

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS  
DEMOGRAPHIC AND HEALTH SURVEY 2000

10 September 2000

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER .....	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
NAME AND LINE NUMBER OF WOMAN _____	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> INT.CODE <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT**	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NO. OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
** RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)				

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: <u>ENGLISH</u>	<input type="text"/>
LANGUAGE OF INTERVIEW *** _____	<input type="text"/>
HOME LANGUAGE OF RESPONDENT*** _____	<input type="text"/>
WAS A TRANSLATOR USED? (YES=1, NO=2).....	<input type="text"/>
*** LANGUAGE CODES: 1 AFRIKAANS      3 ENGLISH      5 KWANGALI      7 OSHIWAMBO 2 DAMARA/NAMA      4 HERERO      6 LOZI      8 OTHER	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

\* Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... MINUTES.....	
102	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..... 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..... DON'T KNOW MONTH .....98 YEAR ..... 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	
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 grade you completed?	GRADE .....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→112
111	Now I would like you to read out loud as much of this sentence as you can.  SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
113	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
114	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
115	What is your religion?	ROMAN CATHOLIC .....1 PROTESTANT .....2 NO RELIGION .....3  OTHER ..... 6 (SPECIFY)	
116	What is the main language spoken in your home?	AFRIKAANS .....01 DAMARA/NAMA .....02 ENGLISH .....03 HERERO .....04 KWANGALI .....05 LOZI .....06 OSHIWAMBO .....07 SAN .....08 TSWANA .....09  OTHER ..... 96 (SPECIFY)	

SECTION 2: REPRODUCTION

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

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 MONTHS...2 YEARS.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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)?
09	SING...1 MULT..2	BOY ..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .....1 NO .....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .....1 NO .....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO .....2
10	SING...1 MULT..2	BOY ..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .....1 NO .....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .....1 NO .....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO .....2
11	SING...1 MULT..2	BOY ..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .....1 NO .....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .....1 NO .....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO .....2
12	SING...1 MULT..2	BOY ..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .....1 NO .....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .....1 NO .....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO .....2
13	SING...1 MULT..2	BOY ..1 GIRL..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .....1 NO .....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .....1 NO .....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	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 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>		
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.		<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
226	Are you pregnant now?	YES.....1 NO .....2 UNSURE.....8	→229								
227	How many months pregnant are you? IF LESS THAN 1 MONTH, RECORD "00".	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN .....1 LATER .....2 NOT AT ALL .....3									
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO .....2	→233								
230	When did the last such pregnancy end?	MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
232	How many months pregnant were you when the last such pregnancy ended? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
233	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO .....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS AGO .....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS AGO .....3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS AGO .....4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY .....994 BEFORE LAST BIRTH .....995 NEVER MENSTRUATED .....996									
234	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES.....1 NO .....2 DON'T KNOW.....8	→301								
235	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ....1 DURING HER PERIOD .....2 RIGHT AFTER HER PERIOD HAS ENDED .....3 HALF WAY BETWEEN 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 RECOGNISED, AND CODE 2 IF NOT RECOGNISED. 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 STERILISATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2	
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2	
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	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 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
08	DIAPHRAGM /FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
09	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 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
10	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2 <input type="checkbox"/>	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2	
303	CHECK 302:			→ 306
	NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/>	AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→323
305	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
307	CHECK 302 (01):  WOMAN NOT STERILISED <input type="checkbox"/> WOMAN STERILISED <input type="checkbox"/>		→310A
308	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→323
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→323
310	Which method are you using?	FEMALE STERILISATION ..... A MALE STERILISATION ..... B PILL ..... C IUD ..... D INJECTIONS ..... E CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM/FOAM/JELLY ..... I RHYTHM/PERIODIC ABSTINENCE ..... L WITHDRAWAL ..... M  OTHER ..... X (SPECIFY)	1→311 →313A
310A	CIRCLE 'A' FOR FEMALE STERILISATION.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
311	Where did the sterilisation take place?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)  IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 310, ASK 313-316 ABOUT FEMALE STERILISATION ONLY.	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTRE/CLINIC ..... 12  OTHER PUBLIC ..... 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PRIVATE DOCTOR'S OFFICE ..... 23 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY)  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
312	CHECK 310:  CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/>  Before your sterilisation operation, were you told that you would not be able to have any (more) children because of the operation?  Before the sterilisation operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 318:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> </div> </div> <p style="text-align: center;">You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 311 OR 316).</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
321	<p>CHECK 310/310A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN 1 METHOD CIRCLED IN Q. 310/310A, CIRCLE THE HIGHEST METHOD ON THE LIST IN Q. 321.</p>	<p>FEMALE STERILISATION ..... 01</p> <p>MALE STERILISATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTIONS ..... 05</p> <p>CONDOM ..... 06</p> <p>FEMALE CONDOM ..... 07</p> <p>DIAPHRAGM/FOAM/JELLY ..... 08</p> <p>RHYTHM, PERIODIC ABSTINENCE ... 09</p> <p>WITHDRAWAL ..... 10</p> <p>OTHER ..... 96</p>	<p>→401</p> <p>→401</p> <p>→401</p> <p>→401</p> <p>→401</p> <p>→401</p>
322	<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 style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE/CLINIC .... 12</p> <p>PHC CLINIC (MOBILE) ..... 13</p> <p>COMMUNITY HEALTH WORKER ..... 14</p> <p>OTHER PUBLIC ..... 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31</p> <p>CHURCH/SCHOOL ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>TRADITIONAL BIRTH ATTENDANT . 34</p> <p>TRADITIONAL HEALER ..... 35</p> <p>OTHER ..... 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→401</p>
323	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→401</p>
324	<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 style="text-align: center;">(NAME OF PLACE)</p> <p>Any other places?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTRE/CLINIC ..... B</p> <p>PHC CLINIC (MOBILE) ..... C</p> <p>COMMUNITY HEALTH WORKER ..... D</p> <p>OTHER PUBLIC ..... E</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... F</p> <p>PHARMACY ..... G</p> <p>PRIVATE DOCTOR ..... H</p> <p>OTHER PRIVATE MEDICAL ..... I</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... J</p> <p>CHURCH/SCHOOL ..... K</p> <p>FRIEND/RELATIVE ..... L</p> <p>TRADITIONAL BIRTH ATTENDANT .. M</p> <p>TRADITIONAL HEALER ..... N</p> <p>OTHER ..... O</p> <p style="text-align: center;">(SPECIFY)</p>	

**SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING**

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 OR LATER <input type="checkbox"/> NO BIRTHS IN 1995 OR LATER <input type="checkbox"/>		→475
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 (SKIP TO 407)← LATER.....2 NOT AT ALL.....3 (SKIP TO 407)←	THEN.....1 (SKIP TO 414)← LATER.....2 NOT AT ALL.....3 (SKIP TO 414)←
406	How much longer would you like to have waited?	MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998	MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR..... A NURSE/MIDWIFE..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... D  OTHER..... X (SPECIFY) NO ONE..... Y (SKIP TO 414)←	
407A	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2 DOES NOT KNOW.....8	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS..... <input type="text"/> DON'T KNOW.....98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <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)	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
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	
412	Were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 414) ← <input type="text"/> DON'T KNOW ..... 8	
413	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
414	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
415	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← <input type="text"/> DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 417) ← <input type="text"/> DON'T KNOW ..... 8
416	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
417	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... D RELATIVE/FRIEND ..... E OTHER ..... X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... D RELATIVE/FRIEND ..... E OTHER ..... X (SPECIFY) NO ONE ..... Y
418	Where did you give birth to (NAME)?	HOME YOUR HOME ..... 11 (SKIP TO 421) ← <input type="text"/> OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH CLINIC ..... 23  OTHER PUBLIC ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY) (SKIP TO 421) ← <input type="text"/>	HOME YOUR HOME ..... 11 (SKIP TO 421) ← <input type="text"/> OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH CLINIC ..... 23  OTHER PUBLIC ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY) (SKIP TO 421) ← <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
419	Did you pay anything for the delivery, either in cash or in goods or gifts?	CASH ..... 1 GOODS/SERVICES..... 2 (SKIP TO 421) ← PAID NOTHING/FREE..... 3	
420	Altogether how much did you pay for the delivery: including examinations, laboratory tests, medicines, and staff fees?	COST .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
421	In the 4-6 weeks after the birth, did a health professional or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2
422	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR..... 1 NURSE/MIDWIFE ..... 2 TRADITIONAL BIRTH ATTENDNT.. 3  OTHER ..... 6 (SPECIFY)	
423	Where did this first check take place?	HOME YOUR HOME ..... 11 OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT.HEALTH CNTR/CLINIC .. 22 PHC CLINIC (MOBILE)..... 23 OTHER PUBLIC ..... 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 OTHER PVT. MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)	
424	In the first two months after delivery, did you receive a vitamin A dose like this?  SHOW AMPULE/CAPSULE/SYRUP.	YES ..... 1 NO ..... 2 DOES NOT KNOW/UNSURE ..... 8	
425	Has your period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 427) ← NO ..... 2 (SKIP TO 428) ←	
426	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 430) ←
427	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
428	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> (SKIP TO 430) ←	
429	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 431) ←	
430	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
431	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 436) ←	YES ..... 1 NO ..... 2 (SKIP TO 436) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ..... 000 HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>
433	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) ←
434	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 438) ← NO ..... 2	YES ..... 1 (SKIP TO 438) ← NO ..... 2
435	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
436	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 437) (SKIP TO 438)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 437) (SKIP TO 438)
437	You said that (NAME) died. Did he/she die at home or in a hospital or clinic?  FOR ANY KIND OF HEALTH FACILITY, CIRCLE CODE '2'.	AT HOME ..... 1 AT HOSPITAL/CLINIC ..... 2 ON WAY TO HOSPITAL/CLINIC ..... 3 DON'T KNOW ..... 8 ALL GO BACK TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442	AT HOME ..... 1 AT HOSPITAL/CLINIC ..... 2 ON WAY TO HOSPITAL/CLINIC ..... 3 DON'T KNOW ..... 8 ALL GO BACK TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442
438	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
439	Now I would like to ask you about the types of foods and liquids (NAME) was given yesterday. At any time yesterday or last night, was he/she given any of the following: Vitamins, minerals, or medicine? Plain water? Tinned, powdered, fresh milk or infant formula? Fruit juice, tea, soda? Any other liquids? Solid or semi-solid (mushy) food?	YES NO DK VITAMINS, MEDICINE ..... 1 2 8 PLAIN WATER ..... 1 2 8 MILK ..... 1 2 8 FRUIT JUICE, TEA, SODA ..... 1 2 8 OTHER LIQUIDS ..... 1 2 8 MUSHY FOOD ..... 1 2 8	YES NO DK VITAMINS, MEDICINE ..... 1 2 8 PLAIN WATER ..... 1 2 8 MILK ..... 1 2 8 FRUIT JUICE, TEA, SODA ..... 1 2 8 OTHER LIQUIDS ..... 1 2 8 MUSHY FOOD ..... 1 2 8
440	How many <u>times</u> 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
441		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.

SECTION 4B. IMMUNIZATION AND HEALTH

442	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
443	LINE NUMBER FROM 212	<p align="center">LAST BIRTH</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
444	FROM 212 AND 216	NAME .....	NAME .....																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">↓</p> <p align="center">(GO TO 444 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 472)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">↓</p> <p align="center">(GO TO 444 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 472)</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
445	Has (NAME) ever received a Vitamin A capsule (supplement) like this?  SHOW AMPULE/CAPSULE/SYRUP.	<p>YES .....1</p> <p>NO .....2</p> <p align="center">(SKIP TO 446) ←</p> <p>DON'T KNOW .....8</p>	<p>YES .....1</p> <p>NO .....2</p> <p align="center">(SKIP TO 446) ←</p> <p>DON'T KNOW .....8</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
445A	How many months ago did (NAME) take the last dose?	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....98</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....98</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
445B	Where did (NAME) get this last dose?	<p>ROUTINE VISIT TO CLINIC .....1</p> <p>SICK CHILD VISIT TO CLINIC .....2</p> <p>NAT'L IMMUNISATION DAY .....3</p> <p>OTHER .....6</p> <p>DOES NOT KNOW .....8</p>	<p>ROUTINE VISIT TO CLINIC .....1</p> <p>SICK CHILD VISIT TO CLINIC .....2</p> <p>NAT'L IMMUNISATION DAY .....3</p> <p>OTHER .....6</p> <p>DOES NOT KNOW .....8</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
446	Do you have a card where (NAME)'S vaccinations are written down?  IF YES: May I see it please?	<p>YES, SEEN .....1</p> <p align="center">(SKIP TO 448) ←</p> <p>YES, NOT SEEN .....2</p> <p align="center">(SKIP TO 450) ←</p> <p>NO CARD .....3</p>	<p>YES, SEEN .....1</p> <p align="center">(SKIP TO 448) ←</p> <p>YES, NOT SEEN .....2</p> <p align="center">(SKIP TO 450) ←</p> <p>NO CARD .....3</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
447	Did you ever have a vaccination card for (NAME)?	<p>YES .....1</p> <p align="center">(SKIP TO 450) ←</p> <p>NO .....2</p>	<p>YES .....1</p> <p align="center">(SKIP TO 450) ←</p> <p>NO .....2</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
448	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>POLIO 0 (POLIO GIVEN AT BIRTH)</p> <p>BCG</p> <p>POLIO 1</p> <p>POLIO 2</p> <p>POLIO 3</p> <p>DPT 1</p> <p>DPT 2</p> <p>DPT 3</p> <p>MEASLES</p>	<p align="center">DAY MONTH YEAR</p> <p>PO ..... <table 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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
449	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 448) _____ (SKIP TO 452) ← NO ..... 2 (SKIP TO 452) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) _____ (SKIP TO 452) ← NO ..... 2 (SKIP TO 452) ← DON'T KNOW ..... 8
450	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 453A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 453A) ← DON'T KNOW ..... 8
451	Please tell me if (NAME) received any of the following vaccinations:		
451A	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
451B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 451E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 451E) ← DON'T KNOW ..... 8
451C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH ..... 1 LATER ..... 2	JUST AFTER BIRTH ..... 1 LATER ..... 2
451D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
451E	DPT vaccination, that is, an injection given in the thigh, usually at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 451G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 451G) ← DON'T KNOW ..... 8
451F	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
451G	An injection to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
452	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunisation day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 453A) ← NO VACCINATION IN THE LAST 2 YEARS ..... 3 (SKIP TO 453A) ← DOES NOT KNOW ..... 8 (SKIP TO 453A) ←	YES ..... 1 NO ..... 2 (SKIP TO 453A) ← NO VACCINATION IN THE LAST 2 YEARS ..... 3 (SKIP TO 453A) ← DOES NOT KNOW ..... 8 (SKIP TO 453A) ←
453	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL MENTIONED.	JULY 2000 (SECOND ROUND) ..... A JUNE 2000 (FIRST ROUND) ..... B JUNE 1999 (SECOND ROUND) ..... C APRIL 1999 (FIRST ROUND) ..... D	JULY 2000 (SECOND ROUND) ..... A JUNE 2000 (FIRST ROUND) ..... B JUNE 1999 (SECOND ROUND) ..... C APRIL 1999 (FIRST ROUND) ..... D
453A	Does (NAME) have a birth certificate?  IF YES: may I see it please?	YES, SEEN ..... 1 (SKIP TO 454) ← YES, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8	YES, SEEN ..... 1 (SKIP TO 454) ← YES, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8
453B	Has (NAME)'s birth been registered?	YES ..... 1 (SKIP TO 454) ← NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 453D) ←	YES ..... 1 (SKIP TO 454) ← NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 453D) ←



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460	CHECK 454:  HAD FEVER?	'YES' IN 454 <input type="checkbox"/> ↓ (SKIP TO 463)	'NO'/'DK' IN 454 <input type="checkbox"/> ↓ (SKIP TO 463)
461	Did (NAME) take any medicine for the fever?	YES ..... 1 NO ..... 2 (SKIP TO 463) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463) ← DON'T KNOW ..... 8
462	What medicine did (NAME) take?  RECORD ALL MENTIONED.  ASK TO SEE MEDICINE IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	CHLOROQUINE ..... A ANTIBIOTIC ..... B PANADOL ..... C IBUPROFEN/ACETAMINOPHEN ... D  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	CHLOROQUINE ..... A ANTIBIOTIC ..... B PANADOL ..... C IBUPROFEN/ACETAMINOPHEN .. D  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z
463	Has (NAME) had diarrhoea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 470A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 470A) ← DON'T KNOW ..... 8
463A	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
464	Now I would like to know how much (NAME) was offered to drink during the diarrhoea. 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
465	When (NAME) had diarrhoea, 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
466	Was he/she given any of the following:	YES NO DK	YES NO DK
a	A fluid made from a special sachet called ORS?	FLUID FROM ORS SCHT . 1 2 8	FLUID FROM ORS PKT .... 1 2 8
b	Cereal, <i>ontaku</i> , <i>mageu</i> , or soup?	CEREAL/SOUP ..... 1 2 8	CEREAL/SOUP ..... 1 2 8
c	Milk, <i>omaere</i> , or infant formula?	MILK, FORMULA ..... 1 2 8	MILK, FORMULA ..... 1 2 8
467	Was anything (else) given to treat the diarrhoea?	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8
468	What was given to treat the diarrhoea?  Anything else?  RECORD ALL MENTIONED.	PILL OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES ..... D  OTHER ..... X (SPECIFY)	PILL OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES ..... D  OTHER ..... X (SPECIFY)
469	Did you seek advice or treatment for the diarrhoea?	YES ..... 1 NO ..... 2 (SKIP TO 470A) ←	YES ..... 1 NO ..... 2 (SKIP TO 470A) ←



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
472	CHECK 444, ALL COLUMNS:  NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 OR LATER  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→475
473	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USES TOILET .....01 THROW IN THE TOILET/LATRINE .....02 THROW OUTSIDE THE DWELLING .....03 THROW OUTSIDE THE YARD .....04 BURY IN THE YARD .....05 RINSE AWAY .....06 USE DISPOSABLE DIAPERS .....07 USE WASHABLE DIAPERS .....08 NOT DISPOSED OF .....09  OTHER _____ 96 (SPECIFY)	
473A	Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms should cause you to take your child to a health facility right away?  Any others?  DO NOT READ CODES. DO NOT SUGGEST ANSWERS. RECORD ALL MENTIONED.	UNABLE TO DRINK OR BREASTFEED A CHILD BECOMES SICKER .....B CHILD DEVELOPS FEVER .....C CHILD HAS FAST BREATHING .....D CHILD HAS DIFFICULT BREATHING .....E CHILD HAS BLOOD IN STOOL .....F CHILD IS DRINKING POORLY .....G  OTHER _____ Y (SPECIFY)  OTHER _____ Z (SPECIFY)	
474	CHECK 466a, ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→475A
475	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES .....1 NO .....2	→476
475A	Do you have a sachet of ORS in your house now?	YES .....1 NO .....2	
476	Did you sleep under a bednet last night?	YES .....1 NO .....2	
477	Now I would like to ask you some questions about medical care for you yourself.  Many things 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, a small problem, or no problem for you?  Not knowing where to go.  Getting permission to go.  Getting money needed for treatment.  Not having a health facility nearby.  Difficulty getting transport.  Concern that the clinic staff are not helpful or kind.	BIG PROBLEM      SMALL PROBLEM      NO PROBLEM  1                      2                      3  1                      2                      3  1                      2                      3  1                      2                      3  1                      2                      3  1                      2                      3	
478	The last time you prepared a meal for your family, before starting, did you wash your hands?	YES .....1 NO .....2 NEVER PREPARED MEAL .....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
479	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	YES, CIGARETTES .....1 YES, PIPE .....2 YES, OTHER TOBACCO .....3 NO .....4	→481 →481 →482
480	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/>	
481	How old were you when you first started smoking?	AGE ..... <input type="text"/>	
482	Have you ever drunk an alcohol-containing beverage?	YES .....1 NO .....2	→484
483	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS ..... <input type="text"/> NONE/NEVER .....95	
484	Have you ever had a "Pap" smear to test for cervical cancer? PROBE: When a doctor or nurse takes a swab in your vagina and sends the slide to the laboratory for analysis?	YES .....1 NO .....2 DOES NOT KNOW/NOT SURE .....8	
485	Has a doctor or nurse ever felt your breasts to check for lumps that might be breast cancer?	YES .....1 NO .....2 DOES NOT KNOW/NOT SURE .....8	
486	CHECK 215:  1 OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/> NO BIRTHS IN 1999 OR LATER <input type="checkbox"/>		→501
487	Do you have a card or other document with your own immunizations listed? IF YES: may I see it please?	YES, CARD SEEN .....1 YES, CARD NOT SEEN .....2 NO .....3 DOES NOT KNOW .....8	
487A	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth, that is an anti-tetanus injection in the top of your arm or shoulder?	YES .....1 NO .....2 DOES NOT KNOW .....8	→487C →487C
487B	How many doses of tetanus toxoid did you receive during your last pregnancy?	DOSES DURING LAST PREG. .... <input type="text"/> DOES NOT KNOW .....8	
487C	Did you receive any tetanus toxoid injection at any time <u>after</u> your last pregnancy?	YES .....1 NO .....2 DOES NOT KNOW .....8	→487E →487E
487D	How many doses of tetanus toxoid did you receive <u>after</u> your last pregnancy?	DOSES AFTER LAST PREG .... <input type="text"/> DOES NOT KNOW .....8	
487E	Did you receive any tetanus toxoid injection at any time <u>before</u> your last pregnancy, including during a previous pregnancy or between pregnancies?	YES .....1 NO .....2 DOES NOT KNOW .....8	→487G →487G
487F	How many doses of tetanus toxoid did you receive <u>before</u> your last pregnancy?	DOSES BEFORE ..... <input type="text"/> DOES NOT KNOW .....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
487G	<p>When did you receive the most recent dose of tetanus toxoid?</p> <p>THIS REFERS TO THE MOST RECENT DOSE, WHETHER IT WAS DURING, AFTER OR BEFORE HER LAST PREGNANCY.</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR..... 9998</p>	→501
487H	How many years ago did you receive the most recent dose?	YEARS AGO ..... <input type="text"/> <input type="text"/>	

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 WITH CERTIFICATE..... 1 YES, MARRIED BY CUSTOM ..... 2 YES, LIVING WITH A MAN..... 3 NO, NOT IN UNION ..... 4	→504
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED WITH CERTIFICATE..... 1 YES, FORMERLY MARRIED BY CUSTOM..... 2 YES, LIVED WITH A MAN ..... 3 NO..... 4	→508 →511
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→508
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE ..... 2	
505	RECORD THE HUSBAND'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"/>	
506	Does your husband/partner have any other wives besides yourself?	YES ..... 1 NO ..... 2 DOES NOT KNOW ..... 8	→508 →508
507	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
508	Have you been married or lived with a man only once, or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	
509	CHECK 508:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	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	→511
510	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
511	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .. 96	→521
512	When was the last time you had sexual intercourse?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→521
513	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO..... 2	→513B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER ..... 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS ..... 07 WANTED TO GET PREGNANT ..... 08  OTHER _____ 96 (SPECIFY)	→514
513B	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 1 RESPONDENT WANTED TO PREVENT PREGNANCY ..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3 DID NOT TRUST PARTNER/HE HAS OTHER PARTNERS ..... 4 PARTNER INSISTED ..... 5  OTHER _____ 6 (SPECIFY)	
514	What is your relationship to the man with whom you last had sex?  IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex?  IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER ..... 01 MAN IS BOYFRIEND/FIANCE ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE..... 05 COMMERCIAL SEX WORKER ..... 06  OTHER _____ 96 (SPECIFY)	→516
515	For how long have you had a sexual relationship with this man?	DAYS ..... 1 WEEKS ..... 2 MONTHS..... 3 YEARS ..... 4	
516	Have you had sex with any other man in the last 12 months?	YES ..... 1 NO..... 2	→521
517	The last time you had sexual intercourse with another man, was a condom used?	YES ..... 1 NO..... 2	→517B
517A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER ..... 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS ..... 07 WANTED TO GET PREGNANT ..... 08  OTHER _____ 96 (SPECIFY)	→518

