



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; 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>									
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; vertical-align: middle;"><tr><td> </td><td> </td></tr></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; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH ..... 98 YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></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; vertical-align: middle;"><tr><td> </td><td> </td></tr></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; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									



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" data-bbox="1247 363 1346 422"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1247 422 1346 480"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1247 646 1346 705"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1247 705 1346 764"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1247 1014 1346 1073"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1247 1073 1346 1131"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1247 1213 1346 1272"><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.	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)?
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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/>	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"/> <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	
09	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	
10	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	
11	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	
12	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	
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 ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1999 OR LATER                      JAN. 1999		→ 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 ..... <input type="text"/> <input type="text"/>	
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 ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1247 153 1346 210"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1247 216 1346 273"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1247 279 1346 336"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1247 342 1346 399"><tr><td></td><td></td></tr></table>  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8									

SECTION 3. CONTRACEPTION

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 ↘
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↘
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 ↘
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	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 ↘
13	WITHDRAWAL Men can be careful and pull out before climax.	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 ↘
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
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												
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> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>													
316	<p>In what month and year was the sterilization performed?</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>													
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>														
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> <p>YEAR IS 1999 OR LATER <input type="checkbox"/></p> <p>YEAR IS 1998 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 318</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>													

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> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	YES ..... 1 NO ..... 2	→ 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>	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	→ 331 → 331 → 331 → 331 → 331 → 331
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>	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 CBDA/FIELDWORKER ..... 15  OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL ..... 21 HEALTH CENTER ..... 22 MOBILE CLINIC ..... 23  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 MOBILE CLINIC ..... 34 CBDA/FIELDWORKER ..... 35 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)  BLM ..... 41  OTHER SOURCE SHOP ..... 51 FRIEND/RELATIVE ..... 53  OTHER _____ 96 (SPECIFY)	→ 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> <p>ONE OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 1999 OR LATER <input type="checkbox"/></p> <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	<p>LINE NUMBER FROM 212</p>	<p>LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>
404	<p>FROM 212 AND 216</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>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?</p>	<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	<p>How much longer would you like to have waited?</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <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 ONCE OR DK <input type="checkbox"/> (SKIP TO 412) <input type="checkbox"/> ↓		
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?	YES NO  WEIGHT ... 1 2 HEIGHT ... 1 2  BP ..... 1 2 URINE ..... 1 2 BLOOD ... 1 2 HEART ... 1 2 EYES ..... 1 2		
412A	During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
412B	Were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DON'T KNOW ..... 8		
412C	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2		
413	Were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 414A) ← DON'T KNOW ..... 8		
414	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
414A	During this pregnancy, did you experience:  High blood pressure? Swelling of your feet? Anemia? Bleeding?	YES NO 1 2 1 2 1 2 1 2		
414B	CHECK 414A:  COMPLICATIONS IN PREGNANCY	IF ANY ALL YES NO RESPONSE RES- <input type="checkbox"/> PONSE (SKIP ↓ <input type="checkbox"/> TO 415) ↘		
414C	Did you seek advice or treatment for these problems?	YES ..... 1 NO ..... 2 (SKIP TO 415) ←		

