES SIMPLEX (HSV-2) D OTHER X (SPECIFY) DON'T KNOW/REMEMBER THE NAME Y DON'T KNOW Z </p>	
519	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>RECORD ALL MENTIONED.</p>	<p> ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING ON URINATION D REDNESS/INFLAMMATION IN THE GENITAL AREA E SWELLING IN THE GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K OTHER X (SPECIFY) NO SYMPTOM Y DON'T KNOW Z </p>	
520	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>RECORD ALL MENTIONED.</p>	<p> ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING ON URINATION D REDNESS/INFLAMMATION IN THE GENITAL AREA E SWELLING IN THE GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K OTHER X (SPECIFY) NO SYMPTOM Y DON'T KNOW Z </p>	
521	<p>Do you know where a person can go to get treatment if they think they have a sexually transmitted disease?</p>	<p> YES 1 NO 2 </p>	→ 601

NO. 5	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP 6
522	<p>Where can they go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEMORIAL HOSPITAL A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>COMMUNITY/FAMILY HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	

SECTION 6. SMOKING, DRINKING AND DRUGS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Do you currently smoke cigarettes?	YES 1 NO 2	→ 605
602	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
603	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 605
604	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	HOOKA A BIDI B CIGAR C PIPE D CHEWING TOBACCO E SNUFF F OTHER X (SPECIFY)	
<p>605 Now I am going to ask you some questions about other behaviors in which youth sometimes engage. Your response will help us in understanding the situation of youth today in the Maldives and in planning youth health programs.</p> <p>Again your participation is voluntary. We promise to keep your answers confidential. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.</p> <p style="text-align: center;">CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>			
606	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 609A
607	How old were you when you first drank an alcohol-containing beverage?	AGE <input type="text"/> <input type="text"/>	
608	In the last month, how many days did you drink an alcohol-containing beverage? RECORD '00' IF DID NOT DRINK DURING LAST MONTH.	NUMBER OF DAYS <input type="text"/> <input type="text"/>	
609A	There are other drugs like heroin that are used to get 'high'. Have you ever used heroin?	YES 1 NO 2	
609B	Have you ever used any other drugs that can be used to get high?	YES 1 NO 2	
<p>609C CHECK 609A AND 609B:</p> <p style="text-align: center;">USED HEROIN / OTHER DRUGS <input type="checkbox"/> NEVER USED DRUGS <input type="checkbox"/> → 613</p>			
610	In what ways have you ingested heroin or other drugs? RECORD ALL MENTIONED	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER X (SPECIFY)	
611	How old were you when you first ingested any drugs that are used to get high?	AGE <input type="text"/> <input type="text"/>	
612	In the last 3 months, on how many days did you use drugs? RECORD '00' IF DID NOT USE DRUGS DURING LAST THREE MONTHS	DID NOT USE DRUGS 000 NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/>	→ 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612A	In the last 3 months, on how many occasions did you use drugs together with a family member, friend or someone else? RECORD '00' IF DID NOT USE DRUGS DURING LAST THREE MONTHS WITH ANYONE.	ALWAYS USED ALONE 000 NUMBER OF OCCASIONS <input type="text"/> <input type="text"/> <input type="text"/>	
613	Please tell me if you agree or disagree with the following statement. Drugs are easily available to young people in this community.	AGREE 1 DISAGREE 2 DON'T KNOW 8	
614	CHECK 107: CURRENTLY ATTENDING SCHOOL <div> ATTENDING SCHOOL <input type="checkbox"/> NOT IN SCHOOL <input type="checkbox"/> → 616 </div>		
615	Do you agree or disagree that: Drugs are easily available to young people in your school.	AGREE 1 DISAGREE 2 DON'T KNOW 8	
616	What are the reasons that youth in the Maldives are using drugs? RECORD ALL MENTIONED.	UNEMPLOYED/NOT IN SCHOOL A BORED B INFLUENCED BY PEERS C INFLUENCED BY MEDIA D NOT SUPERVISED BY PARENTS E OTHER X (SPECIFY) DON'T KNOW Z	
617	RECORD THE TIME	<div> HOUR MINS <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/> </div>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR:

DATE:

EDITOR'S OBSERVATIONS

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NAME OF EDITOR:

DATE: