

REPUBLIC OF RWANDA

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	<hr/>	<hr/>	<hr/>	DAY MONTH YEAR	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> 2 0 0 </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>
INTERVIEWER'S NAME	<hr/>	<hr/>	<hr/>	CODE	
RESULT*	<hr/>	<hr/>	<hr/>	RÉSULT	
NEXT VISIT:					
DATE	<hr/>	<hr/>		TOTAL NO. OF VISITS	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
TIME	<hr/>	<hr/>			
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> </div> <div> <p>4 REFUSED</p> <p>5 PARTLY COMPLETED</p> <p>6 INCAPACITATED</p> </div> <div> <p>7 OTHER _____</p> <p>(SPECIFY)</p> </div> </div>					
<p>LANGUAGE OF INTERVIEW</p> <p>KINYARWANDA.....1</p> <p>OTHER LANGUAGE2</p> <p>(SPECIFY) _____</p>					
<p>INTERPRETER YES.....1</p> <p>NO2</p>					
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY	
NAME _____	NAME _____				
DATE _____	DATE _____				

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with MINECOFIN, Department of Statistics. We are conducting a national survey about the health of women and children in Rwanda. 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 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a KIGALI CITY, in other town, or in the rural area? IF " FOREIGN " STATE AREA OF RESIDENCE	KIGALI CITY1 OTHER TOWN/ FOREIGN TOWN2 RURAL/ FOREIGN3									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ALWAYS95 VISITOR96			<div>→ 105</div>						
104	Just before you moved here, did you live in KIGALI CITY, in other town, or in the rural area?	KIGALI CITY1 OTHER TOWN2 RURAL3									
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR9998									
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
IF AGE< 15 YEARS OR > 49 STOP THE INTERVIEW											
107	Have you ever attended school?	YES1 NO2	→ 111								
108	What is the highest level of school you attended: Primary, reformed primary, post-primary, secondary, or higher?	PRIMARY (FORMER OR NEW)1 PRIMARY REFORMED2 POST PRIMARY/FAMIL/CERAR/CERAI ..2 SECONDARY4 HIGHER5									
109	What is the highest (class/year) you completed at that level?	CLASS/YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
110	CHECK 108: <div> <div>PRIMARY</div> <div><input type="checkbox"/></div> <div>POST-PRIMARY OR HIGHER</div> <div><input type="checkbox"/></div> </div>			→ 114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED.....5		
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ²	YES.....1 NO2		
113	CHECK 111: <div> <div>CODE '2', '3' OR '4' CIRCLED</div> <div><input type="checkbox"/></div> <div>CODE '1' OR '5' CIRCLED</div> <div><input type="checkbox"/></div> </div>			→ 115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4		
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4		
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4		
117	In the last 12 months, how many times have you traveled outside of your community or your home place?	NUMBER OF TRIPS..... <input type="text"/> <input type="text"/> NONE00		→ 119
118	In the last 12 months, have you ever been away from your home place for the period of one month un-interrupted?	YES.....1 NO2		
119	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 7 TH DAY ADVENTIST.....3 MUSLIM.....4 TRADITIONALIST.....5 OTHER6 (SPECIFY) NONE7		
119A	In the last four weeks, have you ever a) have had a consultation of a service provider b) been hospitalized for at least one night	<div>YES NO</div> <div>a) 1 2</div> <div>b) 2 2</div>		
119B	CHECK Q 119A a)	Q. 119A a) = YES <input type="checkbox"/> ▼	Q.119A a) = NO <input type="checkbox"/> ▼ (SKIP TO 119G)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119C	Where did the last consultation with a service provider take place?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>AGENT DBC 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>ARBEF CLINIC 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
119D	How much did you pay on the whole for the last consultation, including the drugs and the tests of laboratory?	<p>PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 00000</p> <p>DON'T KNOW 99998</p>	
119E	Was there (others) expenditure of the drugs related to this consultation and paid on a pharmacy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> 119G
119F	How much did you pay for these drugs with pharmacy?	<p>PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
119G	CHECK Q 119A b)	<p>Q 119A b) = YES</p> <p><input type="checkbox"/></p> <p>Q 119A b) = NO</p> <p><input type="checkbox"/></p> <p>▼ (SKIP TO 119J)</p>	
119H	Where were you hospitalised the last time for at least a night?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>ARBEF CLINIC 22</p> <p>OTHER PRIVATE</p> <p>MÉDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
119I	How much did you pay on the whole for the hospitalisation?	<p>PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 00000</p> <p>DON'T KNOW 99998</p>	
119J	Which type of medical insurance do you currently have?	<p>NONE 1</p> <p>RAMA MUTUAL 2</p> <p>OTHER MUTUAL INSURANCE 3</p> <p>OTHER NON-MUTUAL 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	

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? Any baby who cried or showed signs of life but only survived 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>									
207A	Have you had any other children who were born alive and died after a few minutes, a few hours, or a few days?	YES 1 NO..... 2	→ 208								
207B	CORRECT 207 THEN CONTINUE WITH Q.208										
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 COMPLETE D YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 COMPLETE D YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF [1 YR], PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
09	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
10	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
11	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
12	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (ADD BIRTH AT Q212) ↗ 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>↓</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 2000 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 2000, RECORD 'B' NEXT TO THE MONTH OF BIRTH IN THE CALENDAR FOR EACH BIRTH ASK THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY (NOTE : THE NUMBER OF 'P' MUST BE LESS THAN '1' THAN THE NUMBER OF MONTHS THE PREGNANCY LASTED). RECORD THE NAME OF THE CHILD TO THE LET OF THE CODE 'B'.								
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229						
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3							
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237						
230	When did the last such pregnancy end?	MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							
231	CHECK 230: LAST BIRTH ENDED IN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2000 OR LATER ▼ LAST BIRTH ENDED BEFORE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2000 _____				→ 237				
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
233	Since January 1999 (1), have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES 1 NO 2	→ 237						
236	When did the last such pregnancy that terminated before 2000 end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO.....1</p> <p>WEEKS AGO2</p> <p>MONTHS AGO3</p> <p>YEARS AGO4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH..... 995</p> <p>NEVER MENSTRUATED..... 996</p>	
238	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 240</p>
239	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS.... 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED..... 3</p> <p>HALFWAY BETWEEN TWO PERIODS.... 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	
240	<p>Are there children who depend entirely on you ?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 301</p>
241	<p>Are there some children aged below 18 years among those who depend entirely on you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 301</p>
242	<p>Now, I would like you to tell about children under 18 who entirely depend on you</p> <p>Have you made arrangements of the person who would take care of the children in case you fall sick or in case you become unable to support them.</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	



