

MALAWI DEMOGRAPHIC AND HEALTH SURVEY
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

INDIVIDUAL QUESTIONNAIRE
FEMALE

FORM MDHS-F/92

IDENTIFICATION																																	
REGION/DISTRICT _____	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																																
TA/STA/TOWN _____																																	
ENUMERATION AREA																																	
VILLAGE OR PLACE _____																																	
MDHS CLUSTER NUMBER.....																																	
HOUSEHOLD NUMBER																																	
URBAN/RURAL (urban=1, rural=2).....																																	
NAME AND LINE NUMBER OF WOMAN _____																																	
NAME AND LINE NUMBER OF HUSBAND _____ (CODE 98 IF NO HUSBAND OR HUSBAND NOT IN HOUSEHOLD)																																	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
INTERVIEWER'S NAME				NAME <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
RESULT *				RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
<p>* RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were about 12 years old, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	How many years of school did you complete at that level?	YEARS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Are you able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
114	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> ↓ THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
115	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
116	In which region is that located?	NORTH.....1 CENTRAL.....2 SOUTH.....3 OUTSIDE MALAWI.....4	
117	What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY)	119 119 119
118	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996 DK.....998	
119	Does your household get drinking water from this same source?	YES.....1 NO.....2	121
120	What is the source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY)	
121	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT LATRINE TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY31 OTHER41 (SPECIFY)	
122	Does your household have: Electricity? A radio? A paraffin lamp?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 PARAFFIN LAMP.....1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
123	How many rooms in all of the dwelling units of your household are used for sleeping?	ROOMS.....	<input type="text"/> <input type="text"/>															
124	Does any member of your household own: A bicycle? A motorcycle? A car? An oxcart?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OXCAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	OXCAR.....	1	2	
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																
OXCAR.....	1	2																
125A	At your own house, what is the main material that the floor is made from? NOTE: IF HER HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN FLOOR MATERIALS, ASK FOR THE FLOOR MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD.	MUD/EARTH FLOOR11 FINISHED FLOOR CEMENT31 BRICKS32 WOOD.....33 TILES34 OTHER41 (SPECIFY)																
125B	At your own house, what is the main material that the roof is made from? NOTE: IF HER HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN ROOF MATERIALS, ASK FOR THE ROOF MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD.	GRASS THATCH.....1 IRON SHEETS.....2 IRON AND TILES.....3 ASBESTOS4 CEMENT.....5 WOOD.....6 OTHER7 (SPECIFY)																

F 4

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		223

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
05 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
06 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
07 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
08 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)4 NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

212 What name was given to your next baby?	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.
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09 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
10 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
11 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
12 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
13 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
14 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

221	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> <div style="float: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
222	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1987. IF NONE, RECORD 0.</p> <div style="float: right;"> <input type="text"/> </div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→227
224	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/>	
225	During this pregnancy, are you taking bitter-tasting pills regularly to prevent you from getting malaria?	YES.....1 NO.....2 DK.....8	
226	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</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
227	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
228	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	→301
229	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DK.....8	

F 8

SECTION 3. METHODS OF CHILDS PACING

301 Now I would like to talk about childspacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08 NATURAL METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the natural method? YES.....1 NO.....2
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10 Have you heard of any other ways or methods that women or men can use to delay or avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... NO.....	<input type="checkbox"/> <input type="checkbox"/> → 324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the time when you first 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"/>
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... NO.....	1 2 → 324
312	Which method are you using?	PILL..... IUCD..... INJECTIONS..... DIAPHRAGM/FOAM/JELLY..... CONDOM..... FEMALE STERILIZATION..... MALE STERILIZATION..... NATURAL METHOD..... WITHDRAWAL..... OTHER.....	.01 .02 .03 .04 .05 .06 .07 .08 .09 10 → 318 → 323 (SPECIFY)
312A	DO NOT ASK Q.312A IF THE WOMAN IS NOT STERILIZED You have said that you had an operation that keeps you from getting pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-305 (AND 302 IF NECESSARY). IF RESPONDENT CONFIRMS WITH A "YES", CIRCLE '06' FOR FEMALE STERILIZATION.		
313	At the time you first started using the pill, did you consult a doctor, nurse or other medical person?	YES..... NO..... DK.....	1 2 8
314	At the time you last got pills, did you consult a doctor, nurse, or other medical person?	YES..... NO.....	1 2
315	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN..... BRAND NAME..... PACKAGE NOT SEEN.....	1 <input type="text"/> <input type="text"/> → 317 2
316	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME..... DK.....	<input type="text"/> <input type="text"/> 98
317	How much does one packet/cycle of pills cost you?	COST (kwacha)..... FREE..... DK.....	<input type="text"/> <input type="text"/> <input type="text"/> 996 998

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilization take place? _____</p> <p>(NAME OF PLACE)</p> <p>NOTE: PRIVATE SECTOR INCLUDES MISSION FACILITIES</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>DISPENSARY/MATERNITY CLINIC...13</p> <p>MOBILE CLINIC.....14 → 321</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL21</p> <p>PRIVATE HEALTH CENTRE.....22</p> <p>DISPENSARY/MATERNITY CLINIC...23</p> <p>MOBILE CLINIC.....24 → 321</p> <p>PRIVATE DOCTOR.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP/PHARMACY.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER41 → 321</p> <p>(SPECIFY)</p> <p>DK.....98</p>	
319	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....999B</p>	<p>0</p>
320	Is it easy or difficult to get there?	<p>EASY.....1</p> <p>DIFFICULT.....2</p>	
321	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p>		→ 323
322	In what month and year was the sterilization operation performed?	<p>MONTH.....</p> <p>YEAR.....</p>	→ 334
323	<p>For how many months have you been using (CURRENT METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>	→ 329
324	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	<p>YES.....1 → 326</p> <p>NO.....2</p> <p>DK.....8 → 330</p>	
325	What is the main reason you do not intend to use a method?	<p>WANTS CHILDREN.....01</p> <p>LACK OF KNOWLEDGE.....02</p> <p>PARTNER OPPOSED.....03</p> <p>OTHER RELATIVES OPPOSED.....04</p> <p>SIDE EFFECTS.....05</p> <p>HEALTH CONCERNS.....06</p> <p>SOURCE TOO FAR AWAY.....07</p> <p>METHODS ARE UNAVAILABLE.....08 → 330</p> <p>OPPOSED TO FAMILY PLANNING.....09</p> <p>FATALISTIC/GOD'S WILL.....10</p> <p>COSTS TOO MUCH.....11</p> <p>INFREQUENT SEX.....12</p> <p>CAN NOT GET PREGNANT.....13</p> <p>MENOPAUSAL/HAD HYSTERECTOMY.....14</p> <p>INCONVENIENT.....15</p> <p>NOT MARRIED.....16</p> <p>OTHER17</p> <p>(SPECIFY)</p> <p>DK.....98</p>	
326	Do you intend to use a method within the next 12 months?	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
327	When you start using a method, which method would you prefer to use?	PILL.....01 IUCD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL METHOD.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98	→330						
328	Where can you get (METHOD MENTIONED IN 327)? _____ (NAME OF PLACE) NOTE: PRIVATE SECTOR INCLUDES MISSION FACILITIES	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC...13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC...23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	→332 →334 →332 →334 →332 →334						
329	CHECK 312: USING NATURAL METHOD, WITHDRAWAL, OR OTHER TRADITIONAL METHOD <input type="checkbox"/> USING A MODERN METHOD <input type="checkbox"/>		→334						
330	Do you know of a place where you can obtain a method of childspacing?	YES.....1 NO.....2	→334						
331	Where is that? _____ (NAME OF PLACE) NOTE: PRIVATE SECTOR INCLUDES MISSION FACILITIES	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC...13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC...23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY)	→334 →334						
332	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>0</td><td></td><td></td> </tr> </table>				0		
0									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
333	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
334	In the last month, have you heard a message about childspacing on the radio?	YES.....1 NO.....2	
335	Is it acceptable or not acceptable to you for child-spacing information to be provided on the radio?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 OK.....8	
336	CHECK 302 (CONDOM): EVER HEARD OF THE CONDOM <input type="checkbox"/>	NEVER HEARD OF THE CONDOM <input type="checkbox"/>	401
337	Have you seen or heard any advertisement in the last month about the condom?	YES.....1 NO.....2	339
338	Where did you see or hear the advertisement? CIRCLE ALL MENTIONED	RADIO.....A NEWSPAPER.....B MAGAZINE.....C POSTERS.....D CAN NOT REMEMBER.....E OTHER.....F (SPECIFY)	
339	CHECK 312: NOT CURRENTLY USING CONDOM <input type="checkbox"/>	CURRENTLY USING CONDOM <input type="checkbox"/>	401
340	Where can someone go to get condoms? (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC.....13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC.....23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) OK.....98	
NOTE: PRIVATE SECTOR INCLUDES MISSION FACILITIES			

