

MALAWI DEMOGRAPHIC AND HEALTH SURVEY  
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE  
WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
PLACE NAME _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; background-color: black;"></div> <div style="position: absolute; bottom: 0; right: 0; width: 10px; height: 10px; background-color: black;"></div> </div>
NAME OF HOUSEHOLD HEAD _____	
DISTRICT _____	
CLUSTER NUMBER .....	
HOUSEHOLD NUMBER .....	
URBAN/RURAL (URBAN=1, RURAL=2) .....	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
NAME AND LINE NUMBER OF WOMAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> INT. CODE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> RESULT <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)				

LANGUAGE OF QUESTIONNAIRE***: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; vertical-align: middle;">3</div>	NATIVE LANGUAGE OF RESPONDENT***: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
LANGUAGE OF INTERVIEW***: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	WAS A TRANSLATOR USED? (YES=1, NO=2) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
*** LANGUAGE CODES:    1 CHICHEWA    2 TUMBUKA    3 ENGLISH    4 OTHER _____ (SPECIFY)	

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

# SECTION 1. RESPONDENT'S BACKGROUND

## INFORMED CONSENT: INTRODUCTORY

Hello. My name is \_\_\_\_\_ and I am working with the National Statistical Office. The National Statistical Office, together with the Ministry of Health, is conducting a national survey about the health of women and children. Your household is one of the households that have been randomly selected out of all households in Malawi to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes about 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

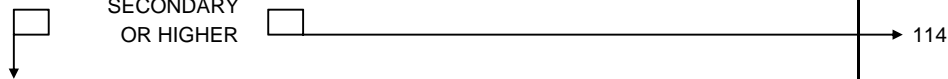
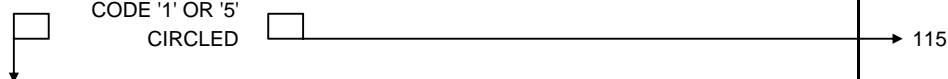
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> ALWAYS ..... 95 VISITOR ..... 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
105	In what month and year were you born?	MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW MONTH ..... 98 YEAR ..... <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> DON'T KNOW YEAR ..... 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
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	What is the highest (class/form/year) you completed at that level?	CLASS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: <div> PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> </div> 		
111	Now I would like you to read this sentence to me.  SHOW SENTENCES ON THE NEXT PAGE TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
113	CHECK 111: <div> CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> 		
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	What is your religion?	CATHOLIC ..... 01 CCAP ..... 02 ANGLICAN ..... 03 SEVENTH DAY ADVENT./BAPTIST ... 04 OTHER CHRISTIAN ..... 05 MUSLIM ..... 06 NO RELIGION ..... 07 OTHER _____ 96 (SPECIFY)	
118	What is your tribe or ethnic group?	CHEWA ..... 01 TUMBUKA ..... 02 LOMWE ..... 03 TONGA ..... 04 YAO ..... 05 SENA ..... 06 NKONDE ..... 07 NGONI ..... 08 OTHER _____ 96 (SPECIFY)	

SENTENCES FOR LITERACY TEST (Q 111)

CHICHEWA

**Makolo amakonda ana awo.  
Ulimi ndi khama.  
Mwana akuwerenga bukhu.  
Ana amalimbikila kusukulu.**

TUMBUKA

**Bapapi wakutemwa wana wawo.  
Kulima ndi ntchito yinonono.  
Mwana wakuwerenga bukhu.  
Wana wakulimbikira kusukulu.**

YAO

**Anangolo akusyanonyela wanachewawo.  
Kulima kukusoseka kulimbichila.  
Mwanache akuwalanga buku.  
Wanache akusyalimbichila sukulu.**

ENGLISH

**Parents love their children.  
Farming is hard work.  
The child is reading a book.  
Children work hard at school.**

SECTION 2. REPRODUCTION

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

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221			
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?			
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO . . . . . 2			
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO . . . . . 2			
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO . . . . . 2			
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO . . . . . 2			
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO . . . . . 2			
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES . . . . . 1 NO . . . . . 2						
223	<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>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 OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>											
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'.											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 1999, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.								
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 COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3							
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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							
231	CHECK 230:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             LAST PREGNANCY ENDED IN JAN. 1999 OR LATER ↓ <input type="checkbox"/> </div> <div style="text-align: center;">             LAST PREGNANCY ENDED BEFORE JAN. 1999 → <input type="checkbox"/> </div> </div>		→ 237						
232	How many months pregnant were you when the last such pregnancy ended?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
233	Have you ever had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1999.  ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any pregnancies that terminated before 1999 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237						
236	When did the last such pregnancy that terminated before 1999 end?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	<p>When did your last menstrual period start?</p>   <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994</p> <p>BEFORE LAST BIRTH ..... 995</p> <p>NEVER MENSTRUATED ..... 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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>	<p>→ 301</p>								
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



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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to 72 hours after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306		
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. _____		→ 329		
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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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"/>		→ 318		
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 318		
311	Which method are you using?  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H PERIODIC ABSTINENCE ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 313  → 316A		
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
313	<p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL ..... 21</p> <p>HEALTH CENTER ..... 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PRIVATE DOCTOR'S OFFICE ... 32</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... 36</p> <p>(SPECIFY)</p> <p>BLM ..... 41</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>													
314	<p>CHECK 311:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED</p> <p><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</p> <p><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	In what month and year was the sterilization performed?														
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>													
317	<p>CHECK 316/316A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 1999 OR LATER</p> <p><input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 318</p> </div> <div style="text-align: center;"> <p>YEAR IS 1998 OR EARLIER</p> <p><input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1999.</p> <p>THEN SKIP TO → 327</p> </div> </div>														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1999. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1</b>, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:  COLUMN 1:     *   When was the last time you used a method? Which method was that?                    *   When did you start using that method? How long after the birth of (NAME)?                    *   How long did you use the method then?</p> <p><b>IN COLUMN 2</b>, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:  COLUMN 2:     *   Where did you obtain the method when you started using it?                    *   Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p><b>IN COLUMN 3</b>, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.  NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:  COLUMN 3:     *   Why did you stop using the (METHOD)?                    *   Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p style="padding-left: 40px;">*   How many months did it take you to get pregnant after you stopped using (METHOD)?  AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
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>FEMALE CONDOM ..... 08</p> <p>PERIODIC ABSTINENCE ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER METHOD ..... 96</p>	<p>→ 329</p> <p>→ 331</p> <p>→ 328</p> <p>→ 325</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p>
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE).  At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 324</p>
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 324A</p>
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324A	Were you ever advised that this contraceptive method does not protect against AIDS or other sexually-transmitted diseases?	YES ..... 1 NO ..... 2	
325	<p>CHECK 322:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
327	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96</p>	<p>→ 331 → 331      → 331 → 331 → 331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 CBDA/FIELDWORKER ..... 15</p> <p>OTHER PUBLIC ..... 16 (SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL ..... 21 HEALTH CENTER ..... 22 MOBILE CLINIC ..... 23</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 MOBILE CLINIC ..... 34 CBDA/FIELDWORKER ..... 35 OTHER PRIVATE MEDICAL ..... 36 (SPECIFY)</p> <p>BLM ..... 41</p> <p>OTHER SOURCE</p> <p>SHOP ..... 51 FRIEND/RELATIVE ..... 53</p> <p>OTHER ..... 96 (SPECIFY)</p>	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 331
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>CBDA/FIELDWORKER ..... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL ..... G</p> <p>HEALTH CENTER ..... H</p> <p>MOBILE CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>CBDA/FIELDWORKER ..... N</p> <p>OTHER PRIVATE MEDICAL ..... O</p> <p>(SPECIFY)</p> <p>BLM ..... P</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>CHURCH ..... R</p> <p>FRIEND/RELATIVE ..... S</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES ..... 1 NO ..... 2	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→ 401
333	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS IN 1999 OR LATER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO BIRTHS IN 1999 OR LATER</p> <input type="checkbox"/> </div> </div> <p style="text-align: right;">→ 487</p>			
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p>			
403	LINE NUMBER FROM 212	<p>LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/> <input type="text"/></p>
404	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
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?	<p>THEN ..... 1 (SKIP TO 407) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 407) ←</p>	<p>THEN ..... 1 (SKIP TO 423) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 423) ←</p>	<p>THEN ..... 1 (SKIP TO 423) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 423) ←</p>
406	How much longer would you like to have waited?	<p>MONTHS . 1 <input type="text"/> <input type="text"/></p> <p>YEARS . 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/> <input type="text"/></p> <p>YEARS . 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/> <input type="text"/></p> <p>YEARS . 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>
407	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	<p>HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>PATIENT ATTNDT ..... C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... D</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y (SKIP TO 415) ←</p>		