SECTION 3. CONTRACEPTION

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 ▾	Have you ever had an operation to avoid having any more children? YES1 NO2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES1 NO2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2 ▾	YES1 NO2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 ▾	YES1 NO2	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 ▾	YES1 NO2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 ▾	YES1 NO2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 ▾	YES1 NO2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 ▾	YES1 NO2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO2 ▾	YES1 NO2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2 ▾	YES1 NO2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO2 ▾	YES1 NO2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 ▾	YES1 NO2	
12A	BEADS /STANDARD DAYS METHOD (SDM) The woman know days of the month when she can get pregnant by using beads or calendar	YES.....1 NO2 ▾	YES1 NO2	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 ▾	YES1 NO2	
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 ▾	YES1 NO2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO2 YES1 NO2	
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> ▾ AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> _____			→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO 2	→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 329
310	Are you currently doing something or using any method to delay or to avoid getting pregnant?	YES..... 1 NO 2	→ 329
311	Which method are you using?	FEMALE STERILIZATION..... A MALE STERILIZATION B PILL C IUD..... D INJECTABLES..... E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER X (SPECIFY)	→ 316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
313	In what facility did the sterilization take place? IF SOURCE IS GOVERNMENTAL HOSPITAL, GOVERNMENT ASSISTED 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) IF THE CODES 'A' AND 'B' WERE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILISATION ONLY	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. ASSISTED HOSP. 12 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PRIVATE DOCTOR..... 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
314	<p>CHECK 311:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED</p> <input type="checkbox"/> <p>▼</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED</p> <input type="checkbox"/> <p>▼</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>													
316	In what month and year was the sterilization performed?														
316A	<p>For how long have you been using (1st METHOD LISTED IN Q.311) without stopping?</p> <p>PROBE: In what month and year did you start using (1st METHOD of Q.311) continuously?</p>	<p>MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH IN <u>215</u> OR PREGNANCY IN <u>230</u> TERMINATION AFTER <u>MONTH</u> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>AND YEAR</u> OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>														
317	<p>VÉRIFIER 316/316A :</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>L'ANNÉE EST 2000 OU PLUS TARD</p> <input type="checkbox"/> <p>▼</p> </div> <div style="text-align: center;"> <p>L'ANNÉE EST 1999 OU AVANT</p> <input type="checkbox"/> <p>_____</p> </div> </div>		→ 327												
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION.....01 → 322</p> <p>MALE STERILIZATION02 → 331</p> <p>PILL03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY10</p> <p>MAMA11</p> <p>STANDARD DAYS METHOD.....13 → 320A</p> <p>WITHDRAWAL14</p> <p>ABSTINENCE15</p> <p>OTHER METHOD.....96</p>	<p>→ 331</p>												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. HEALTH CENTER 12 NURSE 13 OTHER PUBLIC _____ 16 (SPECIFY)	
320A	Where did you learn to use the MAMA/SDM method? IF SOURCE IS GOVERNMENT HOSPITAL, GOVERNMENT ASSISTED HEALTH FACILITY, HEALTH CENTERS OR CLINIC, A NURSE, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY 22 PRIVATE DOCTOR..... 23 ARBEF CLINIC..... 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 PARENTS/ FRIEND 33 OTHER _____ 96 (SPECIFY)	
321	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD..... 04 INJECTABLES..... 05 IMPLANTS..... 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN.(MAMA)..... 11 STANDARDS DAYS METHOD 12	→ 32 7 → 326
322	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?	YES..... 1 NO 2	→ 32 4
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES..... 1 NO 2	→ 32 5
324	Were you told what to do if you experienced side effects or problems?	YES..... 1 NO 2	
325	CHECK 322: CODE '1' CIRCLED CODE '1' NOT CIRCLED   When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning that you could use?	YES..... 1 NO 2	→ 32 7
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES..... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION.....01 PILL03 IUD.....04 INJECTABLES.....05 IMPLANTS.....06 CONDOM07 FEMALE CONDOM08 DIAPHRAGM09 FOAM/JELLY10 MAMA11 BEADS /SDM.....12	→ 33 1 → 33 1 → 33 1
328	Where did you obtain (CURRENT METHOD) the last time? 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)	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT. HEALTH CENTER12 NURSE13 OTHER PUBLIC _____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY22 PRIVATE DOCTOR.....23 ARBEF CLINIC.....24 FIELDWORKER25 OTHER PRIVATE MEDICAL _____26 (SPECIFY) OTHER SOURCE SHOP31 CHURCH.....32 PARENTS/ FRIEND33 OTHER _____96 (SPECIFY)	
328A	Did you obtain this method within the last four weeks?	YES.....1 NO2	→ 33 1
328B	How much do you spend on this method including fees for the consultation and purchasing the method?	COST : [][][][][] FREE00000 DON'T KNOW.....99998] → 331
329	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO2	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>AGENT DBC.....C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....E</p> <p>PHARMACYF</p> <p>PRIVATE DOCTOR.....G</p> <p>ARBEF CLINIC.....H</p> <p>INFIRMARYI</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOPK</p> <p>CHURCH.....L</p> <p>PARENTS/ FRIENDM</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES.....1</p> <p>NO2</p>	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES.....1</p> <p>NO2</p>	→401
333	Did any staff member at the health facility speak to you about family planning methods?	<p>YES.....1</p> <p>NO2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 487		
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 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"/> <input type="text"/> FROM Q212	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/> FROM Q212
404	FROM 212 AND 216	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ◀ LATER 2 NOT AT ALL 3 (SKIP TO 407) ◀	THEN 1 (SKIP TO 423) ◀ LATER 2 NOT AT ALL 3 (SKIP TO 423) ◀
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW /DEPENDS 98	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW /DEPENDS 98
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/MID-WIFE/ AUXILIARY MIDWIFE B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D OTHER X (SPECIFY) NO ONE Y (SKIP TO 415) ◀	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____																		
409A	<p>Where did you go for the last prenatal visit?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>RECORD ALL THAT ARE MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC D</p> <p>PRIVATE DOCTOR E</p> <p>ARBEF CLINIC F</p> <p>INFIRMARY G</p> <p>OTHER PRIVATE MEDICAL H</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>																			
409B	<p>Was this consultation done within the last four weeks?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410) ◀</p>																				
409C	<p>How much did you spend on that prenatal consultation?</p> <p>COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 00000</p> <p>DON'T KNOW 99998</p>																				
409D	<p>Are there (other) medical expenses incurred for that prenatal visit, paid in the pharmacy?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410) ◀</p> <p>DON'T KNOW 8</p>																				
409E	<p>How much did you spend to the pharmacy for the medicine?</p> <p>COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p>																				
410	<p>CHECK 409:</p> <p>NUMBER OF TIMES RECEIVED ANTENATAL CARE</p>	<p>ONCE <input type="text"/> MORE THAN ONCE OR DK <input type="text"/></p> <p>(SKIP TO 412) ▼</p>																			
411	<p>How many months pregnant were you the last time you received antenatal care?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																			
412	<p>During this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your height measured?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BLOOD PRESSURE	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
413	<p>Were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 415) ◀</p> <p>DON'T KNOW 8</p>																			
414	<p>Were you told where to go if you had these complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ◀ DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS	YES 1 NO 2 (SKIP TO 419) ◀ DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets of iron? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 423) ◀ DON'T KNOW 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A AMODIAQUINE B OTHER X (SPECIFY) NE SAIT PAS Z <vérifier avec Lutte contre le Palu>	
422A	CHECK 422 TYPE OF ANTIMALARIAL DRUG USED DURING PREGNANCE	CODE "A" CIRCLED CODE "A" UNCIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 423)	
422B	How many times did you use SP/Fansidar during this pregnancy	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	
422C	CHECK 407 : TYPE OF PERSON WHO PROVIDED THE PRENATAL CARE DURING THIS PREGNANCY	CODE "A" CIRCLED OTHER CODE ' CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 423)	
422D	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	PRENATAL VISIT 1 OTHER MEDICAL VISIT 2 OTHER SOURCE 6 (SPECIFY)	