		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="checkbox"/></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	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  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) ← <input type="checkbox"/>	(SKIP TO 429) ← <input type="checkbox"/>	(SKIP TO 429) ← <input type="checkbox"/>
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" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AFTER DEL 2 <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> 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 _____ (SPECIFY) 26  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?	<p style="text-align: center;">DON'T</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YES</td> <td style="width: 33%;">NO</td> <td style="width: 33%;">KNOW</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	YES	NO	KNOW	1	2	8		
YES	NO	KNOW								
1	2	8								
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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 98	MONTHS ... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 98	MONTHS ... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 98						
437	CHECK 226:  IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> 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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 98	MONTHS ... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 98	MONTHS ... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DAYS ... 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	IMMEDIATELY ... 000  HOURS . 1 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DAYS ... 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	IMMEDIATELY ... 000  HOURS . 1 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DAYS ... 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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 NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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 GRIPPE 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 GRIPPE 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 GRIPPE 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 TIMES ..... <input type="text"/>  DON'T KNOW ..... 8	NUMBER OF TIMES ..... <input type="text"/>  DON'T KNOW ..... 8	NUMBER OF TIMES ..... <input type="text"/>  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 style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NEXT-TO-LAST BIRTH  LINE NUMBER ..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	SECOND-FROM-LAST BIRTH  LINE NUMBER ..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
456	FROM 212 AND 216	NAME _____  LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)	NAME _____  LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)	NAME _____  LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> ↓ (GO TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 486)
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	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
POLIO 0 (BEFORE 14 DAYS OLD)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
POLIO 1 (AT 6 WEEKS OLD OR LATER)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
POLIO 2 (1 MONTH AFTER 1ST DOSE)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
POLIO 3 (1 MONTH AFTER 2ND DOSE)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
DPT 1 (AT 6 WEEKS OLD OR LATER)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
DPT 2	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
DPT 3	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
MEASLES	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
VITAMIN A (MOST RECENT)	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>

		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 _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) _____ NO ..... 2 (SKIP TO 464) _____ DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) _____ NO ..... 2 (SKIP TO 464) _____ DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) _____ NO ..... 2 (SKIP TO 464) _____ 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) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) _____ 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) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463E) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463E) _____ 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) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) _____ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) _____ 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)		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" CIRCLED IN ANY COLUMN  <input type="checkbox"/>  CODE "03" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466J)	CHECK 466A: CODE "03" CIRCLED IN ANY COLUMN  <input type="checkbox"/>  CODE "03" NOT CIRCLED <input type="checkbox"/> (SKIP TO 466J)	CHECK 466A: 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	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 466J	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 466J	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 466J
466I	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
466J		CHECK 466A: CODE "04" CODE "04" NOT CIRCLED IN ANY COLUMN CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466O)	CHECK 466A: CODE "04" CODE "04" NOT CIRCLED IN ANY COLUMN CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466O)	CHECK 466A: CODE "04" CODE "04" NOT CIRCLED IN ANY COLUMN CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 466O)
466K	How long after you noticed the fever was (NAME) taken to a mission 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
466L	Were any drugs or prescriptions for drugs given at the mission health center for (NAME)?	YES 1 NO 2 (SKIP TO 466O) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466O) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466O) ← DON'T KNOW 8