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407A	Where did you receive antenatal care for this pregnancy?  Anywhere else?	HOME YOUR HOME ... A OTHER HOME ... B PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER ..... D GOVT. HEALTH POST ..... E MOBILE CLINIC .. F  OTHER PUBLIC _____ G (SPECIFY)  MISSION HOSPITAL H HEALTH CENTER I  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... J MOBILE CLINIC .. K OTHER PRIVATE MED. _____ L (SPECIFY) TRAD. BIRTH ATTENDANT .... M  OTHER _____ X (SPECIFY)		
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
410	CHECK 409:  NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN (SKIP TO 412) <input type="checkbox"/> ONCE OR DK ↓ ↓		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	During this pregnancy, were any of the following done at least once?  Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was the fetal heartbeat checked? Did someone examine your eyes?	<div>YES NO</div> <div>WEIGHT ... 1 2</div> <div>HEIGHT ... 1 2</div> <div>BP ..... 1 2</div> <div>URINE ..... 1 2</div> <div>BLOOD ... 1 2</div> <div>HEART ... 1 2</div> <div>EYES ..... 1 2</div>		
412A	During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>DON'T KNOW ..... 8</div>		
412B	Were you tested for the AIDS virus as part of your antenatal care?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>(SKIP TO 413) ←</div> <div>DON'T KNOW ..... 8</div>		
412C	I don't want to know the results, but did you get the results of the test?	<div>YES ..... 1</div> <div>NO ..... 2</div>		
413	Were you told about the signs of pregnancy complications?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>(SKIP TO 414A) ←</div> <div>DON'T KNOW ..... 8</div>		
414	Were you told where to go if you had these complications?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>DON'T KNOW ..... 8</div>		
414A	During this pregnancy, did you experience:  High blood pressure? Swelling of your feet? Anemia? Bleeding?	<div>YES NO</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div>		
414B	CHECK 414A:  COMPLICATIONS IN PREGNANCY	<div>IF ANY ALL</div> <div>YES NO</div> <div>RESPONSE RES-</div> <div><input type="checkbox"/> PONSE</div> <div>↓ (SKIP</div> <div><input type="checkbox"/> TO 415)</div>		
414C	Did you seek advice or treatment for these problems?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>(SKIP TO 415) ←</div>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414D	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER ..... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>MOBILE CLINIC .. F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL H</p> <p>HEALTH CENTER I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... J</p> <p>MOBILE CLINIC .. K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>TRAD. BIRTH ATTENDANT .... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 416A) ←</p> <p>DON'T KNOW ..... 8</p>		
416	<p>During this pregnancy, how many times did you get this injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW .... 8</p>		
416A	<p>Before this pregnancy, were you given an injection in the arm to prevent you from getting tetanus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
417	<p>During this pregnancy, were you given or did you buy any iron tablets?</p> <p>SHOW TABLETS.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 419) ←</p> <p>DON'T KNOW ..... 8</p>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418	During the whole pregnancy, for how many days did you take the tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ... 998		
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
420	During this pregnancy, did you have difficulty with your vision at night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
421	During this pregnancy, did you take any drugs to prevent you from getting malaria? Not considered here are instances where you took the drug because you had malaria.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ... 1  DON'T KNOW ..... 8  OTHER _____ 6 (SPECIFY)		
422A	CHECK 422:  DRUGS TAKEN FOR MALARIA PREVENTION	CODE '1' CIRCLED <input type="checkbox"/> ↓ CODE '1' NOT CIRCLED <input type="checkbox"/> (SKIP TO 423) →		
422B	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
422C	CHECK 407:  ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 423) →		
422D	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE _____ 6 (SPECIFY) (SKIP TO 423) ←		
422E	Did you take the SP/Fansidar under direct observation by the health worker each time, or did you take it at home?	DIRECT OBSERVATION ... 1  AT HOME ..... 2		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																								
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8																								
425	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>  GRAMS FROM RECALL 2 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998									GRAMS FROM CARD 1 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>  GRAMS FROM RECALL 2 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998									GRAMS FROM CARD 1 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>  GRAMS FROM RECALL 2 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998								
426	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER ..... A NURSE/MIDWIFE B PATIENT ATTNDT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... D RELATIVE/FRIEND E  OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER ..... A NURSE/MIDWIFE B PATIENT ATTNDT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... D RELATIVE/FRIEND E  OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER ..... A NURSE/MIDWIFE B PATIENT ATTNDT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... D RELATIVE/FRIEND E  OTHER _____ X (SPECIFY) NO ONE ..... Y																								
427	Where did you give birth to (NAME)?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 (SKIP TO 429) ←   OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23  OTHER PUBLIC _____ 26 (SPECIFY)  MISSION HOSPITAL ..... 31 HEALTH CENTER. 32  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) TRAD. BIRTH ATTENDANT .... 51  OTHER _____ 96 (SPECIFY)	HOME YOUR HOME ... 11 (SKIP TO 429) ←   OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23  OTHER PUBLIC _____ 26 (SPECIFY)  MISSION HOSPITAL ..... 31 HEALTH CENTER. 32  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) TRAD. BIRTH ATTENDANT .... 51  OTHER _____ 96 (SPECIFY)	HOME YOUR HOME ... 11 (SKIP TO 429) ←   OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23  OTHER PUBLIC _____ 26 (SPECIFY)  MISSION HOSPITAL ..... 31 HEALTH CENTER. 32  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) TRAD. BIRTH ATTENDANT .... 51  OTHER _____ 96 (SPECIFY)																								

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
		(SKIP TO 429) ←	(SKIP TO 429) ←	(SKIP TO 429) ←
428	Was (NAME) delivered by caesarean section?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 432A) ←	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2				
430	How many days or weeks after delivery did the first check take place?  RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AFTER DEL 2 <table border="1"><tr><td></td><td></td></tr></table>  DON'T KNOW ... 998						
431	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER ..... 11 NURSE/MIDWIFE ... 12 PATIENT ATTNDT... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... 21  OTHER _____ 96 (SPECIFY)						
432	Where did this first check take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23  OTHER PUBLIC _____ 26 (SPECIFY)  MISSION HOSPITAL ..... 31 HEALTH CENTER. 32  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 41 OTHER PRIVATE MED. _____ 46 (SPECIFY) TRAD. BIRTH ATTENDANT .... 51  OTHER _____ 96 (SPECIFY)						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432A	After this birth, did you experience a problem such as:  Heavy bleeding? High blood pressure? Stroke/convulsions? Infection/fever? Leakage of urine or stool from your vagina? Post-partum depression/blues?	<div>YES      NO      DON'T KNOW</div> <div>1      2      8</div> <div>1      2      8</div> <div>1      2      8</div> <div>1      2      8</div> <div>1      2      8</div> <div>1      2      8</div>		
433	In the first two months after delivery, did you receive a vitamin A dose like this?  SHOW AMPULE/CAPSULE.	YES ..... 1  NO ..... 2		
434	Has your period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 436) ← NO ..... 2 (SKIP TO 437) ←		
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 439) ←	YES ..... 1 NO ..... 2 (SKIP TO 439) ←
436	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
437	CHECK 226:  IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT      UNSURE (SKIP TO 439) ←		
438	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 440) ←		
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	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
440	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 447) ←	YES ..... 1 NO ..... 2 (SKIP TO 447) ←	YES ..... 1 NO ..... 2 (SKIP TO 447) ←
441	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000  HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000  HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 444) ←	YES ..... 1 NO ..... 2 (SKIP TO 444) ←	YES ..... 1 NO ..... 2 (SKIP TO 444) ←



		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
443	What was (NAME) given to drink before your milk began flowing regularly?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)
444	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 448) NO ..... 2	YES ..... 1 (SKIP TO 448) NO ..... 2	YES ..... 1 (SKIP TO 448) NO ..... 2
446	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"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
447	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF <input type="text"/> TIMES .....  DON'T KNOW ..... 8	NUMBER OF <input type="text"/> TIMES .....  DON'T KNOW ..... 8	NUMBER OF <input type="text"/> TIMES .....  DON'T KNOW ..... 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

## SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>			NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>			SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>				
456	FROM 212 AND 216	NAME <input type="text"/>  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;">(GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)</div>			NAME <input type="text"/>  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;">(GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)</div>			NAME <input type="text"/>  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;">(GO TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 486)</div>				
457	Did (NAME) receive a vitamin A dose like this during the last 6 months?  SHOW CAPSULE	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			YES ..... 1 NO ..... 2 DON'T KNOW ..... 8				
458	Do you have a card or booklet where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3			YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3			YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3				
459	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 462) ← NO ..... 2			YES ..... 1 (SKIP TO 462) ← NO ..... 2			YES ..... 1 (SKIP TO 462) ← NO ..... 2				
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD OR BOOKLET. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
BCG					BCG				BCG			
POLIO 0 (BEFORE 14 DAYS OLD)					P0				P0			
POLIO 1 (AT 6 WEEKS OLD OR LATER)					P1				P1			
POLIO 2 (1 MONTH AFTER 1ST DOSE)					P2				P2			
POLIO 3 (1 MONTH AFTER 2ND DOSE)					P3				P3			
DPT 1 (AT 6 WEEKS OLD OR LATER)					D1				D1			
DPT 2					D2				D2			
DPT 3					D3				D3			
MEASLES					MEA				MEA			
VITAMIN A (MOST RECENT)					VIT A				VIT A			