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517B	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 1 RESPONDENT WANTED TO PREVENT PREGNANCY ..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3 DID NOT TRUST PARTNER/HE HAS OTHER PARTNERS ..... 4 PARTNER INSISTED ..... 5 OTHER ..... 6 (SPECIFY)	
518	What is your relationship to this other man?  IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex?  IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER ..... 01 MAN IS BOYFRIEND/FIANCE ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 COMMERCIAL SEX WORKER ..... 06 OTHER ..... 96 (SPECIFY)	→519A
519	For how long have you had a sexual relationship with this man?	DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	
519A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES ..... 1 NO ..... 2	→521
519B	The last time you had sexual intercourse with this other man, was a condom used?	YES ..... 1 NO ..... 2	→519D
519C	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD ..... 02 TRUSTED PARTNER ..... 03 PARTNER TESTED NEGATIVE/NO RISK ..... 04 RESPONDENT DOESN'T LIKE ..... 05 PARTNER REFUSED/OBJECTED ..... 06 PARTNER DRUNK/ON DRUGS ..... 07 WANTED TO GET PREGNANT ..... 08 OTHER ..... 96 (SPECIFY)	→519E
519D	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 1 RESPONDENT WANTED TO PREVENT PREGNANCY ..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3 DID NOT TRUST PARTNER/HE HAS OTHER PARTNERS ..... 4 PARTNER INSISTED ..... 5 OTHER ..... 6 (SPECIFY)	
519E	What is your relationship to this other man?  IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex?  IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER ..... 01 MAN IS BOYFRIEND/FIANCE ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 COMMERCIAL SEX WORKER ..... 06 OTHER ..... 96 (SPECIFY)	→520

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
519F	For how long have you had a sexual relationship with this man?	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
520	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																	
521	Do you know of a place where one can get condoms?	YES ..... 1 NO ..... 2	→524																
522	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  <div style="border-bottom: 1px solid black; width: 150px; margin: 10px auto;"></div> (NAME OF PLACE)  Any other place?  RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER/CLINIC ..... B PHC CLINIC (MOBILE)..... C COMMUN.HEALTH WORKER ..... D  OTHER PUBLIC ..... F (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... G PHARMACY..... H PRIVATE DOCTOR ..... I OTHER PRIVATE MEDICAL ..... L (SPECIFY)  OTHER SOURCE SHOP ..... M CHURCH ..... N FRIENDS/RELATIVES ..... O TRAD'L BIRTH ATTENDANT ..... P TRADITIONAL HEALER..... Q  OTHER ..... X (SPECIFY)																	
523	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8																	
524	In the last few months have you heard about condoms:  On the radio? On the television? In a newspaper or magazine?	<div style="text-align: right; margin-bottom: 5px;">YES    NO</div> RADIO ..... 1                      2 TELEVISION ..... 1                      2 NEWSPAPER OR MAGAZINE .... 1                      2																	

## SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310/310A:  NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		→613
602	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT..... 3 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 NOT PREGNANT OR UNSURE..... 5	→604 →613 →610 →608
603	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS .....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT .... 994 AFTER MARRIAGE..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW..... 998	→609 →613 →609
604	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610
605	CHECK 309: USING A METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608
606	CHECK 603:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS A/ANOTHER CHILD <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> </div> <div style="text-align: center;"> <p>WANTS NO (MORE) CHILDREN <input type="checkbox"/></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> </div> </div> <p>RECORD ALL MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....A</p> <p>INFREQUENT SEX.....B</p> <p>MENOPAUSAL/HYSTERECTOMY.....C</p> <p>INFERTILE.....D</p> <p>POSTPARTUM AMENORRHEIC.....E</p> <p>BREASTFEEDING.....F</p> <p>FATALISTIC.....G</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>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHER.....X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 310: USING A METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/> _____</p> </div>		→613
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→612
611	Which method would you prefer to use?	<p>FEMALE STERILISATION.....01</p> <p>MALE STERILISATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTIONS.....05</p> <p>CONDOM.....06</p> <p>FEMALE CONDOM.....07</p> <p>DIAPHRAGM, FOAM, JELLY.....08</p> <p>RHYTHM, PERIODIC ABSTINENCE.....09</p> <p>WITHDRAWAL.....10</p> <p>OTHER.....96 (SPECIFY)</p> <p>UNSURE.....98</p>	→613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX .....22 MENOPAUSAL/HYSTERECTOMY.....23 INFERTILE .....24 WANTS AS MANY CHILDREN AS POSSIBLE .....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED .....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34  LACK OF KNOWLEDGE KNOWS NO METHOD .....41 KNOWS NO SOURCE .....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS .....52 LACK OF ACCESS/TOO FAR .....53 COST TOO MUCH.....54 INCONVENIENT TO USE .....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56  OTHER .....96 (SPECIFY) DON'T KNOW.....98	
613	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER ..... <input type="text"/> <input type="text"/> OTHER .....96 (SPECIFY)	→615
614	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER .....96 (SPECIFY)	
615	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE .....1 DISAPPROVE .....2 DON'T KNOW/UNSURE .....3	
616	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO .....2	→618
617	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER .....A MOTHER .....B FATHER .....C SISTER(S).....D BROTHER(S) .....E DAUGHTER.....F SON .....G MOTHER-IN-LAW .....H FRIENDS/NEIGHBORS .....I  OTHER .....X (SPECIFY)	
618	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→622