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ◀ DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
426	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/ MEDICAL ASSISTANT B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D PARENTS/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE/ MEDICAL ASSISTANT B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D PARENTS/FRIEND E OTHER X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 429) ◀ OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) ◀	HOME YOUR HOME 11 (SKIP TO 429) ◀ OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) ◀
427A	CHECK 427 FOR THE LAST BIRTH: WAS BORN IN A HEALTH FACILITY?		
	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ ▼		→ 428
427B	CHECK 427 FOR THE LAST BIRTH: WAS BORN IN THE LAST FOUR MONTHS?		
	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ ▼		→ 428

		LAST BIRTH	NEXT TO LAST BIRTH	
		NAME _____	NAME _____	
427C	How much did you pay to the facility for the delivery?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE..... 00000 DON'T KNOW99998		
427 D	Are there other medical expenses incurred for the delivery which you paid to a pharmacy?	YES 1 NO 2 (SKIP TO 428) ◀ DON'T KNOW 8		
427E	How much did you pay the pharmacy for the medicine(s)?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW99998		
428	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433) ◀ NO 2		YES 1 (SKIP TO 435) ◀ NO 2
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ◀		YES 1 NO 2
430	How many days or weeks after the delivery did the first post-natal check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL..... 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL .. 2 <input type="text"/> <input type="text"/> DON'T KNOW98		
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE/ MEDICAL ASSISTANT12 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....21 UNTRAINED TRADITIONAL BIRTH ATTENDANT.....22 OTHER _____ 96 (SPECIFY)		
432	Where did this first visit take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME11 OTHER HOME12 PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTER22 DISPENSARY23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
432A	Was this post-natal check done in the last four weeks?	YES 1 NO 2 (SKIP TO 433) ◀		

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
432B	How much did you spend on this post-natal exam?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE..... 00000 DON'T KNOW 99998	
432 C	Are there other medical expenses incurred on this post-natal visit which you paid the pharmacy	YES 1 NO 2 (SKIP TO 433) ◀ DON'T KNOW 8	
432D	How much did you pay to the pharmacy for the medicine?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ◀ NO 2 (SKIP TO 437) ◀	
433A	Have you ever suffered from an obstetrical fistule ? (SICKNESS CHARACTERIZED BY THE INCONTROLABLE FLOW OF URINE AND/OR FECES FROM THE VAGINA DUE TO A PERFORATION IN THE WALL OF THE VAGINA)	YES 1 NO 2	
433B	Did you go to a health establishment to seek medical care?	YES 1 NO 2	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ◀
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT ▼ PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 439) ◀	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ◀	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ◀	YES 1 NO 2 (SKIP TO 447) ◀
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ◀	YES 1 NO 2 (SKIP TO 444) ◀
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER FOR COLIC D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER FOR FOLIC D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ◀ NO 2	YES 1 (SKIP TO 448) ◀ NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	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
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2000 OR AFTER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																										
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	NEXT-TO-LAST BIRTH LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																																																																																																								
456	FROM 212 AND 216	NAME _____	NAME _____																																																																																																																								
		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ↓ </div> <div style="text-align: center;"> DEAD <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ↓ </div> <div style="text-align: center;"> DEAD <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIR E OR, IF NO MORE BIRTHS, GO TO 484) </div> </div>																																																																																																																								
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																																																																								
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) ◀ _____ YES, NOT SEEN 2 (SKIP TO 462) ◀ _____ NO CARD 3	YES, SEEN 1 (SKIP TO 460) ◀ _____ YES, NOT SEEN 2 (SKIP TO 462) ◀ _____ NO CARD 3																																																																																																																								
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) ◀ _____ NO 2	YES 1 (SKIP TO 462) ◀ _____ NO 2																																																																																																																								
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> DAY MONTH YEAR </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A						<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> DAY MONTH YEAR </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A					
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ◀ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 466) ◀ NO 2 (SKIP TO 466) ◀ DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ◀ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 466) ◀ NO 2 (SKIP TO 466) ◀ DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ◀ DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations.		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) ◀ DON'T KNOW 8
463C	Was the first polio vaccine received in the first two week after birth or later?	FIRST TWO WEEKS 1 LATER 2 DON'T KNOW 8	FIRST TWO WEEKS 1 LATER 2 DON'T KNOW 8
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) ◀ DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ◀ DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR OTHER <input type="text"/> 467 <input type="text"/> ▼ (SKIP TO 475)	"YES" IN 466 OR OTHER <input type="text"/> 467 <input type="text"/> ▼ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ◀	YES 1 NO 2 (SKIP TO 472) ◀