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES ..... 1 (PROBE FOR ..... 1 VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ..... 1  NO ..... 2 (SKIP TO 464) ..... 2 DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ..... 1 VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ..... 1  NO ..... 2 (SKIP TO 464) ..... 2 DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ..... 1 VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ..... 1  NO ..... 2 (SKIP TO 464) ..... 2 DON'T KNOW ..... 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1  NO ..... 2 (SKIP TO 466) ..... 2 DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 466) ..... 2 DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 466) ..... 2 DON'T KNOW ..... 8
463	Please tell me if (NAME) received any of the following vaccinations:			
463A	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
463B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 463E) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463E) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463E) ..... 2 DON'T KNOW ..... 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH ..... 1 LATER ..... 2	JUST AFTER BIRTH ..... 1 LATER ..... 2	JUST AFTER BIRTH ..... 1 LATER ..... 2
463D	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"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 463G) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) ..... 2 DON'T KNOW ..... 8
463F	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
463G	An injection to prevent 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
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. ..... 3 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. ..... 3 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. ..... 3 DON'T KNOW ..... 8

		LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH							
		NAME _____				NAME _____				NAME _____							
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 467) ←				YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 467) ←				YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 467) ←							
466A	I would like to know what things were done in response to (NAME's) fever.  What was done first?  What was done after that?  NOTE: CIRCLE ONE CODE IN EACH COLUMN FOR THE FIRST FOUR ACTIONS.  EACH COLUMN SHOULD HAVE ONLY ONE CODE CIRCLED.  ALL COLUMNS SHOULD CONTAIN AN ACTION.		1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th			
	GAVE MEDICINE FROM HOME	01	01	01	01	01	01	01	01	01	01	01	01	01			
	GAVE MEDICINE FROM A PHARMACIST /SHOPKEEPER (WITHOUT A PRESCRIPTION)	02	02	02	02	02	02	02	02	02	02	02	02	02			
	TAKEN TO A GOVERNMENT-RUN HEALTH CENTER	03	03	03	03	03	03	03	03	03	03	03	03	03			
	TAKEN TO A MISSION HEALTH CENTER	04	04	04	04	04	04	04	04	04	04	04	04	04			
	TAKEN TO A PRIVATE HEALTH CENTER	05	05	05	05	05	05	05	05	05	05	05	05	05			
	CONSULTED TRADITIONAL HEALER	06	06	06	06	06	06	06	06	06	06	06	06	06			
	CONSULTED COMMUNITY HEALTH WORKER	07	07	07	07	07	07	07	07	07	07	07	07	07			
	GAVE TEPID SPONGING	08	08	08	08	08	08	08	08	08	08	08	08	08			
	GAVE HERBS AT HOME	09	09	09	09	09	09	09	09	09	09	09	09	09			
	OTHER	10	10	10	10	10	10	10	10	10	10	10	10	10			
	DID NOTHING (ELSE)	11	11	11	11	11	11	11	11	11	11	11	11	11			
	DONT KNOW	12	12	12	12	12	12	12	12	12	12	12	12	12			
466B		CHECK 466A: CODE "01" OR CODE "02" CIRCLED IN ANY COLUMN <input type="checkbox"/>				CODE "01" OR "02" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466E)				CHECK 466A: CODE "01" OR CODE "02" CIRCLED IN ANY COLUMN <input type="checkbox"/>				CODE "01" OR "02" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466E)			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466C	Which medicines were given to (NAME)?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466E	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466E	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466E
466D	IF CHILD WITH FEVER TOOK AN ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466E		CHECK 466A: CODE "03" CODE "03" CIRCLED IN ANY COLUMN  <input type="checkbox"/> CODE "03" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466J)	CHECK 466A: CODE "03" CODE "03" CIRCLED IN ANY COLUMN  <input type="checkbox"/> CODE "03" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466J)	CHECK 466A: CODE "03" CODE "03" CIRCLED IN ANY COLUMN  <input type="checkbox"/> CODE "03" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466J)
466F	How long after you noticed the fever was (NAME) taken to a government-run health center?	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466G	Were any drugs or prescriptions for drugs given at the government-run health center for (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 466J) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466J) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466J) ← DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466H	<p>Which medicines were given to (NAME)?</p> <p>RECORD ALL MENTIONED.</p> <p>ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p>	<p>ANTI-MALARIAL</p> <p>SP/FANSIDAR..... A</p> <p>CHLOROQUINE..... B</p> <p>AMODIAQUINE..... C</p> <p>QUININE..... D</p> <p>ARTESUNATE..... E</p> <p>OTHER DRUGS</p> <p>ASPIRIN ..... F</p> <p>IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G</p> <p>OTHER_____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p> <p>IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466J</p>	<p>ANTI-MALARIAL</p> <p>SP/FANSIDAR..... A</p> <p>CHLOROQUINE..... B</p> <p>AMODIAQUINE..... C</p> <p>QUININE..... D</p> <p>ARTESUNATE..... E</p> <p>OTHER DRUGS</p> <p>ASPIRIN ..... F</p> <p>IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G</p> <p>OTHER_____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p> <p>IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466J</p>	<p>ANTI-MALARIAL</p> <p>SP/FANSIDAR..... A</p> <p>CHLOROQUINE..... B</p> <p>AMODIAQUINE..... C</p> <p>QUININE..... D</p> <p>ARTESUNATE..... E</p> <p>OTHER DRUGS</p> <p>ASPIRIN ..... F</p> <p>IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G</p> <p>OTHER_____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p> <p>IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466J</p>
466I	<p>IF CHILD WITH FEVER TOOK AN ANTI-MALARIAL MEDICINE:</p> <p>How long after the fever started did (NAME) start taking the medicine?</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY AFTER THE FEVER ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY AFTER THE FEVER ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY AFTER THE FEVER ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>
466J		<p>CHECK 466A: CODE "04" NOT CIRCLED</p> <p>CODE "04" CIRCLED IN ANY COLUMN</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 466O)</p>	<p>CHECK 466A: CODE "04" NOT CIRCLED</p> <p>CODE "04" CIRCLED IN ANY COLUMN</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 466O)</p>	<p>CHECK 466A: CODE "04" NOT CIRCLED</p> <p>CODE "04" CIRCLED IN ANY COLUMN</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 466O)</p>
466K	<p>How long after you noticed the fever was (NAME) taken to a mission health center?</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>2 DAYS AFTER THE FEVER ..... 2</p> <p>3 OR MORE DAYS AFTER THE FEVER 3</p>
466L	<p>Were any drugs or prescriptions for drugs given at the mission health center for (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 466O) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 466O) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 466O) ←</p> <p>DON'T KNOW 8</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466M	Which medicines were given to (NAME)?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466O	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466O	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z  IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466O
466N	IF CHILD WITH FEVER TOOK AN ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466O		CHECK 466A: CODE "05" CODE "05" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466T)	CHECK 466A: CODE "05" CODE "05" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466T)	CHECK 466A: CODE "05" CODE "05" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466T)
466P	How long after you noticed the fever was (NAME) taken to a private health center?	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466Q	Were any drugs or prescriptions for drugs given at the private health center for (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 466T) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466T) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466T) ← DON'T KNOW ..... 8