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	Now I want to ask you about your husband's/partner's views on family planning.  Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES ..... 1 DISAPPROVES ..... 2 DON'T KNOW ..... 8	
620	How often have you talked to your husband/partner about family planning in the past year?	NEVER ..... 1 ONCE OR TWICE ..... 2 MORE OFTEN ..... 3	
621	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	
622	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 is tired or not in the mood? She has recently given birth? She knows her husband has sex with other women? She knows her husband has a sexually transmitted disease?	<div>YES NO DK</div> TIRED/MOOD ..... 1 2 8 RECENT BIRTH ..... 1 2 8 OTHER WOMEN ..... 1 2 8 HAS DISEASE ..... 1 2 8	
623	Sometimes a woman falls pregnant when she does not want to. Have you ever fallen pregnant when you didn't want to?	YES ..... 1 NO ..... 2	→701
624	How long ago did this happen to you?  'IF LESS THAN 1 YEAR, RECORD '00'	YEARS AGO ..... <div><div></div><div></div></div>	
625	When that happened to you, did you feel like doing something about it?	YES ..... 1 NO ..... 2	
626	Did you do something to end the pregnancy?	YES ..... 1 NO ..... 2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<p>→703</p> <p>→707</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES .....1 NO .....2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY .....1 SECONDARY .....2 HIGHER .....3 DON'T KNOW .....8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE ..... <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DON'T KNOW .....98	
706	CHECK 701:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
707	Aside from your own housework, are you currently working?	YES .....1 NO .....2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES .....1 NO .....2	→710
709	Have you done any work in the last 12 months?	YES .....1 NO .....2	→801
710	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
711	CHECK 710:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER .....1 FOR SOMEONE ELSE .....2 SELF-EMPLOYED .....3	
714	Do you usually work at home or away from home?	HOME .....1 AWAY .....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 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	↳801
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	