		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>_____</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	CHECK 478, ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET (THANZI) <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET (THANZI) <input type="checkbox"/>	491
487	Have you ever heard of a special product called THANZI-ORS you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2	
491	CHECK 215 AND 218:  HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/>  RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)  _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/>	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>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></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>a Bread, scone, maize meal (ngaiwa), maize flour (ufawoyera), millet, rice, sorghum, or any other food made from grains?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or yellow/orange sweet potatoes?</p> <p>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?</p> <p>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?</p> <p>e Mango or papaya?</p> <p>f Any other fruits and vegetables [for example, bananas, apples, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish, insects, rodents, or eggs?</p> <p>h Any food made from legumes [for example, beans, soybeans, groundnuts, lentils, pigeon peas, or cowpeas]?</p> <p>i Cheese, milk or yoghurt?</p> <p>j Any food made with oil, fat, margarine or butter?</p> <p>k Any other foods?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p> <p>k <input type="text"/></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 border="0"> <tr> <td></td> <td style="text-align: center;">BIG PROB- LEM</td> <td style="text-align: center;">NOT A BIG PROB- LEM</td> </tr> <tr> <td>WHERE TO GO . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PERMISSION TO GO . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MEANS OF TRANSPORT . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COST OF TRANSPOR . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROV. . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </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	
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GO ALONE . . . . .	1	2																												
NO FEMALE PROV. . . . .	1	2																												
494A	<p><b>CHECK 432A:</b></p> <p><b>DID NOT REPORT LEAKAGE OF URINE OR STOOL AFTER THIS PREGNANCY, OR WAS NOT ASKED QUESTION</b> <input type="checkbox"/></p>	<p><b>REPORTED EXPERIENCING LEAKAGE OF URINE OR STOOL AFTER THIS PREGNANCY</b> <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	<p>In the past 12 months, did you receive any injections?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 501																											
495A	<p>In the past 12 months, how many injections did you receive?</p>	<p>NUMBER . . . . . <input type="text"/> <input type="text"/></p>																												
495B	<p>Who gave you the injection the last time you got it?</p>	<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 style="text-align: center;">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	<p>Do you drink alcohol?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 501																											
498	<p>How often do you get drunk: very often, only sometimes, or never?</p>	<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	<p>The <u>first</u> time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
514C	<p>How old was the person you first had sexual intercourse with?</p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 515
514D	<p>Was this person older than you, younger than you, or about the same age as you?</p>	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p>	→ 515
514E	<p>Would you say this person was ten or more years older than you, or less than ten years older than you?</p>	<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</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 524
516	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 517
516A	<p>What was the main reason you used a condom on that occasion?</p>	<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	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCÉ ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 PROSTITUTE ..... 06  OTHER _____ 96 (SPECIFY)	→ 519								
517A	<p>CHECK 106:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		→ 518								
517B	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?</p>	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	<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>	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	<p>Have you had sex with any other man in the last 12 months?</p>	YES ..... 1 NO ..... 2	→ 524								
520	<p>The last time you had sexual intercourse with another man, was a condom used?</p>	YES ..... 1 NO ..... 2	→ 521								
520A	<p>What was the main reason you used a condom on that occasion?</p>	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	<p>What is your relationship to this man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	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								
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> <table border="1" data-bbox="1214 149 1317 373"> <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>									
523	<p>In total, with how many different men have you had sex in the last 12 months?</p>	<p>NUMBER OF PARTNERS ...</p> <table border="1" data-bbox="1214 394 1317 453"> <tr><td></td><td></td></tr> </table>									
524	<p>Do you know of a place where a person can get condoms?</p>	<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	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>									
527	<p>Have you heard of a condom called "Chishango"?</p>	<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	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 614
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p>SAYS SHE CAN'T GET PREGNANT . 3</p> <p>UNDECIDED/DK: PREGNANT ..... 4</p> <p>UNDEC/DK: NOT PREGNANT/UNSURE 5</p>	<p>→ 604</p> <p>→ 614</p> <p>→ 610</p> <p>→ 608</p>
603	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS ..... 1</p> <p>YEARS ..... 2</p> <p>SOON/NOW ..... 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE ..... 995</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 998</p>	<p>→ 609</p> <p>→ 614</p> <p>→ 609</p>
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→ 610
605	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		→ 608
606	<p>CHECK 603:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <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>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> <p>Any other reason? _____</p> <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	<p>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>	<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> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 614</p>
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 612</p>
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>PERIODIC ABSTINENCE ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	<p>→ 614</p>



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 style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>UCHEMBERE WABWINO . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PHUKUSI LA MOYO . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PA MTONDO . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WOMEN'S TALKING PT . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WINDOW THRU HEALTH . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>UMOYO M'MALAWI . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TIKUFERANJI . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RADIO DOCTOR . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CHITUKUKU M'MALAWI . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WOMEN'S FORUM . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TICHITENJI . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>KULERA . . . . .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER _____(SPECIFY)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">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	
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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 style="text-align: center;">(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 style="text-align: center;">(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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/NOT IN MOOD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD .....	1	2	8	OTHER WOMEN .....	1	2	8	RECENT BIRTH .....	1	2	8	TIRED/NOT IN MOOD .....	1	2	8	
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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	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 703</p> <p>→ 707</p>
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?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 706
704	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY ..... 1</p> <p>SECONDARY ..... 2</p> <p>HIGHER ..... 3</p> <p>DON'T KNOW ..... 8</p>	→ 706
705	What was the highest (class/form/year) he completed at that level?	<p>CLASS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <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>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p>	
707	Aside from your own housework, are you currently working?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 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?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 710
709	Have you done any work in the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 719
710	What is your occupation, that is, what kind of work do you mainly do?	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 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?	<p>OWN LAND ..... 1</p> <p>FAMILY LAND ..... 2</p> <p>RENTED LAND ..... 3</p> <p>SOMEONE ELSE'S LAND ..... 4</p>	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER ..... 1</p> <p>FOR SOMEONE ELSE ..... 2</p> <p>SELF-EMPLOYED ..... 3</p>	