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466R	Which medicines were given to (NAME)?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE ..... D ARTESUNATE ..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466T	ANTI-MALARIAL SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE ..... D ARTESUNATE ..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466T	ANTI-MALARIAL SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE ..... D ARTESUNATE ..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 466T
466S	IF CHILD WITH FEVER TOOK AN ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466T		CHECK 466A: CODE "07" CODE "07" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 467)	CHECK 466A: CODE "07" CODE "07" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 467)	CHECK 466A: CODE "07" CODE "07" NOT CIRCLED IN CIRCLED ANY COLUMN  <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 467)
466U	How long after you noticed the fever did (NAME) see the community health worker?	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
466V	What did the community health worker do?	GAVE MEDICINE ... 1 RECOMMENDED PURCHASE OF MEDICINE ..... 2 REFERRED TO HEALTH CENTER/ DOCTOR ..... 3  OTHER _____ 4 SPECIFY (SKIP TO 467) ←	GAVE MEDICINE ... 1 RECOMMENDED PURCHASE OF MEDICINE ..... 2 REFERRED TO HEALTH CENTER/ DOCTOR ..... 3  OTHER _____ 4 SPECIFY (SKIP TO 467) ←	GAVE MEDICINE ... 1 RECOMMENDED PURCHASE OF MEDICINE ..... 2 REFERRED TO HEALTH CENTER/ DOCTOR ..... 3  OTHER _____ 4 SPECIFY (SKIP TO 467) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466W	Which medicines were given to (NAME)?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 467	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 467	ANTI-MALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN ..... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G  OTHER_____ X (SPECIFY) DON'T KNOW..... Z IF NO ANTI-MALARIAL CIRCLED, SKIP TO 467
466X	IF CHILD WITH FEVER TOOK AN ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3	SAME DAY ..... 0 NEXT DAY AFTER THE FEVER ..... 1 2 DAYS AFTER THE FEVER ..... 2 3 OR MORE DAYS AFTER THE FEVER 3
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 472)← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 472)← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 472)← DON'T KNOW ..... 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
470	Did you seek advice or treatment for the cough?	YES ..... 1 NO ..... 2 (SKIP TO 472)←	YES ..... 1 NO ..... 2 (SKIP TO 472)←	YES ..... 1 NO ..... 2 (SKIP TO 472)←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
471	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)
		MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I	MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I	MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I
		PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)	PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)	PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)
		OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)
472	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8
472A	Did you seek advice or treatment for the convulsions?	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
472B	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC ..... F _____ (SPECIFY)
		MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I	MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I	MISSION HOSPITAL ..... G HEALTH CENTER H MOBILE CLINIC . I
		PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)	PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)	PRIVATE SECTOR PVT HOSPITAL/CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L MOBILE CLINIC . M FIELDWORKER . N OTHER PRIVATE MED. _____ O (SPECIFY)
		OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	OTHER SOURCE SHOP ..... P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)
472C	How long after the convulsions started was (NAME) taken for treatment?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER CONVULSIONS . 2 THREE OR MORE DAYS AFTER THE CONVULSIONS . 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER THE FEVER ..... 2 THREE OR MORE DAYS AFTER THE FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER THE FEVER ..... 2 THREE OR MORE DAYS AFTER THE FEVER ..... 3 DON'T KNOW ..... 8
475	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 483) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 483) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 483) ←   DON'T KNOW ..... 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
478	Was he/she given fluid to drink made from a special packet called THANZI-ORS?	YES NO DK GAVE THANZI ... 1 2 8	YES NO DK GAVE THANZI ... 1 2 8	YES NO DK GAVE THANZI ... 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 481) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 481) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 481) ←   DON'T KNOW ..... 8
480	What was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ... A INJECTION ..... B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)	PILL OR SYRUP ... A INJECTION ..... B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)	PILL OR SYRUP ... A INJECTION ..... B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 483) ←	YES ..... 1 NO ..... 2 (SKIP TO 483) ←	YES ..... 1 NO ..... 2 (SKIP TO 483) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER . . . . . B</p> <p>GOVT HEALTH POST . . . . . C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL . . . . . G</p> <p>HEALTH CENTER H</p> <p>MOBILE CLINIC . I</p> <p>PRIVATE SECTOR</p> <p>PVT HOSPITAL/CLINIC . . . . . J</p> <p>PHARMACY . . . K</p> <p>PVT DOCTOR . . . L</p> <p>MOBILE CLINIC . M</p> <p>FIELDWORKER . N</p> <p>OTHER PRIVATE MED. _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . P</p> <p>TRAD. PRACTITIONER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER . . . . . B</p> <p>GOVT HEALTH POST . . . . . C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL . . . . . G</p> <p>HEALTH CENTER H</p> <p>MOBILE CLINIC . I</p> <p>PRIVATE SECTOR</p> <p>PVT HOSPITAL/CLINIC . . . . . J</p> <p>PHARMACY . . . K</p> <p>PVT DOCTOR . . . L</p> <p>MOBILE CLINIC . M</p> <p>FIELDWORKER . N</p> <p>OTHER PRIVATE MED. _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . P</p> <p>TRAD. PRACTITIONER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER . . . . . B</p> <p>GOVT HEALTH POST . . . . . C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL . . . . . G</p> <p>HEALTH CENTER H</p> <p>MOBILE CLINIC . I</p> <p>PRIVATE SECTOR</p> <p>PVT HOSPITAL/CLINIC . . . . . J</p> <p>PHARMACY . . . K</p> <p>PVT DOCTOR . . . L</p> <p>MOBILE CLINIC . M</p> <p>FIELDWORKER . N</p> <p>OTHER PRIVATE MED. _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . P</p> <p>TRAD. PRACTITIONER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 486.	GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 486.	GO BACK TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 486.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
486	<p>CHECK 478, ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET (THANZI)</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET (THANZI)</p> <input type="checkbox"/> </div> </div>		491
487	<p>Have you ever heard of a special product called THANZI-ORS you can get for the treatment of diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
491	<p>CHECK 215 AND 218:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER</p> <input type="checkbox"/> </div> </div> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>		494

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p>	<p>NUMBER OF TIMES</p>	
a	Plain water?	a	<input type="text"/>
b	Commercially produced infant formula?	b	<input type="text"/>
c	Any other milk such as tinned, powdered, or fresh animal milk?	c	<input type="text"/>
d	Fruit juice?	d	<input type="text"/>
e	Any other liquids?	e	<input type="text"/>
	<p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>		
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p>	<p>NUMBER OF TIMES</p>	
a	Bread, scone, maize meal (ngaiwa), maize flour (ufawoyera), millet, rice, sorghum, or any other food made from grains?	a	<input type="text"/>
b	Pumpkin, red or yellow yams or squash, carrots, or yellow/orange sweet potatoes?	b	<input type="text"/>
c	Any other food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers?	c	<input type="text"/>
d	Any dark green leafy vegetables such as amaranth, cassava, pumpkin, or sweet potato leaves, chinese cabbage, greens, kale, or other dark green leafy vegetables?	d	<input type="text"/>
e	Mango or papaya?	e	<input type="text"/>
f	Any other fruits and vegetables [for example, bananas, apples, green beans, avocados, tomatoes]?	f	<input type="text"/>
g	Meat, poultry, fish, shellfish, insects, rodents, or eggs?	g	<input type="text"/>
h	Any food made from legumes [for example, beans, soybeans, groundnuts, lentils, pigeon peas, or cowpeas]?	h	<input type="text"/>
i	Cheese, milk or yoghurt?	i	<input type="text"/>
j	Any food made with oil, fat, margarine or butter?	j	<input type="text"/>
k	Any other foods?	k	<input type="text"/>
	<p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
494	<p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>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?</p> <p>Knowing where to go.</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>The time required to cover the distance to the health facility.</p> <p>The availability of means of transport.</p> <p>The cost of transport.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p>	<table> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- LEM</th></tr> </thead> <tbody> <tr> <td>WHERE TO GO .....</td><td>1</td><td>2</td></tr> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY .....</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>MEANS OF TRANSPORT .</td><td>1</td><td>2</td></tr> <tr> <td>COST OF TRANSPOR' ...</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE .....</td><td>1</td><td>2</td></tr> <tr> <td>NO FEMALE PROV. ...</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	WHERE TO GO .....	1	2	PERMISSION TO GO ...	1	2	GETTING MONEY .....	1	2	DISTANCE .....	1	2	MEANS OF TRANSPORT .	1	2	COST OF TRANSPOR' ...	1	2	GO ALONE .....	1	2	NO FEMALE PROV. ...	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																												
WHERE TO GO .....	1	2																												
PERMISSION TO GO ...	1	2																												
GETTING MONEY .....	1	2																												
DISTANCE .....	1	2																												
MEANS OF TRANSPORT .	1	2																												
COST OF TRANSPOR' ...	1	2																												
GO ALONE .....	1	2																												
NO FEMALE PROV. ...	1	2																												
494A	<p><b>CHECK 432A:</b></p> <p><b>DID NOT</b> REPORT LEAKAGE OF URINE OR STOOL AFTER THIS PREGNANCY, OR WAS NOT ASKED QUESTION <input type="checkbox"/></p> <p>REPORTED EXPERIENCING LEAKAGE OF URINE OR STOOL AFTER THIS PREGNANCY <input type="checkbox"/> → 495</p>																													
494B	<p>Sometimes a woman can have a problem, usually after a difficult childbirth, such that she experiences a leakage of urine or stool from her vagina.</p> <p>Have you ever experienced this problem?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																												
495	In the past 12 months, did you receive any injections?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 501																											
495A	In the past 12 months, how many injections did you receive?	NUMBER ..... <input type="text"/> <input type="text"/>																												
495B	Who gave you the injection the last time you got it?	<p>DOCTOR ..... 1</p> <p>NURSE ..... 2</p> <p>PHARMACIST ..... 3</p> <p>DRUG VENDOR ..... 4</p> <p>SELF-ADMINISTERED ..... 5</p> <p>FRIEND OR FAMILY ..... 6</p> <p>LOCAL INJECTION DOCTOR ..... 7</p> <p>OTHER ..... 9</p> <p>SPECIFY</p>																												
496	<p>Do you currently smoke cigarettes or use tobacco?</p> <p>IF YES: What type of tobacco do you use?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES ..... A</p> <p>YES, PIPE ..... B</p> <p>YES, OTHER TOBACCO ..... C</p> <p>YES, CHEWING TOBACCO ..... D</p> <p>YES, SNUFF ..... E</p> <p>NO ..... Y</p>																												
497	Do you drink alcohol?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 501																											
498	How often do you get drunk: very often, only sometimes, or never?	<p>VERY OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NEVER ..... 3</p>																												