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222:
ONE OR MORE BIRTHS SINCE JAN. 1987 ☐ NO BIRTHS SINCE JAN. 1987 ☐ (SKIP TO 501)

402 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past five years.
(We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
403	<p>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 want <u>no (more)</u> children at all?</p> <p>THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←</p>	<p>THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←</p>	<p>THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←</p>
404	<p>How much longer would you like to have waited?</p> <p>MONTHS.....1 YEARS.....2 DK.....998</p>	<p>MONTHS.....1 YEARS.....2 DK.....998</p>	<p>MONTHS.....1 YEARS.....2 DK.....998</p>
405	<p>When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES, Whom did you see? Anyone else?</p> <p>RECORD ALL PERSONS SEEN.</p> <p>HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER.....G (SPECIFY) NO ONE.....H (SKIP TO 409)←</p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER.....G (SPECIFY) NO ONE.....H (SKIP TO 409)←</p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER.....G (SPECIFY) NO ONE.....H (SKIP TO 409)←</p>
406	<p>Were you given an antenatal card for this pregnancy?</p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>
407	<p>How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?</p> <p>MONTHS..... DK.....98</p>	<p>MONTHS..... DK.....98</p>	<p>MONTHS..... DK.....98</p>
408	<p>How many antenatal visits did you have during this pregnancy?</p> <p>NO. OF VISITS..... DK.....98</p>	<p>NO. OF VISITS..... DK.....98</p>	<p>NO. OF VISITS..... DK.....98</p>
409	<p>When you were pregnant with (NAME) were you given an injection in the buttock to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES.....1 NO.....2 (SKIP TO 411)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 411)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 411)← DK.....8</p>
410	<p>During this pregnancy how many times did you get this injection?</p> <p>TIMES..... DK.....8</p>	<p>TIMES..... DK.....8</p>	<p>TIMES..... DK.....8</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)? NOTE: PRIVATE SECTOR INCLUDES MISSION FACILITIES	HOME YOUR HOME.....11 HOME OF TBA.....12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL.....21 PRIMARY HEALTH CENTRE..22 MATERNITY FACILITY.....23 PRIVATE SECTOR PVT. HOSPITAL31 PVT. HEALTH CENTRE.....32 MATERNITY FACILITY.....33 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 HOME OF TBA.....12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL.....21 PRIMARY HEALTH CENTRE..22 MATERNITY FACILITY.....23 PRIVATE SECTOR PVT. HOSPITAL31 PVT. HEALTH CENTRE.....32 MATERNITY FACILITY.....33 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 HOME OF TBA.....12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL.....21 PRIMARY HEALTH CENTRE..22 MATERNITY FACILITY.....23 PRIVATE SECTOR PVT. HOSPITAL31 PVT. HEALTH CENTRE.....32 MATERNITY FACILITY.....33 OTHER.....41 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINEDD UNTRAINED.....E TRAINING UNCERTAIN.....F RELATIVEG OTHERH (SPECIFY) NO ONEI	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINEDD UNTRAINED.....E TRAINING UNCERTAIN.....F RELATIVEG OTHERH (SPECIFY) NO ONEI	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER/ MEDICAL ASSISTANT.....C TRADITIONAL BIRTH ATTENDANT TRAINEDD UNTRAINED.....E TRAINING UNCERTAIN.....F RELATIVEG OTHERH (SPECIFY) NO ONEI
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	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 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)	YES.....1 NO.....2 (SKIP TO 419)	YES.....1 NO.....2 (SKIP TO 419)
417	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420) NO.....2 (SKIP TO 421)		
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 421)	YES.....1 NO.....2 (SKIP TO 421)
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98
421	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 423) NO.....2	YES.....1 (SKIP TO 430) NO.....2	YES.....1 (SKIP TO 430) NO.....2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																											
422	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 432)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 432)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 432)←																											
423	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 <table border="1"><tr><td></td><td></td></tr></table> DAYS.....2 <table border="1"><tr><td></td><td></td></tr></table>																													
424	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 430)	DEAD <input type="checkbox"/> ↓ (SKIP TO 430)																												
425	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 430)←																													
426	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <table border="1"><tr><td></td><td></td></tr></table>																													
427	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <table border="1"><tr><td></td><td></td></tr></table>																													
428	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Water with herbs or roots? Juice? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER WITH HRBS/RTS..</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TINNED/POWDERED MILK..</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUIDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLID/MUSHY FOOD.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	PLAIN WATER.....	1	2	WATER WITH HRBS/RTS..	1	2	JUICE.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK..	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2		
	YES	NO																													
PLAIN WATER.....	1	2																													
WATER WITH HRBS/RTS..	1	2																													
JUICE.....	1	2																													
BABY FORMULA.....	1	2																													
FRESH MILK.....	1	2																													
TINNED/POWDERED MILK..	1	2																													
OTHER LIQUIDS.....	1	2																													
SOLID/MUSHY FOOD.....	1	2																													
429	CHECK 428: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 434)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 433)																												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
430	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 433)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 433)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 433)←
431	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)
432	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 434)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 434)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 434)
433	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 437)←	YES.....1 NO.....2 (SKIP TO 437)←	YES.....1 NO.....2 (SKIP TO 437)←
434	How many months old was (NAME) when you started giving the following on a regular basis?: Formula or milk other than breastmilk? Plain water? Other liquids? Any solid or mushy food? IF LESS THAN 1 MONTH, RECORD '00'.	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (SKIP TO 437)	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (SKIP TO 437)
435	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)		
436	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
437	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 438			