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B AGENT DBC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G ARBEF CLINIC H INFIRMARY I OTHER PRIVATÉ MEDICAL J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B AGENT DBC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G ARBEF CLINIC H INFIRMARY I OTHER PRIVATÉ MEDICAL J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 <input type="checkbox"/> "NO"/"DK" IN 466 <input type="checkbox"/> ↓ ↓ (SKIP TO 475)	"YES" IN 466 <input type="checkbox"/> "NO"/"DK" IN 466 <input type="checkbox"/> ↓ ↓ (SKIP TO 475)
472A	Does (NAME) have fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472B	Has (NAME) had convulsions at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472C	CHECK 466 and 472B: HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 472B <input type="checkbox"/> ↓	"NO"/"DK" IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 474A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 474A) ← DON'T KNOW 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIALS SP/FANSIDAR A AMODIAQUIN B QUININE C OTHER DRUGS ASPIRIN D PANADOL E IBUPROFEN/ACETAMINOPHEN F OTHER X (SPECIFY) DON'T KNOW Z	ANTI-MALARIALS SP/FANSIDAR A AMODIAQUIN B QUININE C OTHER DRUGS ASPIRIN D PANADOL E IBUPROFEN/ACETAMINOPHEN F OTHER X (SPECIFY) DON'T KNOW Z
474A	Did (NAME) have an injection or a suppository have to treat (the fever/ convulsions)?	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z
474B	CHECK 474 : WHICH MEDICINE?	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 474F)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 474F)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474C	For how long after starting (the fever/ convulsions) did (NAME) start taking SP/Fansidar?	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474D	How many successive days did (NAME) take SP/Fansidar? IF 7 DAYS + , RECORD 7	DAYS..... <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
474E	Was the SP/Fansidar available at home or did you get it from some where else? IF MORE THAN ONE SOURCE MENTIONED, ASK Where did you get the SP/Fansidar first?	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8
474F	CHECK 474 : WHICH MEDICINE?	CODE " B" CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474J)	CODE " B" CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474J)
474G	For how long after the start of the (fever/ convulsions) did (NAME) start taking the Amodiaquine?	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474H	How many successive days did (NAME) take Amodiaquine? IF 7 DAYS + , RECORD 7	DAYS..... <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
474I	Was the Amodiaquine available at home or did you get it from some where else? IF MORE THAN ONE SOURCE MENTIONED, ASK Where did you get the Amodiaquine first?	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8
474J	CHECK 474 : WHICH MEDICINE?	CODE " C" CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474N)	CODE " C" CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474N)
474K	For how long after starting (the fever/ convulsions) did (NAME) start taking the quinine?	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474L	How many successive days did (NAME) take quinine? IF 7 DAYS + , RECORD 7	DAYS..... <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
474 M	Was the quinine available at home or did you get it from somewhere else? IF MORE THAN ONE SOURCES MENTIONED; ASK Where did you get quinine first?	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8
474N	Did (NAME) use other way (different) to treat (the fever/ convulsions)?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
4740	What was done about the (fever/ convulsions) of (NAME)?	CONSULTED TRADITIONAL HEALER.....A COMPRESS WITH A WET CLOTH..B HERBAL MEDICINES.....C OTHER -----X (SPECIFY)	CONSULTED TRADITIONAL HEALER.....A COMPRESS WITH A WET CLOTH..B HERBAL MEDICINES.....C OTHER -----X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ◀ DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK..... 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK..... 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD..... 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD..... 6 DON'T KNOW 8
478	Was he/she given any of the following to drink: a A liquid made from a special packet called SERUMU? b A government-recommended homemade liquid?	YES NO DK LIQUID FROM ORS PKT ... 1 2 8 HOMEMADE LIQUID 1 2 8	YES NO DK LIQUID FROM ORS PKT ... 1 2 8 HOMEMADE LIQUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ◀ DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUPA INJECTIONB (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____X (SPECIFY)	PILL OR SYRUPA INJECTIONB (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ◀	YES 1 NO 2 (SKIP TO 483) ◀