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 504 → 510
503	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1999 _____		→ 514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 510
504A	Who did most of your late husband's property go to?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4  OTHER _____ 5 (SPECIFY) NO PROPERTY ..... 6	→ 510
504B	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.  NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>		
507	Does your husband/partner have any other wives besides yourself?	YES ..... 1 NO ..... 2	→ 510
508	How many other wives does he have?	NUMBER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 510
509	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
511	CHECK 510:  MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓  In what month and year did you start living with your husband/partner?  MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓  Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 513
512	How old were you when you started living with him?	AGE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1999. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1999.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		
514	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 524
514A	<p>CHECK 106:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		→ 515
514B	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
514C	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 515
514D	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p>	→ 515
514E	Would you say this person was ten or more years older than you, or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER ..... 1</p> <p>LESS THAN TEN YEARS OLDER ..... 2</p> <p>OLDER, UNSURE HOW MUCH ..... 3</p>	
515	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</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>	→ 524
516	The last time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 517
516A	What was the main reason you used a condom on that occasion?	<p>RESPONDENT WANTED TO PREVENT STD/HIV ..... 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY ..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..... 04</p> <p>PARTNER REQUESTED/INSISTED ..... 05</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
517	What is your relationship to the man with whom you last had sex?  IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCÉ . . . . . 02 OTHER FRIEND . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 RELATIVE . . . . . 05 PROSTITUTE . . . . . 06  OTHER _____ 96 (SPECIFY)	→ 519								
517A	CHECK 106:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             15-24 YEARS OLD <input type="checkbox"/> </div> <div style="text-align: center;">             25-49 YEARS OLD <input type="checkbox"/> </div> </div>		→ 518								
517B	Was this man younger, about the same age or older than you?  IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER . . . . . 1 ABOUT SAME AGE . . . . . 2 LESS THAN 10 YEARS OLDER . . . . . 3 10 OR MORE YEARS OLDER . . . . . 4 OLDER, DON'T KNOW DIFFERENCE . . . . . 5 DON'T KNOW . . . . . 8									
518	For how long (have you had/did you have) sexual relations with this man?  IF ONLY HAD SEXUAL RELATIONS WITH THIS MAN ONCE, RECORD '01' DAYS.	DAYS . . . . . 1 WEEKS . . . . . 2 MONTHS . . . . . 3 YEARS . . . . . 4	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
519	Have you had sex with any other man in the last 12 months?	YES . . . . . 1 NO . . . . . 2	→ 524								
520	The last time you had sexual intercourse with another man, was a condom used?	YES . . . . . 1 NO . . . . . 2	→ 521								
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV . . . . . 01 RESPONDENT WANTED TO PREVENT PREGNANCY . . . . . 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . . 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS . . . . . 04 PARTNER REQUESTED/INSISTED . . . . . 05  OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98									
521	What is your relationship to this man?  IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCÉ . . . . . 02 OTHER FRIEND . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 RELATIVE . . . . . 05 PROSTITUTE . . . . . 06  OTHER _____ 96 (SPECIFY)	→ 522A								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
521A	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">15-24 YEARS OLD <input type="checkbox"/></div> <div style="text-align: center;">25-49 YEARS OLD <input type="checkbox"/></div> </div>		→ 522
521B	Was this man younger, about the same age or older than you?  IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER ..... 1 ABOUT SAME AGE ..... 2 LESS THAN 10 YEARS OLDER ..... 3 10 OR MORE YEARS OLDER ..... 4 OLDER, DON'T KNOW DIFFERENCE ..... 5 DON'T KNOW ..... 8	
522	For how long (have you had/did you have) sexual relations with this man?  IF ONLY HAD SEXUAL RELATIONS WITH THIS MAN ONCE, RECORD '01' DAYS.	DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	
522A	Other than these two men, have you had sex with any other man in the last 12 months?	YES ..... 1 NO ..... 2	→ 524
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES ..... 1 NO ..... 2	→ 522D
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 01 RESPONDENT WANTED TO PREVENT PREGNANCY ..... 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNERS/FELT PARTNER HAD OTHER PARTNERS ..... 04 PARTNER REQUESTED/INSISTED ..... 05  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
522D	What is your relationship to this man?  IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER ..... 01 MAN IS BOYFRIEND/FIANCÉ ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 PROSTITUTE ..... 06  OTHER ..... 96 (SPECIFY)	→ 523
522D1	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">15-24 YEARS OLD <input type="checkbox"/></div> <div style="text-align: center;">25-49 YEARS OLD <input type="checkbox"/></div> </div>		→ 522E
522D2	Was this man younger, about the same age or older than you?  IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER ..... 1 ABOUT SAME AGE ..... 2 LESS THAN 10 YEARS OLDER ..... 3 10 OR MORE YEARS OLDER ..... 4 OLDER, DON'T KNOW DIFFERENCE ..... 5 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522E	<p>For how long (have you had/did you have) sexual relations with this man?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS MAN ONCE, RECORD '01' DAYS.</p>	<p>DAYS ..... 1</p> <p>WEEKS ..... 2</p> <p>MONTHS ..... 3</p> <p>YEARS ..... 4</p>	
523	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS ...	
524	Do you know of a place where a person can get condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 527
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL ..... G</p> <p>HEALTH CENTER ..... H</p> <p>MOBILE CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>FIELDWORKER ..... N</p> <p>OTHER PRIVATE MEDICAL ..... O</p> <p>(SPECIFY)</p> <p>BLM ..... P</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>CHURCH ..... R</p> <p>FRIENDS/RELATIVES ..... S</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
526	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>	
527	Have you heard of a condom called "Chishango"?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 614
602	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3  UNDECIDED/DK: PREGNANT ..... 4 UNDEC/DK: NOT PREGNANT/UNSURE 5	→ 604 → 614 → 610 → 608
603	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 609 → 614 → 609
604	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 610
605	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 608
606	CHECK 603:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> </div> </div> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM ..... 1</p> <p>SMALL PROBLEM ..... 2</p> <p>NO PROBLEM ..... 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX ..... 4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NOT ASKED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING</p> <input type="checkbox"/> </div> </div>		→ 614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 612
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>PERIODIC ABSTINENCE ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 614