SECTION 48. IMMUNIZATION AND HEALTH

430 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212			
----------------------------	--	--	--

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NAME _____	NAME _____	NAME _____	

439	Do you have a card where (NAME'S) vaccinations are written down?	YES, SEEN.....1 (SKIP TO 441)←	YES, SEEN.....1 (SKIP TO 441)←	YES, SEEN.....1 (SKIP TO 441)←
	IF YES: May I see it, please?	YES, NOT SEEN.....2 (SKIP TO 443)←	YES, NOT SEEN.....2 (SKIP TO 443)←	YES, NOT SEEN.....2 (SKIP TO 443)←
		NO CARD.....3	NO CARD.....3	NO CARD.....3

440 Did you ever have a vaccination card for (NAME)? YES. (SKIP TO 443) NO. (SKIP TO 443)

	DAY	MO	YR
BCG			
POLIO 1			
POLIO 2			
POLIO 3			
DPT 1			
DPT 2			
DPT 3			
MEASLES			

442	<p>Has (NAME) received any vaccinations that are not recorded on this card?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 441)</p> <p>NO.....2 DK.....8 (SKIP TO 445)</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 441)</p> <p>NO.....2 DK.....8 (SKIP TO 445)</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 441)</p> <p>NO.....2 DK.....8 (SKIP TO 445)</p>
-----	--	--	--	--

443	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1	YES.....1	YES.....1
		NO.....2	NO.....2	NO.....2
	(SKIP TO 445)←	(SKIP TO 445)←	(SKIP TO 445)←	
	DK.....8	DK.....8	DK.....8	

444	Please tell me if (NAME) (has) received any of the following vaccinations:		
A BCG vaccination against tuberculosis, that is, an injection in the right upper arm that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
IF YES:			
How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
An injection against measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

445	CHECK 216:	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447)
	CHILD ALIVE?			

445 | GO BACK TO 439 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 478.