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
486	CHECK 478A, ALL COLUMNS: <div style="display: flex; justify-content: space-around;"> <div>NO CHILD RECEIVED LIQUID FROM ORS PACKET <input type="checkbox"/></div> <div>A CHILD RECEIVED LIQUID FROM ORS PACKET <input type="checkbox"/></div> </div>		►488
487	Have you ever heard of a special product called SERUMU you can get for the treatment of diarrhea?	YES..... 1 NO..... 2	
488	CHECK 218: <div style="display: flex; justify-content: space-around;"> <div>HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/></div> <div>HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/></div> </div>		►490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES..... 1 NO..... 2 DEPENDS 3	
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to a health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider.	<div style="display: flex; justify-content: space-around;"> <div>BIG PROBLEM</div> <div>NOT A BIG PROBLEM</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1</div> <div>2</div> </div>	
490A	Do you currently smoke cigarettes or tobacco? IF YES: What do you smoke? RECORD ALL THAT IS MENTIONED.	YES, CIGARETTES.....A YES, PIPE.....B YES, OTHER TOBACCO C NO..... Y	
490B	CHECK 490: <div style="display: flex; justify-content: space-around;"> <div>CODE 'A' CIRCLED <input type="checkbox"/></div> <div>CODE 'A' NOT CIRCLED <input type="checkbox"/></div> </div>		►490 D
490C	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
490D	Do you know how people contract malaria in your community?	YES..... 1 NO..... 2	►490G
490E	How can they catch malaria? RECORD ALL THAT IS MENTIONED.	WHEN IT IS COLDA WHEN IT IS HOT.....B CHANGE OF SEASON..... C MOSQUITOS D HUGGING.....E EXPOSURE TO THE SUN F WITCHCRAFT /SORCERY G OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
490F	<p>What can you do to avoid catching malaria?</p> <p>RECORD ALL THAT IS MENTIONED.</p>	<p>REMAIN INDOORSA</p> <p>SLEEP UNDER MOSQUITO-NET.....B</p> <p>AVOID MOSQUITO BITES.....C</p> <p>USE INSECTICIDESD</p> <p>BURN LEAVES/BUSHES.....E</p> <p>WEAR WARM CLOTHES.....F</p> <p>TAKE ANTI-MALARIALS.....G</p> <p>OTHER _____X</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....Z</p>		
490G	<p>CHECK 226:</p> <p>CURRENTLY <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR NOT SURE</p>		→ 491	
490H	<p>Did you suffer from fever, at one unspecified moment, during the last two weeks?</p>	<p>YES.....1</p> <p>NO.....2</p>	→ 491	
490I	<p>Did you take anti fever drugs the last time you suffered ?</p>	<p>YES.....1</p> <p>NO.....2</p>	→ 491	
490J	<p>Which drugs did you take?</p> <p>TO ASK SEE THE MEDICINE(S). IF NOT SEEN, SHOW MEDICINES TO THE RESPONDENT</p> <p>RECORD ALL THAT ARE MENTIONED</p> <p>FOR EACH ANTI-MALARIA, ASK: How long after the fever started did you start taking it (NAME OF the DRUG)?</p> <p>CODES IN DAY:</p> <p>SAME DAY = 0</p> <p>1 DAY AFTER FEVER = 1</p> <p>2 DAYS AFTER FEVER = 2</p> <p>3 DAYS OR MORE = 3</p>	<p>ANTIMALARIALS</p> <p>AMODIAQUINEA</p> <p>FANSIDARB</p> <p>QUININE.....C</p> <p>UNKNOWN MEDICINES....D</p> <p>OTHERE</p> <p>OTHER MEDICAMENTS</p> <p>ASPIRINF</p> <p>PARACETAMOLG</p> <p>OTHERX</p> <p>DON'T KNOWZ</p>	<p>SAME DAY=0</p> <p>A DAY AFTER FEVER =1</p> <p>TWO DAYS AFTER FEVER =2</p> <p>THREE DAYS AFTER OR MORE =3</p>	
490K	<p>In total, how much did you spend on drugs the last time you had fever?</p>	<p>COST :.....</p> <p>FREE.....00000</p> <p>DON'T KNOW99998</p>		
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____ (NAME)</p>		→ 499B	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula such as Cerelac, soya, sorgho?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Natural fruit juice?</p> <p>e Other liquids such as sugar water, tea, coffee, sodas?</p> <p>f Broth or soup?</p> <p>g Any other liquid of any time?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Cereals and staple foods made from grains [porridge, sorgho, corn, rice, wheat, mush, other local cereals?]</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes?</p> <p>c Any other food made from roots or tubers [e.g. white potatoes, white yams, manioc, cassava, or other local roots/tubers]?</p> <p>d Any green leafy vegetables?</p> <p>e Mango, papaya [or other local Vitamin A rich fruits]?</p> <p>f Any other fruits and vegetables [e.g. bananas, apples, applesauce, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish, or eggs?</p> <p>h Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499B	<p>Now I would like to ask you some questions about your health in the last six months.</p> <p>During the last six months, did you have an injection for any reason?</p> <p>IF YES: how many injections did you have?</p> <p>IF THE NUMBER OF INJECTIONS IS GREATER THAN '94', OR IF THEY WERE RECEIVED DAILY FOR THREE MONTHS OR MORE, RECORD '95'.</p> <p>IF THE RESPONSE IS NOT NUMERIC, PROBE TO HAVE A NUMERIC RESPONSE.</p>	<p>NUMBER OF INJECTIONS.. <input type="text"/> <input type="text"/></p> <p>NONE.....00</p>	→501
499C	<p>Of these injections, how many were given by a doctor, nurse, pharmacist, dentist or other health personnel?</p> <p>IF THE NUMBER OF INJECTIONS IS GREATER THAN '94', OR IF THEY WERE RECEIVED DAILY FOR THREE MONTHS OR MORE, RECORD '95'.</p> <p>IF THE RESPONSE IS NOT NUMERIC, PROBE TO HAVE A NUMERIC RESPONSE.</p>	<p>NUMBER OF INJECTIONS.. <input type="text"/> <input type="text"/></p> <p>NONE.....00</p>	→501
499D	<p>THE LAST TIME YOU HAD AN INJECTION, WHERE DID YOU GET IT FROM?</p> <p>IF IT IS A HOSPITAL, A HEALTH CENTER OR A PRIVATE CLINIC, WRITE NAME OF THE FACILITY. INSIST TO DETERMINE TYPE OF SECTOR AND ENCIRCLE THE SUITABLE CODE.</p> <p>_____</p> <p>(NAME OF THE FACILITY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL..... 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>AGENT DBC 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>DENTIST 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR/NURSE..... 24</p> <p>ARBEF CLINIC 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER PLACE</p> <p>HOME 31</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
499E	<p>The last time you had an injection, the person who carried out the injection took the syringe and needle from new packing and which was not open?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A MAN..... 2 NO, NOT CURR. IN UNION..... 3	<input type="checkbox"/> → 504
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED..... 1 YES, LIVED WITH A MAN..... 2 NO, NEVER IN UNION..... 3	→ 518
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..... 1 DIVORCED..... 2 SEPARATED..... 3	<input type="checkbox"/> → 510
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- 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	What age was your partner at the last anniversary?	AGE IN COMPLETED YRS <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2 DON'T KNOW.....8	→ 510 → 510
508	How many other wives does he have?	NUMBER. <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
509	Are you the first, second ... wife?	RANK <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner? </div> <div> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ 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	→ 513
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
513	CHECK 503: THE RESPONDENT IS A WIDOW? <div style="display: flex; justify-content: space-around;"> <div> NOT ASKED OR NOT WIDOW <input type="checkbox"/> ↓ </div> <div> WIDOW <input type="checkbox"/> _____ </div> </div>		→ 516
514	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div> MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ </div> <div> MARRIED ONCE <input type="checkbox"/> _____ </div> </div>		→ 518
515	How did your last union end?	DEATH/WIDOW..... 1 DIVORCE..... 2 SEPARATION..... 8	→ 518