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 614
613	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> ↓ ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	→ 616  → 616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE ..... 2 DON'T KNOW/UNSURE ..... 8	
617	In the last few months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? On a poster? On clothing (i.e., cap, chitenji, t-shirt)? In a drama? Somewhere else? (SPECIFY)	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER ..... 1 2 CLOTHING ..... 1 2 DRAMA ..... 1 2 OTHER ..... (SPECIFY).. 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
618	<p>In the last few months, have you listened to any of the following program series about family planning or health on the radio?</p> <p>Uchembere Wabwino?</p> <p>Phukusi la Moyo?</p> <p>Pa Mtondo?</p> <p>Women's Talking Point?</p> <p>Window Through Health?</p> <p>Umoyo M'Malawi?</p> <p>Tikuferanji?</p> <p>Radio Doctor?</p> <p>Chitukuku M'Malawi?</p> <p>Women's Forum?</p> <p>Tichitenji?</p> <p>Kulera?</p> <p>Other? (SPECIFY)</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>UCHEMBERE WABWINO . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>PHUKUSI LA MOYO . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>PA MTONDO . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>WOMEN'S TALKING PT . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>WINDOW THRU HEALTH . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>UMOYO M'MALAWI . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>TIKUFERANJI . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>RADIO DOCTOR . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>CHITUKUKU M'MALAWI . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>WOMEN'S FORUM . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>TICHITENJI . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>KULERA . . . . .</td><td>1</td><td>2</td></tr> <tr> <td>OTHER _____ (SPECIFY)</td><td>1</td><td>2</td></tr> </table>		YES	NO	UCHEMBERE WABWINO . . . . .	1	2	PHUKUSI LA MOYO . . . . .	1	2	PA MTONDO . . . . .	1	2	WOMEN'S TALKING PT . . . . .	1	2	WINDOW THRU HEALTH . . . . .	1	2	UMOYO M'MALAWI . . . . .	1	2	TIKUFERANJI . . . . .	1	2	RADIO DOCTOR . . . . .	1	2	CHITUKUKU M'MALAWI . . . . .	1	2	WOMEN'S FORUM . . . . .	1	2	TICHITENJI . . . . .	1	2	KULERA . . . . .	1	2	OTHER _____ (SPECIFY)	1	2	
	YES	NO																																											
UCHEMBERE WABWINO . . . . .	1	2																																											
PHUKUSI LA MOYO . . . . .	1	2																																											
PA MTONDO . . . . .	1	2																																											
WOMEN'S TALKING PT . . . . .	1	2																																											
WINDOW THRU HEALTH . . . . .	1	2																																											
UMOYO M'MALAWI . . . . .	1	2																																											
TIKUFERANJI . . . . .	1	2																																											
RADIO DOCTOR . . . . .	1	2																																											
CHITUKUKU M'MALAWI . . . . .	1	2																																											
WOMEN'S FORUM . . . . .	1	2																																											
TICHITENJI . . . . .	1	2																																											
KULERA . . . . .	1	2																																											
OTHER _____ (SPECIFY)	1	2																																											
619	<p>In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 621																																										
620	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>HUSBAND/PARTNER . . . . . A</p> <p>MOTHER . . . . . B</p> <p>FATHER . . . . . C</p> <p>SISTER(S) . . . . . D</p> <p>BROTHER(S) . . . . . E</p> <p>DAUGHTER(S) . . . . . F</p> <p>SON(S) . . . . . G</p> <p>MOTHER(S)-IN-LAW . . . . . H</p> <p>FRIENDS/NEIGHBORS . . . . . I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																											
621	<p>CHECK 501:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN UNION</p>		→ 628																																										
622	<p>CHECK 311/311A:</p> <p>ANY CODE <input type="checkbox"/> CIRCLED</p> <p>NO CODE <input type="checkbox"/> CIRCLED</p>		→ 624																																										
623	<p>You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?</p>	<p>MAINLY RESPONDENT . . . . . 1</p> <p>MAINLY HUSBAND/PARTNER . . . . . 2</p> <p>JOINT DECISION . . . . . 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>																																											
624	<p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?</p>	<p>APPROVES . . . . . 1</p> <p>DISAPPROVES . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>																																											
625	<p>How often have you talked to your husband/partner about family planning in the past year?</p>	<p>NEVER . . . . . 1</p> <p>ONCE OR TWICE . . . . . 2</p> <p>MORE OFTEN . . . . . 3</p>																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626	CHECK 311/311A:  NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED                      STERILIZED		→ 628
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She knows her husband has a sexually transmitted disease? She knows her husband has sex with women other than his wife or wives? She has recently given birth? She is tired or not in the mood?	YES NO DK HAS STD ..... 1 2 8 OTHER WOMEN ..... 1 2 8  RECENT BIRTH ..... 1 2 8 TIRED/NOT IN MOOD ..... 1 2 8	
628A	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>→ 703</span> <span>→ 707</span> </div>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 706
705	What was the highest (class/form/year) he completed at that level?	CLASS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
706	CHECK 701:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> <hr/> <hr/> <hr/>	
707	Aside from your own housework, are you currently working?	YES ..... 1 NO ..... 2	→ 710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES ..... 1 NO ..... 2	→ 710
709	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <hr/> <hr/> <hr/>	
711	CHECK 710:  <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	→ 719
717	Who mainly decides how the money you earn will be used?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY ..... 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF ..... 3 MORE THAN HALF ..... 4 ALL ..... 5 NONE, HER INCOME IS ALL SAVED ..... 6	
719	Who in your family usually has the final say on the following decisions:  Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6  1    2    3    4    5    6 1    2    3    4    5    6 1    2    3    4    5    6 1    2    3    4    5    6 1    2    3    4    5    6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ LISTEN.    PRES/ NOT LISTEN.    NOT PRES CHILDREN < 10 ..... 1    2    8 HUSBAND ..... 1    2    8 OTHER MALES ..... 1    2    8 OTHER FEMALES ... 1    2    8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  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? If she has an extramarital affair?	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 AFFAIR ..... 1    2    8	
722	Sometimes a wife is annoyed or angered by things that her husband does. In your opinion, is a wife justified in hitting or beating her husband in the following situations:  If he neglects to support the family financially? If he gets drunk frequently? If he argues with her? If he refuses to have sex with her? If he has sex with a woman who is not his wife?	YES    NO    DK NEGLECTS SUPPORT . 1    2    8 DRUNK ..... 1    2    8 ARGUES ..... 1    2    8 REFUSES SEX ..... 1    2    8 SEX WITH ANOTHER . 1    2    8	

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 817A
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 809
803	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
805	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 813																
812	Can the virus that causes AIDS be transmitted from a mother to a child:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG. ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
812A	CHECK 812:  AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 812C																
812B	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
812C	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
813	CHECK 501:  YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		<input type="checkbox"/> → 814A																
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES ..... 1 NO ..... 2																	
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:  on the radio? on the TV? in newspapers?	<table border="0"> <thead> <tr> <th></th><th>ACCEPT- ABLE</th><th>NOT ACCEPT- ABLE</th></tr> </thead> <tbody> <tr> <td>ON THE RADIO ....</td><td>1</td><td>2</td></tr> <tr> <td>ON THE TV .....</td><td>1</td><td>2</td></tr> <tr> <td>IN NEWSPAPERS ...</td><td>1</td><td>2</td></tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	ON THE RADIO ....	1	2	ON THE TV .....	1	2	IN NEWSPAPERS ...	1	2					
	ACCEPT- ABLE	NOT ACCEPT- ABLE																	
ON THE RADIO ....	1	2																	
ON THE TV .....	1	2																	
IN NEWSPAPERS ...	1	2																	
814B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
814C	If a member of your family got infected with the virus that causes AIDS, would you fear disclosing their status?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8																	
814D	If a member of your extended family such as a cousin died of AIDS and left orphaned children behind, would you be willing to take those children as part of your family?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
814E	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE ..... 1 SHOULD NOT CONTINUE ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
816	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK ..... 1 SHOULD NOT CONTINUE WORK ... 2 DK/NOT SURE/DEPENDS ..... 8																	
816A	Are people who have AIDS immoral?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
816B	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816C	Do you think that condoms are safe to use?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
816D	Do you think that men and women who intend to marry should be tested for the AIDS virus before marriage?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
816E	Have you heard any radio spots or messages with regard to HIV/AIDS in the last 30 days?	YES ..... 1 NO ..... 2	
816F	Have you seen any TV spots or programs with regard to HIV/AIDS in the last 30 days?	YES ..... 1 NO ..... 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816G	Have you read articles, messages or advertisements about HIV/AIDS in a magazine or newspaper in the last 30 days?	YES ..... 1 NO ..... 2	
816H	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 816L
816I	When was the last time you were tested?	LESS THAN 12 MONTHS ..... 1 12-23 MONTHS ..... 2 2 YEARS OR MORE ..... 8	
816J	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
816K	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 816MX
816L	Do you know a place where you could go to get an AIDS test?	YES ..... 1 NO ..... 2	→ 816P
816M	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 FIELDWORKER ..... 15  OTHER PUBLIC ..... 16 (SPECIFY)	
816MX	Where did you go for the test?	MISSION HOSPITAL ..... 21 HEALTH CENTER ..... 22 MOBILE CLINIC ..... 23  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 MOBILE CLINIC ..... 34 FIELDWORKER ..... 35 OTHER PRIVATE MEDICAL ..... 36 (SPECIFY)  BLM ..... 41 MACRO ..... 51  OTHER ..... 96 (SPECIFY)	
	RECORD ONLY FIRST RESPONSE GIVEN.		
	_____		
	(NAME OF PLACE)		
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.		
816P	CHECK 515:  RESPONDENT HAD SEX IN THE 12 MONTHS PRIOR TO THE SURVEY <input type="checkbox"/>	RESPONDENT HAS NOT HAD SEX IN THE PAST 12 MONTHS, OR WAS NOT ASKED Q 515. <input type="checkbox"/>	→ 817A
817	Do you know the HIV status of any partner with whom you have had sex in the past year?	YES ..... 1 NO ..... 2	
817A	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→ 819A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE ..... L  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) NO SYMPTOMS ..... Y DON'T KNOW ..... Z	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K HARD TO GET PREGNANT/HAVE A CHILD ..... L  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) NO SYMPTOMS ..... Y DON'T KNOW ..... Z	
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 901
819A1	<p>CHECK 817A:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/></p>		→ 819C
819B	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
819C	<p>Sometimes, women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819D	Sometimes women have a genital sore or ulcer.  During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
819E	CHECK 819B, 819C, 819D:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD AN INFECTION <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> </div> </div>		→ 901
819F	The last time you had (PROBLEM FROM 819B/819C/819D), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 819H
819G	The last time you had (PROBLEM FROM 819B/819C/819D), did you do any of the following? Did you...  Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	<div style="display: flex; justify-content: space-between;"> YES NO </div> CLINIC/HOSPITAL ..... 1 2 TRADITIONAL HEALER ..... 1 2 SHOP/PHARMACY ..... 1 2 FRIENDS/RELATIVES ..... 1 2	
819H	When you had (PROBLEM FROM 819B/819C/819D), did you inform the person with whom you were having sex?	YES ..... 1 NO ..... 2 SOME/NOT ALL ..... 3 DID NOT HAVE PARTNER ..... 4	→ 901
819I	When you had (PROBLEM FROM 819B/819C/819D), did you do something to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER ALREADY INFECTED ... 3	→ 901
819J	What did you do to avoid infecting your partner(s)? Did you...  Use medicine? Stop having sex? Use a condom when having sex?	<div style="display: flex; justify-content: space-between;"> YES NO </div> USE MEDICINE ..... 1 2 STOP SEX ..... 1 2 USE CONDOM ..... 1 2	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
902	CHECK 901: <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914 TWO OR MORE BIRTHS ↓							
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (7) ←	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
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"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	YES ... 1 GO TO 913 ← NO ... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (13)	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<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)	
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"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