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
447	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
448	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8
449	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
450	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
451	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
452	CHECK 447 AND 448: FEVER OR COUGH?	"YES" IN EITHER 447 OR 448 <input type="checkbox"/> ↓ OTHER (SKIP TO 457) <input type="checkbox"/>	"YES" IN EITHER 447 OR 448 <input type="checkbox"/> ↓ OTHER (SKIP TO 457) <input type="checkbox"/>	"YES" IN EITHER 447 OR 448 <input type="checkbox"/> ↓ OTHER (SKIP TO 457) <input type="checkbox"/>	"YES" IN EITHER 447 OR 448 <input type="checkbox"/> ↓ OTHER (SKIP TO 457) <input type="checkbox"/>	"YES" IN EITHER 447 OR 448 <input type="checkbox"/> ↓ OTHER (SKIP TO 457) <input type="checkbox"/>
453	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 455)← DK.....8	YES.....1 NO.....2 (SKIP TO 455)← DK.....8	YES.....1 NO.....2 (SKIP TO 455)← DK.....8	YES.....1 NO.....2 (SKIP TO 455)← DK.....8	YES.....1 NO.....2 (SKIP TO 455)← DK.....8
454	What was given to treat the fever/cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
455	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 457)←	YES.....1 NO.....2 (SKIP TO 457)←	YES.....1 NO.....2 (SKIP TO 457)←	YES.....1 NO.....2 (SKIP TO 457)←	YES.....1 NO.....2 (SKIP TO 457)←
456	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE...G DISPENSARY.....H PRIVATE DOCTOR.....I PHARMACY.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE...G DISPENSARY.....H PRIVATE DOCTOR.....I PHARMACY.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE...G DISPENSARY.....H PRIVATE DOCTOR.....I PHARMACY.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE...G DISPENSARY.....H PRIVATE DOCTOR.....I PHARMACY.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE...G DISPENSARY.....H PRIVATE DOCTOR.....I PHARMACY.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 459)..... NO.....2 DK.....8	YES.....1 (SKIP TO 459)..... NO.....2 DK.....8	YES.....1 (SKIP TO 459)..... NO.....2 DK.....8
458	GO BACK TO 459 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 476			
459	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
460	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
461	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 465)	YES.....1 NO.....2 DK.....8 (SKIP TO 465)
462	CHECK 421/425: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 465)		
463	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 465).....		
464	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
465	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
466	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 468)..... DK.....8	YES.....1 NO.....2 (SKIP TO 468)..... DK.....8	YES.....1 NO.....2 (SKIP TO 468)..... DK.....8
467	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	FLUID PREPARED AT HOME FROM ORS PACKET.....A ORS PREMIXED IN BOTTLE...B RECOMMENDED HOME FLUID...C ANTIBIOTIC (PILL OR SYRUP).....D OTHER PILL OR SYRUP.....E INJECTION.....F (I.V.) INTRAVENOUS.....G HOME REMEDIES/ HERBAL MEDICINES.....H OTHER.....I (SPECIFY)	FLUID PREPARED AT HOME FROM ORS PACKET.....A ORS PREMIXED IN BOTTLE...B RECOMMENDED HOME FLUID...C ANTIBIOTIC (PILL OR SYRUP).....D OTHER PILL OR SYRUP.....E INJECTION.....F (I.V.) INTRAVENOUS.....G HOME REMEDIES/ HERBAL MEDICINES.....H OTHER.....I (SPECIFY)	FLUID PREPARED AT HOME FROM ORS PACKET.....A ORS PREMIXED IN BOTTLE...B RECOMMENDED HOME FLUID...C ANTIBIOTIC (PILL OR SYRUP).....D OTHER PILL OR SYRUP.....E INJECTION.....F (I.V.) INTRAVENOUS.....G HOME REMEDIES/ HERBAL MEDICINES.....H OTHER.....I (SPECIFY)
468	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 470).....	YES.....1 NO.....2 (SKIP TO 470).....	YES.....1 NO.....2 (SKIP TO 470).....