4

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
527	The last time you had sexual intercourse with this (second/third) person, was a condom used? (2)	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←
527A	What is the main reason that you used a condom?	RESPOND. WANTED TO AVOID STD 1 RESPOND. WANTED TO AVOID GETTING PREGNANT 2 RESPOND. WANTED TO AVOID STD AND GETTING PREG. 3 RESPOND. DIDN'T HAVE CONFIDENCE IN PARTNER / SUSPECTED PARTNER OF HAVING SEX WITH OTHERS 4 PARTNER REQUESTED 5 OTHER: 6 (SPECIFY) DNK 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7
528	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
529	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←
530	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
531	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)
532	For how long have you had sexual relations with this person? IF THE RESPONDENT HAD ONLY HAD SEXUAL RELATIONS ONE TIME, RECORD '01' DAYS.	DAYS. 1 WEEKS... 2 MONTHS... 3 YEARS 4	DAYS. 1 WEEKS... 2 MONTHS... 3 YEARS 4	DAYS. 1 WEEKS... 2 MONTHS... 3 YEARS 4
533	CHECK 103:	15-24 25-49 (SKIP TO 537) ←	15-24 25-49 (SKIP TO 537) ←	15-24 25-49 (SKIP TO 537) ←
534	How old is this person?	AGE OF PARTNER (SKIP TO 537) ← DON'T KNOW 98	AGE OF PARTNER (SKIP TO 537) ← DON'T KNOW 98	AGE OF PARTNER (SKIP TO 537) ← DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
535	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←
536	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
537	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 539) ←	YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 539) ←	

INSERT EXCEL SECTION FOR Q 527-537, P. 33-34

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	In all, with how many different people have you had sexual relations with in the <u>past 12 months</u> ? IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN '95', RECORD '95';	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
539	In all, with how many different people have you had sexual relations with <u>in your whole life</u> ? IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN '95', RECORD '95';	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
540	CHECK THE COVER PAGE: ADDITIONAL QUESTIONS ON SEXUAL ACTIVITY FOR MALES (1) OR FEMALES (2) _____ ADDITIONAL QUESTIONS FOR FEMALE INTERVIEW (COVER PAGE =2) <input type="checkbox"/> ADDITIONAL QUESTIONS FOR MALE INTERVIEW (COVER PAGE =1) <input type="checkbox"/>	_____ _____	—▶544
541	CHECK PRESENCE OF OTHER PEOPLE	PRIVACY OBTAINED1 PRIVACY IMPOSSIBLE2	—▶544
542	The first time you had sexual intercourse, did you want to have sex or you were forced against your will?	ACCEPTED1 FORCED2 REFUSE TO RESPOND/ NO RESPOND3	
543	In the last 12 months, did someone force you to have sex against your will?	YES1 NO2 REFUSE TO RESPOND/ NO RESPONSE3	
544	Do you know of a place where a person can get condoms?	YES1 NO2	—▶601
545	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. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER B AGENT DBC..... C OTHER PUBLIC D PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... E PHARMACY F PRIVATE DOCTOR..... G ARBEF CLINIC..... H INFIRMARY I OTHER PRIVATE MEDICAL J OTHER SOURCE SHOP/KIOSK/STREET K CHURCH L FRIENDS/RELATIVES M OTHER X (SPECIFY)	
546	If you wanted to, could you yourself get a condom?	YES1 NO2 DON'T KNOW/UNSURE8	
546A	Do you know of a place where you can buy condoms by walking?	YES1 NO2	—▶601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
546 B	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>AGENT DBC C</p> <p>OTHER PUBLIC</p> <p>D</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>ARBIF CLINIC H</p> <p>NURSE I</p> <p>OTHER PRIVATE MEDICAL</p> <p>J</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>CHURCH L</p> <p>FRIENDS/RELATIVES M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>				
546 C	<p>How long does it take you to get to the closest place to buy a condom?</p>	<p>MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>ON THE SPOT..... 998</p>				