914	<p>CHECK Q910, 911 AND 912 FOR ALL SISTERS</p> <p><input type="checkbox"/> ANY YES                      ALL NO                      <input type="checkbox"/> OR BLANK → DV00</p> <p>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct?</p> <p>IF CORRECT, CONTINUE TO DV00.</p> <p>IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 914.</p>
-----	---

SECTION 10: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
DV00	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN (8A):  WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> <span style="margin-left: 150px;">WOMAN NOT SELECTED <input type="checkbox"/></span>		→ DV29																												
DV01	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1 <span style="margin-left: 100px;">PRIVACY NOT POSSIBLE ..... 2</span>		→ DV28																												
	READ TO ALL RESPONDENTS:  Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Malawi. Let me assure you that your answers are completely confidential and will not be told to anyone.																														
DV02	CHECK 501, 502, AND 504:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> <span style="margin-left: 50px;">WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/></span> <span style="margin-left: 50px;">NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></span> (READ IN PAST TENSE)		→ DV14																												
DV03	When two people marry or live together, they share both good and bad moments. In your relationship with your (last) husband/partner do (did) the following happen frequently, only sometimes, or never?  a) He usually (spends/spent) his free time with you? b) He (consults/consulted) you on different household matters? c) He (is/was) affectionate with you? d) He (respects/respected) you and your wishes?	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">FRE- QUENTLY</th><th style="text-align: center;">SOME- TIMES</th><th style="text-align: center;">NEV- ER</th></tr> </thead> <tbody> <tr> <td>FREE TIME .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>CONSULTS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>AFFECTIONATE ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>RESPECTS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </tbody> </table>		FRE- QUENTLY	SOME- TIMES	NEV- ER	FREE TIME .....	1	2	3	CONSULTS .....	1	2	3	AFFECTIONATE ...	1	2	3	RESPECTS .....	1	2	3									
	FRE- QUENTLY	SOME- TIMES	NEV- ER																												
FREE TIME .....	1	2	3																												
CONSULTS .....	1	2	3																												
AFFECTIONATE ...	1	2	3																												
RESPECTS .....	1	2	3																												
DV04	Now I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>ACCUSES .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>NO FAMILY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>WHERE YOU ARE .</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>MONEY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .	1	2	8	MONEY .....	1	2	8	
	YES	NO	DK																												
JEALOUS .....	1	2	8																												
ACCUSES .....	1	2	8																												
NOT MEET FRIENDS	1	2	8																												
NO FAMILY .....	1	2	8																												
WHERE YOU ARE .	1	2	8																												
MONEY .....	1	2	8																												
DV05	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/ partner.  5A. (Does/did) your (last) husband/partner ever:  a) say or do something to humiliate you in front of others?  b) Threaten you or someone close to you with harm?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5B. How many times did this happen during the last 12 months?   <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td>1 →</td><td rowspan="2">TIMES IN LAST 12 MONTHS .....</td><td rowspan="2"><input style="width: 40px; height: 20px;" type="text"/></td></tr> <tr> <td>NO</td><td>2 ↓</td></tr> <tr> <td>YES</td><td>1 →</td><td rowspan="2">TIMES IN LAST 12 MONTHS .....</td><td rowspan="2"><input style="width: 40px; height: 20px;" type="text"/></td></tr> <tr> <td>NO</td><td>2 ↓</td></tr> </tbody> </table> </div> <div style="width: 45%;"></div> </div>	YES	1 →	TIMES IN LAST 12 MONTHS .....	<input style="width: 40px; height: 20px;" type="text"/>	NO	2 ↓	YES	1 →	TIMES IN LAST 12 MONTHS .....	<input style="width: 40px; height: 20px;" type="text"/>	NO	2 ↓																	
YES	1 →	TIMES IN LAST 12 MONTHS .....	<input style="width: 40px; height: 20px;" type="text"/>																												
NO	2 ↓																														
YES	1 →	TIMES IN LAST 12 MONTHS .....	<input style="width: 40px; height: 20px;" type="text"/>																												
NO	2 ↓																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																				
DV06	<p>6A. (Does/did) your (last) husband/partner ever:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you or twist your arm?</p> <p>c) punch you with his fist or with something that could hurt you?</p> <p>d) kick you or drag you?</p> <p>e) try to strangle you or burn you?</p> <p>f) threaten you with a knife, gun, or other type of weapon?</p> <p>g) attack you with a knife, gun, or other type of weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform other sexual acts you did not want to?</p>	<p>6B. How many times did this happen during the last 12 months?</p> <table border="1"> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> </table>	YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
DV07	<p>CHECK DV06:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV09																																																																																				
DV08	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p> <p>AFTER SEPARATION/DIVORCE 96</p>																																																																																					
DV09	<p>9A. Did the following ever happen because of something your (last) husband/partner did to you:</p> <p>a) You had bruises and aches?</p> <p>b) You had an injury or a broken bone?</p> <p>c) You went to the doctor or health center as a result of something your husband/partner did to you?</p>	<p>9B. How many times did this happen during the last 12 months?</p> <table border="1"> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>TIMES IN LAST</td><td></td></tr> <tr> <td>NO</td><td>2</td><td>12 MONTHS .....</td><td></td></tr> <tr> <td></td><td>↓</td><td></td><td></td></tr> </table>	YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓			YES	1 →	TIMES IN LAST		NO	2	12 MONTHS .....			↓																																																			
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
YES	1 →	TIMES IN LAST																																																																																					
NO	2	12 MONTHS .....																																																																																					
	↓																																																																																						
DV10	<p>Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ DV12																																																																																				
DV11	<p>In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>																																																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV12	Does (did) your husband/partner drink alcohol?	YES ..... 1 NO ..... 2	→ DV14
DV12A	How often does (did) he get drunk: very often, only sometimes, or never?	VERY OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
DV14	CHECK 501, 502 & 504:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/LIVING WITH A MAN/SEPARATED/ DIVORCED/WIDOWED</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> </div>	YES ..... 1 NO ..... 2 NO ANSWER ..... 6	→ DV19
DV15	Who has physically hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER ..... A FATHER ..... B STEP-MOTHER ..... C STEP-FATHER ..... D SISTER ..... E BROTHER ..... F DAUGHTER ..... G SON ..... H LATE/EX-HUSBAND/EX-PARTNER ..... I CURRENT BOYFRIEND ..... J FORMER BOYFRIEND ..... K MOTHER-IN-LAW ..... L FATHER-IN-LAW ..... M OTHER FEMALE RELATIVE/IN-LAW ..... N OTHER MALE RELATIVE/ IN-LAW ..... O FEMALE FRIEND/ACQUAINTANCE ..... P MALE FRIEND/ACQUAINTANCE ..... Q TEACHER ..... R EMPLOYER ..... S STRANGER ..... T  OTHER ..... X (SPECIFY)	
DV16	CHECK DV15:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE THAN ONE PERSON MENTIONED</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>ONLY ONE PERSON MENTIONED</p> <p><input type="checkbox"/></p> </div> </div>		→ DV18



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	Who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER .....01 FATHER .....02 STEP-MOTHER .....03 STEP-FATHER .....04 SISTER .....05 BROTHER .....06 DAUGHTER .....07 SON .....08 LATE/EX-HUSBAND/EX-PARTNER .....09 CURRENT BOYFRIEND .....10 FORMER BOYFRIEND .....11 MOTHER-IN-LAW .....12 FATHER-IN-LAW .....13 OTHER FEMALE RELATIVE/IN-LAW .....14 OTHER MALE RELATIVE/IN-LAW .....15 FEMALE FRIEND/ACQUAINTANCE .....16 MALE FRIEND/ACQUAINTANCE .....17 TEACHER .....18 EMPLOYER .....19 STRANGER .....20  OTHER _____ 96 (SPECIFY)	
DV18	In the last 12 months, how many times has this person hit, slapped, kicked, or done anything else to physically hurt you?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>	
DV19	CHECK 201 AND 226:  <div style="display: flex; justify-content: space-around;"> <div> HAS ONE OR MORE LIVE OR NON-LIVE BIRTHS OR IS CURRENTLY PREGNANT <input type="checkbox"/> </div> <div> NO LIVE BIRTHS, NO NON-LIVE BIRTHS, AND IS NOT CURRENTLY PREGNANT <input type="checkbox"/> </div> </div>		→ DV21A
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ DV21A
DV21	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C STEP-MOTHER ..... D STEP-FATHER ..... E SISTER ..... F BROTHER ..... G DAUGHTER ..... H SON ..... I LATE/EX-HUSBAND/EX-PARTNER ..... J CURRENT BOYFRIEND ..... K FORMER BOYFRIEND ..... L MOTHER-IN-LAW ..... M FATHER-IN-LAW ..... N OTHER FEMALE RELATIVE/IN-LAW ..... O OTHER MALE RELATIVE/IN-LAW ..... P FEMALE FRIEND/ACQUAINTANCE ..... Q MALE FRIEND/ACQUAINTANCE ..... R TEACHER ..... S EMPLOYER ..... T STRANGER ..... U  OTHER _____ X (SPECIFY)	
DV21A	CHECK Q514: EVER HAD SEX?  HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→ DV22