F 20

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
469	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE.....G DISPENSARY.....H PRIVATE DOCTOR.....I CHEMIST.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE.....G DISPENSARY.....H PRIVATE DOCTOR.....I CHEMIST.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE...B DISPENSARY.....C OTHER FIXED FACILITY...D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PVT. HEALTH CENTRE.....G DISPENSARY.....H PRIVATE DOCTOR.....I CHEMIST.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)
470	CHECK 467: ORS FLUID FROM PACKET (PREPARED AT HOME OR PREMIXED IN BOTTLE) MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 472)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 472)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 472)
471	Was (NAME) given ORS fluid made at home from a packet or premixed in a bottle when he/she had diarrhea?	YES.....1 NO.....2 (SKIP TO 473) DK.....8	YES.....1 NO.....2 (SKIP TO 473) DK.....8	YES.....1 NO.....2 (SKIP TO 473) DK.....8
472	For how many days was (NAME) given ORS fluid? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
473	CHECK 467: RECOMMENDED HOME FLUID MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)
474	Was (NAME) given any recommended home fluid made from water and rice or from water and maize meal when he/she had diarrhea?	YES.....1 NO.....2 (SKIP TO 477) DK.....8	YES.....1 NO.....2 (SKIP TO 477) DK.....8	YES.....1 NO.....2 (SKIP TO 477) DK.....8
475	What was the main recommended home fluid that you gave (NAME) when he/she had diarrhea?	RICE WATER.....1 DILUTE MAIZE PORRIDGE....2 FERMENTED MAIZE PORRIDGE.....3 OTHER.....4 (SPECIFY)	RICE WATER.....1 DILUTE MAIZE PORRIDGE....2 FERMENTED MAIZE PORRIDGE.....3 OTHER.....4 (SPECIFY)	RICE WATER.....1 DILUTE MAIZE PORRIDGE....2 FERMENTED MAIZE PORRIDGE.....3 OTHER.....4 (SPECIFY)
476	For how many days was (NAME) given (THE FLUID MENTIONED IN 475)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
477	GO BACK TO 439 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 478			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
478	CHECK 467 AND 471 (ALL COLUMNS): ORS FLUID FROM A PACKET GIVEN TO ANY CHILD (EITHER PREPARED AT HOME OR PREMIXED IN BOTTLE) <input type="checkbox"/>	ORS FLUID FROM A PACKET NOT GIVEN TO ANY CHILD (EITHER PREPARED OR PREMIXED) <input type="checkbox"/> OR 467 AND 471 NOT ASKED	481
479	Have you ever heard of a special product called ORS fluid you can get for the treatment of diarrhea?	YES.....1 NO.....2	481
480	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	485
481	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? SHOW PACKET.	YES.....1 NO.....2	484
482	The last time you prepared the ORS fluid, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	484
483	How much water did you use to prepare ORS fluid the last time you made it?	1 1/2 LITER.....01 1 LITER.....02 1 1/2 LITERS.....03 1 COKE BOTTLE.....04 2 COKE BOTTLES.....05 3 COKE BOTTLES.....06 1 ORS CUP.....07 2 ORS CUPS.....08 3 ORS CUPS.....09 FOLLOWED PACKAGE INSTRUCTIONS..10 OTHER.....11 (SPECIFY) DK.....98	
484	Where can you get the ORS packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A PRIMARY HEALTH CENTRE.....B DISPENSARY.....C OTHER FIXED FACILITY.....D MOBILE CLINIC.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PRIMARY HEALTH CENTRE.....G DISPENSARY.....H PRIVATE DOCTOR.....I CHEMIST.....J MOBILE CLINIC.....K OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY) DK.....0	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→601
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5	→507
503	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98	
510	CHECK 508 AND 509: YEAR AND AGE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		→601
511	<p>CHECK CONSISTENCY OF 508 AND 509:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR OF BIRTH (105) <input type="text"/><input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (509) <input type="text"/><input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p align="center">IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text" value="9"/><input type="text" value="2"/></p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/><input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/><input type="text"/></p> </div> </div> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ?</p> <p>YES <input type="checkbox"/> → CONTINUE TO 601</p> <p>NO <input type="checkbox"/> → PROBE AND CORRECT 508 AND 509.</p>		