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: <div> NEITHER STERILIZED <input type="checkbox"/> </div> <div> HE OR SHE STERILIZED <input type="checkbox"/> </div>		→614
602	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE2 SAYS SHE CAN'T GET PREGNANT3 NOT PREGNANT/UNDECIDED/ DON'T KNOW.....4 PREGNANT/UNDECIDED/DON'T KNOW 5	→604 →614 →610 →608
603	CHECK 226: <div> NOT PREGNANT OR NOT SURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	MONTHS1 YEARS.....2 <div> <div> <div> <div> </div> </div> </div> </div> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→609 →614 →609
604	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div>		→610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? <div> NOT ASKED <input type="checkbox"/> </div> <div> NOT CURRENTLY USING <input type="checkbox"/> </div> <div> CURRENTLY USING <input type="checkbox"/> </div>		→608
606	CHECK 603: <div> NOT ASKED <input type="checkbox"/> </div> <div> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> </div> <div> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> </div>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <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> <p>Any other reason?</p> </div> </div> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED.....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER.....X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div> </div>		→614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→612
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>BEADS /SDM.....14</p> <p>OTHER.....96 (SPECIFY)</p> <p>UNSURE.....98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED..... 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY..... 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED..... 31 HUSBAND OPPOSED 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION..... 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH..... 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW..... 98	→614
613	Would you ever use a contraceptive method if you were married?	YES..... 1 NO 2 DON'T KNOW..... 8	
614	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS 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? </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> PROBE FOR A NUMERIC RESPONSE.	NUMBER 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→616 →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
616	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	
617	In the last few months have you heard about family planning: <div style="display: flex; justify-content: space-between;"> <div> On the radio? On the television? In a newspaper or magazine? </div> <div style="text-align: right;"> YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 </div> </div>		
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO 2	→621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNERA MOTHERB FATHERC SISTER(S)D BROTHER(S)E DAUGHTERF SONG MOTHER-IN-LAWH FRIENDS/NEIGHBORSI OTHER _____ X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→628																				
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT1 MAINLY HUSBAND/PARTNER2 JOINT DECISION3 OTHER _____ 6 (SPECIFY)																					
624	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 contraceptive method to avoid pregnancy?	APPROVES1 DISAPPROVES2 DON'T KNOW8																					
625	In the past 12 months, how often have you talked to your husband/partner about family planning?	NEVER1 ONCE OR TWICE2 MORE OFTEN3																					
626	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→628																				
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER1 MORE CHILDREN2 FEWER CHILDREN3 DON'T KNOW8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>HAS STD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RECENT BIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIRED/MOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8	
	YES	NO	DK																				
HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/MOOD	1	2	8																				
629	When a woman knows that her husband has a sexually transmitted disease, this justified that she asks him to use a condom during sexual intercourse?	YES1 NO2 DON'T KNOW8																					
630	CHECK 501: CURRENTLY IN UNION <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→701																				
631	Can you refuse to have the sexual relations with your husband/partner when you do not wish to have some?	YES1 NO2 IT DEPENDS/NOT SURE8																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Can you ask your husband/partner to use a condom if you want him to use it?	YES..... 1 NO..... 2 IT DEPENDS/NOT SURE.....8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<p>→703</p> <p>→707</p>	
703	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→706
704	What was the highest level of school he attended: Primary, reformed primary, post-primary, secondary, or higher?	<p>PRIMARY (FORMER OR NEW) 1</p> <p>PRIMARY REFORMED 2</p> <p>POST PRIMARY/FAMIL/CERAR/CERAI .. 2</p> <p>SECONDARY 4</p> <p>HIGHER 5</p> <p>DON'T KNOW 8</p>	→706
705	What was the highest (class/year) he completed at that level?	<p>CLASS/YEAR <input type="text"/></p> <p>DON'T KNOW 8</p>	
706	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
707	Aside from your own housework, are you currently working?	<p>YES 1</p> <p>NO 2</p>	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	→710
709	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
711	CHECK 710: <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p> <p>SHARECROPPER 5</p>	
713	Do you do this work for a member of your family, for someone else, Or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
714	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>	
715	Do you usually work throughout the year, or do you work seasonally, Or only once in a while?	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR 2</p> <p>ONCE IN A WHILE 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	<div><div></div><div>719</div></div>
717	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
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 NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<div><div></div><div>PRES/ LISTEN.</div><div>PRES/ NOT LISTEN.</div><div>NOT PRES</div></div> CHILDREN <10 YRS... 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<div><div></div><div>YES</div><div>NO</div><div>DK</div></div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