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	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN.  CHILDREN < 10 ..... 1 2 8 HUSBAND ..... 1 2 8 OTHER MALES ..... 1 2 8 OTHER FEMALES ... 1 2 8	
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?	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?	ACCEPT- NOT ABLE 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?  _____ (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.	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)	
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>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>IMPOTENCE ..... L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	
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>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD ..... L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p style="text-align: right;">→ 901</p>		
819A1	<p>CHECK 817A:</p> <p>KNOWS STI <input type="checkbox"/></p> <p>DOES NOT KNOW STI <input type="checkbox"/></p> <p style="text-align: right;">→ 819C</p>		
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>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
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>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

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:  HAS HAD AN INFECTION <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 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?	YES NO 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?	YES NO 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"/> TWO OR MORE BIRTHS  ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914							
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						
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"/>						
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						
911	Did (NAME) die during childbirth?	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						
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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"/> → DV00 OR BLANK</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? IF CORRECT, CONTINUE TO DV00. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 914.</p>
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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"/>	WOMAN NOT SELECTED <input type="checkbox"/>	→ DV29																												
DV01	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1 ↓	PRIVACY NOT POSSIBLE ..... 2	→ 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"/> ↓ (READ IN PAST TENSE)	WIDOWED/ SEPARATED/ DIVORCED <input type="checkbox"/> ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 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 border="0"> <thead> <tr> <th></th> <th>FRE- QUENTLY</th> <th>SOME- TIMES</th> <th>NEV- ER</th> </tr> </thead> <tbody> <tr> <td>FREE TIME .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CONSULTS .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>AFFECTIONATE ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RESPECTS .....</td> <td>1</td> <td>2</td> <td>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																												
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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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .	1	2	8	MONEY .....	1	2	8	
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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?  5B. How many times did this happen during the last 12 months?  <table border="0" style="margin-left: 200px;"> <tr> <td>YES</td> <td>1 →</td> <td>TIMES IN LAST</td> <td><input type="text"/></td> </tr> <tr> <td>NO</td> <td>2</td> <td>12 MONTHS .....</td> <td><input type="text"/></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><input type="text"/></td> </tr> <tr> <td>NO</td> <td>2</td> <td>12 MONTHS .....</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> </tr> </table>			YES	1 →	TIMES IN LAST	<input type="text"/>	NO	2	12 MONTHS .....	<input type="text"/>		↓			YES	1 →	TIMES IN LAST	<input type="text"/>	NO	2	12 MONTHS .....	<input type="text"/>		↓						
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	↓																														

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> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p>	
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"/> <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> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p> <p>YES 1 → TIMES IN LAST NO 2 12 MONTHS ..... <input type="text"/> <input type="text"/></p> <p>↓</p>	
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"/> <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	<p>CHECK 501, 502 &amp; 504:</p> <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> <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>	<p>YES ..... 1 NO ..... 2 NO ANSWER ..... 6</p>	<input type="checkbox"/> → DV19
DV15	<p>Who has physically hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>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</p> <p>OTHER _____ X (SPECIFY)</p>	
DV16	<p>CHECK DV15:</p> <p>MORE THAN ONE PERSON MENTIONED <input type="checkbox"/></p> <p>ONLY ONE PERSON MENTIONED <input type="checkbox"/></p>		→ 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:  HAS ONE OR MORE LIVE OR NON-LIVE BIRTHS OR IS CURRENTLY PREGNANT <input type="checkbox"/>	NO LIVE BIRTHS, NO NON-LIVE BIRTHS, AND IS NOT CURRENTLY PREGNANT <input type="checkbox"/>	→ 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?	YES ONCE	YES, MORE THAN ONCE	NO
	HUSBAND .....	1	2	3
	OTHER MALE ADULT ....	1	2	3
	FEMALE ADULT .....	1	2	3