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV21B	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO ..... 1 FORCED TO ..... 2 REFUSED TO ANSWER/NO RESPNSE 3	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Have you ever tried to get help to prevent or stop (this person/ these persons) from physically hurting you?	YES ..... 1 NO ..... 2	→ DV25
DV24	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	MOTHER ..... A FATHER ..... B SISTER ..... C BROTHER ..... D CURRENT/LAST/LATE HUSBAND/PARTNER ..... E CURRENT/FORMER BOYFRIEND ..... F MOTHER-IN-LAW ..... G FATHER-IN-LAW ..... H OTHER FEMALE RELATIVE/IN-LAW ..... I OTHER MALE RELATIVE/ IN-LAW ..... J FRIEND ..... K NEIGHBOR ..... L TEACHER ..... M EMPLOYER ..... N RELIGIOUS LEADER ..... O DOCTOR/MEDICAL PERSONNE ..... P POLICE ..... Q LAWYER ..... R  OTHER ..... X (SPECIFY)	→ DV26
DV25	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO ..... 01 NO USE ..... 02 PART OF LIFE ..... 03 AFRAID OF DIVORCE/DESERTION ..... 04 AFRAID OF FURTHER BEATINGS ..... 05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE ..... 06 EMBARRASSED ..... 07 DON'T WANT TO DISGRACE FAMILY ..... 08  OTHER ..... 96 (SPECIFY)	
DV26	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

DV27	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND ..... 1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ..... 1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT ..... 1</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND ..... 1	1	2	3	OTHER MALE ADULT ..... 1	1	2	3	FEMALE ADULT ..... 1	1	2	3
	YES ONCE	YES, MORE THAN ONCE	NO															
HUSBAND ..... 1	1	2	3															
OTHER MALE ADULT ..... 1	1	2	3															
FEMALE ADULT ..... 1	1	2	3															

DV28 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

---



---



---

DV29	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								

## SECTION 11. ANTHROPOMETRY, ANEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>ANTHROPOMETRY</b>			
1101	WEIGHT (KILOGRAMS): <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
1101A	HEIGHT (CENTIMETERS): <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
1101B	RESULT: MEASURED ..... 1 REFUSED ..... 2 ABSENT ..... 3  OTHER _____ 6 (SPECIFY)		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>HIV</b>			
1111	CHECK 1102: AGE IS 15-17 <input type="checkbox"/> AGE IS 18-54 <input type="checkbox"/>		→ 1114
1112	LINE NUMBER OF PARENT/ RESPONSIBLE ADULT:  (FROM 1103; IF PARENT OR RESPONSIBLE ADULT IS NOT IN HOUSEHOLD, WRITE "00")		
1113	READ THE CONSENT TO THE <b>PARENT OR RESPONSIBLE ADULT</b>  CIRCLE CODE AND SIGN	CONSENT _____ 1 (SIGN) REFUSED ..... 2 NOT READ ..... 8	→ 1115
1114	READ THE CONSENT TO THE <b>WOMAN OR ADOLESCENT</b>  CIRCLE CODE AND SIGN	CONSENT _____ 1 (SIGN) REFUSED ..... 2 NOT READ ..... 8	→ 1115
1115	<b>RESULTS:</b> BLOOD TAKEN ..... 1 REFUSED ..... 2 ABSENT ..... 3 TECHNICAL PROBLEM ..... 4 OTHER _____ 6 (SPECIFY)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PASTE FIRST LABEL HERE</b>           PASTE SECOND LABEL ON FILTER PAPER          AND THE THIRD LABEL ON          BLOOD SAMPLE TRANSMITTAL FORM       </div>	

#### REQUEST FOR CONSENT FOR HIV TEST

We would also like to ask you to participate in the HIV test at the same time, by allowing us to collect a few more drops of blood from your finger. As part of the survey, we are asking people all over the country to help find out how big the AIDS problem is in Malawi.

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

However, if you want to know whether you have HIV, I can tell you where you can go to get tested. You can go to a Voluntary Counselling and Testing (VCT) Centre where you will receive free counseling and confirmed HIV test results that same day. We will provide you with a voucher for yourself, and a voucher for your partner, which either of you can use at the VCT Centre in the next 30 days. With the voucher, there will be no charge for the service, and you will be reimbursed for your travel costs upon receiving the VCT services, and you will meet trained staff available to discuss with you all issues and matters regarding HIV/AIDS. They will provide you with an HIV test and appropriate counseling.

Do you have any questions?

I hope you will agree to participate in the HIV testing. You can say yes or you can say no; it is up to you. However, if you agree, it will help the government to develop programs to fight the problem of HIV/AIDS in Malawi.

Will you agree to participate in the HIV test?

GO TO 1114, CIRCLE THE APPROPRIATE CODE (AND SIGN).

#### IF RESPONDENT IS AGE 15-17:

ASK PARENT/GUARDIAN: Will you tell me if you will allow (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN 1113, CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT. GO TO COLUMN 1114, CIRCLE THE APPROPRIATE CODE (AND SIGN).

\* DON'T FORGET TO GIVE EACH ELIGIBLE PERSON TWO REFERRAL VOUCHERS FOR FREE HIV TESTS/TRAVEL EXPENSES TO VCT SITE

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

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

EDITOR'S OBSERVATIONS

---

---

---

---

---

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



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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS

0 NO METHOD  
1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 PILL  
4 IUD  
5 INJECTABLES  
6 IMPLANTS  
7 CONDOM  
8 FEMALE CONDOM  
L PERIODIC ABSTINENCE  
M WITHDRAWAL  
X OTHER \_\_\_\_\_

(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL  
2 GOVT. HEALTH CENTER  
3 FAMILY PLANNING CLINIC  
4 GOVT. MOBILE CLINIC  
5 GOVT. FIELDWORKER  
6 OTHER PUBLIC  
7 MISSION HOSPITAL  
8 MISSION HEALTH CENTER  
9 MISSION MOBILE CLINIC  
A PVT. HOSPITAL/CLINIC  
B PHARMACY  
C PRIVATE DOCTOR  
D PVT. MOBILE CLINIC  
E PVT. FIELDWORKER  
F OTHER PRIVATE MEDICAL  
G BLM  
H SHOP  
I FRIENDS/RELATIVES  
X OTHER \_\_\_\_\_

(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

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

(SPECIFY)

Z DON'T KNOW

COL. 4: MARRIAGE/UNION

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

			1	2	3	4			
12	DEC	01						01	DEC
11	NOV	02						02	NOV
10	OCT	03						03	OCT
09	SEP	04						04	SEP
2	08	AUG	05					05	AUG 2
0	07	JUL	06					06	JUL 0
0	06	JUN	07					07	JUN 0
4	05	MAY	08					08	MAY 4
04	APR	09						09	APR
03	MAR	10						10	MAR
02	FEB	11						11	FEB
01	JAN	12						12	JAN
12	DEC	13						13	DEC
11	NOV	14						14	NOV
10	OCT	15						15	OCT
09	SEP	16						16	SEP
2	08	AUG	17					17	AUG 2
0	07	JUL	18					18	JUL 0
0	06	JUN	19					19	JUN 0
3	05	MAY	20					20	MAY 3
04	APR	21						21	APR
03	MAR	22						22	MAR
02	FEB	23						23	FEB
01	JAN	24						24	JAN
12	DEC	25						25	DEC
11	NOV	26						26	NOV
10	OCT	27						27	OCT
09	SEP	28						28	SEP
2	08	AUG	29					29	AUG 2
0	07	JUL	30					30	JUL 0
0	06	JUN	31					31	JUN 0
2	05	MAY	32					32	MAY 2
04	APR	33						33	APR
03	MAR	34						34	MAR
02	FEB	35						35	FEB
01	JAN	36						36	JAN
12	DEC	37						37	DEC
11	NOV	38						38	NOV
10	OCT	39						39	OCT
09	SEP	40						40	SEP
2	08	AUG	41					41	AUG 2
0	07	JUL	42					42	JUL 0
0	06	JUN	43					43	JUN 0
1	05	MAY	44					44	MAY 1
04	APR	45						45	APR
03	MAR	46						46	MAR
02	FEB	47						47	FEB
01	JAN	48						48	JAN
12	DEC	49						49	DEC
11	NOV	50						50	NOV
10	OCT	51						51	OCT
09	SEP	52						52	SEP
2	08	AUG	53					53	AUG 2
0	07	JUL	54					54	JUL 0
0	06	JUN	55					55	JUN 0
0	05	MAY	56					56	MAY 0
04	APR	57						57	APR
03	MAR	58						58	MAR
02	FEB	59						59	FEB
01	JAN	60						60	JAN
12	DEC	61						61	DEC
11	NOV	62						62	NOV
10	OCT	63						63	OCT
09	SEP	64						64	SEP
1	08	AUG	65					65	AUG 1
9	07	JUL	66					66	JUL 9
9	06	JUN	67					67	JUN 9
9	05	MAY	68					68	MAY 9
04	APR	69						69	APR
03	MAR	70						70	MAR
02	FEB	71						71	FEB
01	JAN	72						72	JAN