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 312: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		606
602	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v 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? v Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	609
603	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v How long would you like to wait from now before the birth of (a/another) child? v How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER.....996 (SPECIFY) DK.....998	609
604	CHECK 216 AND 223: HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/>		609
605	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v How old would you like your youngest child to be when your next child is born? v How old would you like the child you are expecting to be when your next child is born?	AGE OF CHILD YEARS..... <input type="text"/> <input type="text"/> DK.....98	609
606	Given your present circumstances, if you had to do it over again, do you think (you/your husband) would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	
607	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	614
608	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
609	CHECK 502: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/></p> <p>↓</p> </div> <div> <p>NOT MARRIED/ NOT LIVING TOGETHER <input type="checkbox"/></p> <p>↓</p> </div> </div>		614
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
611	How often have you talked to your husband/partner about childspacing in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
613	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> OTHER _____ 996 (SPECIFY)	
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
616	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	
617	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div> <p>HAS LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>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?</p> </div> <div> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p style="text-align: center;">RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY)	
618	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> OTHER _____ 996 (SPECIFY)	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: <div style="display: flex; justify-content: space-around;"> <div>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></div> <div>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></div> </div> <p style="text-align: center;">↓</p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		710
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	707
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DK.....6	707
704	How many years of school did he complete at that level?	YEARS..... <input type="text"/> <input type="text"/> DK.....98	
705	CHECK 703: <div style="display: flex; justify-content: space-around;"> <div>PRIMARY <input type="checkbox"/></div> <div>SECONDARY OR HIGHER <input type="checkbox"/></div> </div> <p style="text-align: center;">↓</p>		707
706	Is your husband/partner able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
707	What kind of work does (did) your (last) husband/partner mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
708	CHECK 707: <div style="display: flex; justify-content: space-around;"> <div>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></div> <div>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div> <p style="text-align: center;">↓</p>		710
709	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
710	Aside from your own housework, are you currently working?	YES.....1 NO.....2	712
711	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
712	What is your occupation, that is, what kind of work do you do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
713	In your current work, do you work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
714	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
715	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
716	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1987 AND LIVING AT HOME? <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> YES <input type="checkbox"/> ↓ </div>	NO <input type="checkbox"/>	801
717	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	801
718	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 CHILD'S GRANDPARENT(S).....03 OTHER RELATIVES.....04 NEIGHBOURS.....05 FRIENDS.....06 SERVANTS/HIRED HELP.....07 CHILD IS IN SCHOOL.....08 INSTITUTIONAL CHILDCARE.....09 OTHER.....10 (SPECIFY)	

SECTION 8. AIDS KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	SCT. 9
802	From which sources of information or persons have you heard about AIDS in the last month? CIRCLE ALL MENTIONED.	RADIO.....A NEWSPAPERS.....B HEALTH WORKERS.....C MOSQUES/CHURCHES.....D FRIENDS/RELATIVES.....E SCHOOLS/QURAN TEACHERS.....F BOOKLETS/PAMPHLETS/POSTERS.....G COMMUNITY MEETINGS.....H OTHER.....I (SPECIFY) NONE.....J	
803	How is AIDS transmitted? CIRCLE ALL MENTIONED.	SEXUAL INTERCOURSE.....A NEEDLES/BLADES/SKIN PUNCTURES.....B MOTHER TO CHILD.....C TRANSFUSION OF INFECTED BLOOD.....D OTHER.....E (SPECIFY) DON'T KNOW.....F	
804	Do you think that you can get AIDS from shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone with AIDS? mosquito, flea or bedbug bites?	YES NO DK HANDSHAKING.....1 2 8 HUGGING.....1 2 8 KISSING.....1 2 8 SHARING CLOTHES.....1 2 8 SHARING EATING UTENSILS.....1 2 8 STEPPING ON URINE/STOOL.....1 2 8 MOSQUITO/FLEA/BEDBUG BITES.....1 2 8	
805	Is it possible for a healthy looking person to be infected with the AIDS virus?	YES.....1 NO.....2 DK.....8	
806	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8	
807	Can a person protect herself or himself from getting AIDS?	YES.....1 NO.....2	809
808	How can a person protect herself or himself from getting AIDS? CIRCLE ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A LIMIT NO. SEXUAL PARTNERS.....B USE CONDOMS DURING SEX.....C STERILIZE SYRINGES/NEEDLES.....D AVOID PROSTITUTES.....E OTHER.....F (SPECIFY)	
809	If your relative is suffering with AIDS, who would you prefer to care for him or her?	RELATIVES/FRIENDS.....1 GOVERNMENT FACILITY.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER.....5 (SPECIFY)	