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

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DV29	RECORD THE TIME.	HOUR .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					MINUTES .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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>ANEMIA</b>			
1102	CHECK 106: AGE IS 15-17 <input type="checkbox"/> AGE IS 18-54 <input type="checkbox"/>		→ 1105
1103	LINE NUMBER OF PARENT/ RESPONSIBLE ADULT: <input type="text"/> <input type="text"/> (FROM COLUMN 1 IN HOUSEHOLD SCHEDULE) (IF PARENT OR RESPONSIBLE ADULT IS NOT IN HOUSEHOLD, WRITE "00")		
1104	READ THE ANEMIA CONSENT STATEMENT TO THE <b>PARENT OR RESPONSIBLE ADULT</b>  CIRCLE CODE AND SIGN	CONSENT _____ ... 1 (SIGN) REFUSED ..... 2 NOT READ ..... 8	→ 1106
1105	READ THE ANEMIA CONSENT STATEMENT TO THE <b>WOMAN OR ADOLESCENT</b>  CIRCLE CODE AND SIGN	CONSENT _____ ... 1 (SIGN) REFUSED ..... 2 NOT READ ..... 8	→ 1106

**REQUEST FOR CONSENT FOR ANEMIA TEST**

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem. You do not have to participate; however, if you do, it will help the government to develop programs to prevent and treat anemia.

We request that you participate in the anemia testing part of this survey and give a few drops of blood from a finger or from the heel of the child. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. If your results show that you are mildly or moderately anemic you will be briefed on how to decrease your anemia. If your results show you are severely anemic you need to see your doctor or health center immediately. We will give you a paper with the results that you can take with you and show to the health worker for proper medical attention. We will keep the results confidential.

Do you have any questions? Do you agree to have the test done? **IF YES: CONTINUE WITH HIV CONSENT FORM**

1106	<b>RESULTS:</b> BLOOD TAKEN ..... 1 REFUSED ..... 2 ABSENT ..... 3 TECHNICAL PROBLEM ..... 4 OTHER _____ 6 (SPECIFY)		→ (SKIP TO 1111)
1107	HEMOGLOBIN LEVEL (G/DL): <input type="text"/> <input type="text"/> . <input type="text"/>		
1108	CURRENTLY PREGNANT: YES ..... 1 NO/DON'T KNOW ... 2		
1109	CHECK 1107: THE CUTOFF POINT IS 9 G/DL FOR PREGNANT WOMEN AND 7 G/DL FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DON'T KNOW IF THEY ARE PREGNANT).  HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT <input type="checkbox"/> GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1110.  HEMOGLOBIN LEVEL NORMAL <input type="checkbox"/> GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT		
1110	We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about your condition. This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in your blood may be given to the doctor?  AGREES TO REFERRAL? YES ..... 1 NO ..... 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>HIV</b>			
1111	CHECK 1102: AGE IS 15-17 <input type="checkbox"/> <span style="margin-left: 150px;">AGE IS 18-54</span> <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 PARENT OR RESPONSIBLE ADULT CIRCLE CODE AND SIGN	CONSENT _____ 1 (SIGN) REFUSED ..... 2 NOT READ ..... 8	→ 1115
1114	READ THE CONSENT TO THE WOMAN OR ADOLESCENT 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: 10px; width: fit-content; margin: auto;"> <p><b>PASTE FIRST LABEL HERE</b></p> <p>PASTE SECOND LABEL ON FILTER PAPER AND THE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM</p> </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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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

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

INFORMATION TO BE CODED FOR EACH COLUMN

- COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE  
 B BIRTHS  
 P PREGNANCIES  
 T TERMINATIONS
- 0 NO METHOD  
 1 FEMALE STERILIZATION  
 2 MALE STERILIZATION  
 3 PILL  
 4 IUD  
 5 INJECTABLES  
 6 IMPLANTS  
 7 CONDOM  
 8 FEMALE CONDOM  
 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	