SECTION 8. AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

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	→815
801A	Where have you heard about AIDS?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION..... B NEWSPAPERS/MAGAZINES ..... C DOCTOR, NURSE, HEALTH STAFF ..... D FRIENDS/RELATIVES ..... E  OTHER ..... X (SPECIFY) DON'T KNOW..... Z	
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	1→808
803	What can a person do?  Anything else?  RECORD ALL 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 KISSING ..... K AVOID MOSQUITO BITES..... L SEEK PROTECTION FROM TRADITIONAL HEALER..... M AVOID SHARING RAZORS, BLADES .... 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 a person 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 protect themselves from getting the AIDS virus by not sharing food with a person who has AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	
808	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO .....2 DON'T KNOW.....8	
809	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO .....2 DON'T KNOW.....8	1→810A
810	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted...  During pregnancy? During delivery? During breastfeeding?	YES NO DK DURING PREGNANCY ..... 1 2 8 DURING DELIVERY ..... 1 2 8 DURING BREASTFEEDING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810A	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL .....1 MODERATE .....2 GREAT .....3 NO RISK AT ALL .....4 DON'T KNOW .....8	1→810C →810D
810B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?  Any other reasons?  RECORD ALL MENTIONED.	NOT HAVING SEX THESE DAYS ..... A USE CONDOMS..... B HAS ONLY 1 PARTNER ..... C HAS LIMITED NUMBER OF PARTNERS D  OTHER ..... E (SPECIFY) DON'T KNOW..... X	→810D
810C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?  Any other reasons?  RECORD ALL MENTIONED.	DO NOT USE CONDOMS..... A MULTIPLE PARTNERS..... B PARTNER HAS MANY PARTNERS ..... C HAD TRANSFUSION/INJECTIONS ..... D  OTHER ..... E (SPECIFY) DON'T KNOW..... X	
810D	Since you have heard of AIDS have you changed your behaviour?	YES.....1 NO .....2 DON'T KNOW .....8	1→810F
810E	How have you changed your behaviour since you heard about AIDS?  Any other ways?  RECORD ALL MENTIONED.	STOPPED HAVING SEX..... A STARTED USING CONDOMS..... B STAYED WITH ONLY 1 PARTNER ..... C REDUCED NUMBER OF PARTNERS..... D STOPPED SEX WITH PROSTITUTES .... E  OTHER ..... F (SPECIFY) DON'T KNOW..... X	
810F	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?	YES.....1 NO .....2 DON'T KNOW .....8	
810G	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?	YES.....1 NO .....2 DON'T KNOW .....8	
811	CHECK 501:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN <input type="checkbox"/>		→812A
812	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	
812A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:  on the radio? on the TV? In newspapers?	ACCEP- NOT TABLE ACCEP- ON THE RADIO..... 1 2 ON THE TV..... 1 2 IN NEWSPAPERS..... 1 2	
813	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE.....1 AVAILABLE TO COMMUNITY .....2 DK/NOT SURE .....8	
814	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES.....1 NO .....2 DK/NOT SURE/DEPENDS.....8	
814A	Should children aged 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
814B	We are interested to know how much demand there is in your community for HIV testing and counselling. I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES.....1 NO .....2	→814E
814C	When you went to get tested, did the staff at the health facility talk to you about the consequences of getting the results?	YES.....1 NO .....2	
814D	I do not want you to tell me the results of the test, but have you been told the results?	YES.....1 NO .....2	→814H →814H
814E	Would you want to be tested for the AIDS virus?	YES.....1 NO .....2 DON'T KNOW/UNSURE .....8	
814F	Do you know a place where you could go to get an AIDS test?	YES.....1 NO .....2	→814I
814G	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL .....11 GOVT. HEALTH CENTER/CLINIC .....12	
814H	Where did you go for the test?  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)	OTHER PUBLIC .....16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....21 PHARMACY .....22 PRIVATE DOCTOR .....23 OTHER PRIVATE MEDICAL .....26 (SPECIFY)  OTHER SOURCE BLOOD TRANSFUSION SERVICE ....31  OTHER .....96 (SPECIFY)	
814I	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES.....1 NO .....2	→815
814J	How well do (did) you know this person?  IF MORE THAN 1 PERSON, ASK ABOUT THE CLOSEST PERSON.	CLOSE RELATIVE (PARENT, SIBLING) ..1 CLOSE FRIEND .....2 DISTANT RELATIVE (COUSIN, UNCLE) .3 ACQUAINTANCE/COLLEAGUE .....4	
815	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO .....2	→901
816	If a woman has a sexually transmitted disease, what symptoms might she have?  Any others?  RECORD ALL MENTIONED.	ABDOMINAL PAIN .....A GENITAL DISCHARGE .....B FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS .....G GENITAL WARTS .....H BLOOD IN URINE .....I LOSS OF WEIGHT .....J INABILITY TO GIVE BIRTH .....K NO SYMPTOMS.....L  OTHER .....X (SPECIFY) DON'T KNOW.....Z	

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"/>						
902	CHECK 901:  TWO OR MORE BIRTHS <input type="text"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="text"/>							→914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] <input type="text"/>	[2] <input type="text"/>	[3] <input type="text"/>	[4] <input type="text"/>	[5] <input type="text"/>	[6] <input type="text"/>	
905	Is (NAME) male or female?	MALE .....1 FEMALE.....2	MALE..... 1 FEMALE..... 2	MALE .....1 FEMALE .....2	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE..... 2	
906	Is (NAME) still alive?	YES .....1 NO .....2 ↳GO TO 908 DK .....8 ↳GO TO [2]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [3]	YES .....1 NO .....2 ↳GO TO 908 DK .....8 ↳GO TO [4]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [5]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [6]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
908	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	
910	Was (NAME) pregnant when she died?	YES .....1 GO TO 913↳ NO .....2	YES ..... 1 GO TO 913↳ NO ..... 2	YES .....1 GO TO 913↳ NO .....2	YES ..... 1 GO TO 913↳ NO ..... 2	YES ..... 1 GO TO 913↳ NO ..... 2	YES ..... 1 GO TO 913↳ NO ..... 2	
911	Did (NAME) die during childbirth?	YES .....1 GO TO 913↳ NO .....2	YES ..... 1 GO TO 913↳ NO ..... 2	YES .....1 GO TO 913↳ NO .....2	YES ..... 1 GO TO 913↳ NO ..... 2	YES ..... 1 GO TO 913↳ NO ..... 2	YES ..... 1 GO TO 913↳ NO ..... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES .....1 NO .....2	YES ..... 1 NO ..... 2	YES .....1 NO .....2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914							
904	What was 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	RECORD THE TIME.				HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>		

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: \_\_\_\_\_

## **SENTENCES FOR LITERACY TEST (Q. 111)**

NOTE: These should be translated into all the languages that respondents might be literate in.

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.