F 29

SECTION 9. MATERNAL MORTALITY

901	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.</p> <p>How many children did your mother give birth to, including yourself?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... </p>
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902	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>TWO OR MORE BIRTHS</p> <p><input type="checkbox"/> ↓</p> </div> <div style="text-align: center;"> <p>ONLY ONE BIRTH (RESPONDENT ONLY)</p> <p><input type="checkbox"/> →</p> </div> </div>	<p>SKIP TO SECTION 10</p>
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903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... </p>
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	[1]	[2]	[3]	[4]	[5]	[6]	[7]
904 What was the name given to your oldest (next oldest) brother or sister?							
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<	YES.....1 NO.....2 GO TO 908<
	DK.....8 GO TO [2]<	DK.....8 GO TO [3]<	DK.....8 GO TO [4]<	DK.....8 GO TO [5]<	DK.....8 GO TO [6]<	DK.....8 GO TO [7]<	DK.....8 GO TO [8]<
907 How old is (NAME)?	 GO TO [2]	 GO TO [3]	 GO TO [4]	 GO TO [5]	 GO TO [6]	 GO TO [7]	 GO TO [8]
908 How many years ago did (NAME) die?							
909 How old was (NAME) when she/he died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [2]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [3]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [4]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [5]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [6]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [7]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [8]
910 Was (NAME) pregnant when she died?	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
911 Did (NAME) die during childbirth?	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<	YES.....1 GO TO 913<
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO [2]<	YES.....1 NO.....2 GO TO [3]<	YES.....1 NO.....2 GO TO [4]<	YES.....1 NO.....2 GO TO [5]<	YES.....1 NO.....2 GO TO [6]<	YES.....1 NO.....2 GO TO [7]<	YES.....1 NO.....2 GO TO [8]<
913 How many children had (NAME) given birth to before that pregnancy?							

	[8]	[9]	[10]	[11]	[12]	[13]	[14]
904 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----	-----
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [9]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [10]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [11]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [12]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [13]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [14]<	YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [15]<
907 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]
908 How many years ago did (NAME) die?	<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"/>
909 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [9] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [10] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [11] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [12] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [13] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [14] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [15] =====
910 Was (NAME) pregnant when she died?	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2
911 Did (NAME) die during childbirth?	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2	YES.....1 GO TO 913< NO.....2
912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO [9]<	YES.....1 NO.....2 GO TO [10]<	YES.....1 NO.....2 GO TO [11]<	YES.....1 NO.....2 GO TO [12]<	YES.....1 NO.....2 GO TO [13]<	YES.....1 NO.....2 GO TO [14]<	YES.....1 NO.....2 GO TO [15]<
913 How many children had (NAME) given birth to before that pregnancy?	<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"/>

914	RECORD THE TIME.	HOUR.....	<input type="text"/> <input type="text"/>
		MINUTES.....	<input type="text"/> <input type="text"/>

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 222: ONE OR MORE BIRTHS SINCE JAN. 1987	<input type="checkbox"/> <input checked="" type="checkbox"/>	NO BIRTHS SINCE JAN. 1987	<input type="checkbox"/> → END
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INTERVIEWER: IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. IN 1009 RECORD THE ARM CIRCUMFERENCE OF THE RESPONDENT AND LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1987, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
1002 LINE NO. FROM Q.212		<input type="text"/>	<input type="text"/>	<input type="text"/>
1003 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1004 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>
1005 BCG SCAR ON THE RIGHT UPPER ARM		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1006 HEIGHT (in centimeters)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1007 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008 WEIGHT (in kilograms)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1009 ARM CIRCUMFERENCE (in centimeters)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1010 DATE WEIGHED AND MEASURED	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR.... <input type="text"/>
1011 RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)
1012 NAME OF MEASURER: _____	<input type="text"/>	NAME OF ASSISTANT: _____		<input type="text"/>

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

F 33