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	→ 844
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
803	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
804	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	
805	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by abstaining from sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sorcery or supernatural means?	YES 1 NO 2 DON'T KNOW 8	
808	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	□ → 810
809	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELIVERY... 1 2 8 BREASTFEEDING 1 2 8	
812	CHECK 811: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/> _____		→ 814
813	Are there special drugs that a doctor or a nurse can give a woman infected by the virus of the AIDS to reduce the risk of transmission to his baby?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
814	Are there special drugs that the people infected with the AIDS virus can obtain from a doctor or a nurse?	YES.....1 NO.....2 DON'T KNOW.....8																	
815	CHECK 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE JANUARY 2003 <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2003 <input type="checkbox"/>		→ 824 → 824																
816	CHECK 407: SAW SOMEONE FOR PRENATAL CARE <input type="checkbox"/> DID NOT SEE ANYONE FOR PRENATAL CARE <input type="checkbox"/>		→ 824																
817	Now I would like to ask some questions about your last birth. During one of the antenatal visits for this pregnancy, did anyone speak to you about one of the following subjects: Babies who contract the AIDS virus from their mother? The things that one can do not to contract AIDS? Conducting a test for AIDS?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MOTHERS VIRUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>AIDS TEST</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MOTHERS VIRUS	1	2	8	THINGS TO DO	1	2	8	AIDS TEST	1	2	8	
	YES	NO	DK																
MOTHERS VIRUS	1	2	8																
THINGS TO DO	1	2	8																
AIDS TEST	1	2	8																
818	Within the framework of this prenatal care, did someone propose to you to carry out a test for AIDS?	YES1 NO2																	
819	I do not want to know the results but did you carry out a test for AIDS within the framework of your prenatal care?	YES1 NO2	→ 824																
820	I do not want to know the results but did you obtain the results of the test?	YES1 NO2																	
821	Where was the test done? 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)	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT. HEALTH CENTER12 VCT CENTER.....13 OTHER PUBLIC _ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....22 VCT CENTER.....23 ARBEF CLINIC.....24 INFIRMARY25 YOUTH CENTER26 OTHER PRIVATE MEDICAL ____ 27 (SPECIFY)																	
822	Did you carry out another test for AIDS since you were tested during your pregnancy?	YES1 NO2	→ 825																
823	When was the last time you were tested?	LESS THAN 12 MONTHS.....1 12-23 MONTHS.....2 2 YEARS OR MORE.....3	→ 831																
824	I you 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	→ 829																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
825	When was the last time you were tested?	DAYS AGO.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4									
825A	How much did you spend for this test?	PRICE : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> FREE.....00000 DON'T KNOW.....99998									
826	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST.....1 OFFERED AND ACCEPTED.....2 REQUIRED.....3									
827	I do not want to know the results but did you get the results of the test?	YES.....1 NO.....2									
828	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)	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT/ HEALTH CENTER.....12 VCT CENTER.....13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....22 VCT CENTER.....23 ARBEF CLINIC.....24 INFIRMARY.....25 YOUTH CENTER.....26 OTHER PRIVATE MEDICAL.....27 (SPECIFY)	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: -10px;">831</div> </div>								
829	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2	→ 831								
830	Where can 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) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT/ HEALTH CENTER.....B VCT CENTER.....C OTHER PUBLIC _____ X (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....D PRIVATE DOCTOR.....E VCT CENTER.....F ARBEF CLINIC.....G INFIRMARY.....H YOUTH CENTER.....I OTHER PRIVATE MEDICAL.....J (SPECIFY)									
831	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
831B	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<table> <tr> <td></td><td>ACCEPT-ABLE</td><td>NOT ACCEPT-ABLE</td></tr> <tr> <td>ON THE RADIO</td><td>1</td><td>2</td></tr> <tr> <td>ON THE TV</td><td>1</td><td>2</td></tr> <tr> <td>IN NEWSPAPERS</td><td>1</td><td>2</td></tr> </table>		ACCEPT-ABLE	NOT ACCEPT-ABLE	ON THE RADIO	1	2	ON THE TV	1	2	IN NEWSPAPERS	1	2				
	ACCEPT-ABLE	NOT ACCEPT-ABLE																
ON THE RADIO	1	2																
ON THE TV	1	2																
IN NEWSPAPERS	1	2																
831C	During last three months, did you hear or see something on AIDS through the media?	YES1 NO2 DON'T KNOW8																
831D	Through which media did you hear or see something on AIDS? On the radio? On the Television? In the newspapers or magazines? Through the posters, flyers or stickers?	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPERS/MAGAZINES</td><td>1</td><td>2</td></tr> <tr> <td>POSTER/FLYER/STICKER</td><td>1</td><td>2</td></tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPERS/MAGAZINES	1	2	POSTER/FLYER/STICKER	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPERS/MAGAZINES	1	2																
POSTER/FLYER/STICKER	1	2																
831E	Did you change your behavior in an unspecified way following what you heard or saw about AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	1 → 831G															
831 F	How did you change behavior? Anything else? RECORD ALL WAYS MENTIONED.	LIMIT NUMBER OF SEXUAL PARTNERS.....A STAY FAITHFUL TO ONE PARTNER B AVOID SEX WITH PROSTITUTES..... C AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... D USE CONDOMS DURING SEX WITH OCCASIONAL PARTNERS E ABSTAIN FROM SEXF AVOID INJECTIONS.....G AVOID BLOOD TRANSFUSIONS..... H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOWZ																
831 G	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 832															
831 H	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES1 NO2																
831I	During the last six months, did you advise someone to take unspecified measures to avoid being infected with AIDS virus?	YES1 NO2 DON'T KNOW8																
832	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN SECRET1 NO2 DON'T KNOW/DEPENDS.....8																
833	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?	YES1 NO2 DON'T KNOW8																
834	If a female teacher has the virus that causes aids, should she be allowed to continue teaching in the school?	CAN CONTINUE1 SHOULD NOT CONTINUE2 DK/NOT SURE/DEPENDS8																
835	Do you personally know someone who was denied health services during the last 12 months because (s)he was suspected to have AIDS or because s(he) had AIDS?	YES1 NO2 KNOWS NOBODY WITH AIDS.....8	→ 840															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
836	Do you personally know somebody who refused to take part in social demonstrations, religious services or Community events during the last 12 months because (s)he suspect to have AIDS or because (s)he had AIDS?	YES 1 NO 2	
837	Do you personally know somebody who was insulted or scoffed during the last 12 months because one (s)he was suspected to have AIDS or because (s)he had AIDS?	YES 1 NO 2	
838	CHECK 835,836 AND 837: NOT ONE <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> 'YES' ▼		→840
839	Do you personally know somebody who is suspected to have AIDS, has AIDS, or who died of AIDS?	YES 1 NO 2	
840	Do you agree or not agree with the following assertion: People who have AIDS should be ashamed of themselves.	AGREE 1 DO NOT AGREE 2 DK/NO OPINION 8	
841	Do you agree or do not agree with the following assertion: People with the AIDS virus should be blamed for bringing the disease in the community.	AGREE 1 DO NOT AGREE 2 DK/NO OPINION 8	
842	Should one educate children of 12-14 years on the use of the condom to avoid the AIDS?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
843	Should one teach children of 12-14 years to wait until the marriage to have sexual relations to avoid contracting the AIDS?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
844	Do you think that young men should wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
845	Do you think that the majority of the young men you know wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
846	Do you think that the men who are not married and who have sexual relations should not have sexual relations with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
847	Do you think that majority of the men you know, who are not married and who have sexual relations should have sexual relations only with one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
848	Do you think that the married men should have sexual relations only with their wives?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
849	Do you think that majority of the married men you know have sexual relations only with their wives?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
850	Do you think that young women should wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
851	Do you think that majority of the young women whom you know wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
852	Do you think that the women who are not married and who have sexual relations should not have sexual relations with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
853	Do you think that majority of women you know, who are not married and who have sexual relations should have sexual relations only with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
854	Do you think that the married women should have sexual relations only with their husbands?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
855	Do you think that the majority of the married women you know have sexual relations only with their husbands?	YES.....1 NO.....2 DK/NOT SURE/IT DEPENDS.....8	
856	<div> <p>CHECK 801: INTENDED TO SPEAK ABOUT AIDS</p> <p><input type="checkbox"/></p> <p>Put aside AIDS, do you intend to speak about other infections that are transmitted by sexual contact?</p> </div> <div> <p>NOT INTENDED TO SPEAK</p> <p><input type="checkbox"/></p> <p>Do you intend to speak about infections that are transmitted by sexual contact?</p> </div>	YES 1 NO 2	→ 859
857	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAINA GENITAL DISCHARGE/DRIPPINGB FOUL SMELLING DISCHARGEC BURNING PAIN ON URINATIOND REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK IMPOTENCEL OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS.....Y DON'T KNOWZ	
858	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAINA GENITAL DISCHARGEB FOUL SMELLING DISCHARGEC BURNING PAIN ON URINATIOND REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK HARD TO GET PREGNANT/ HAVE A CHILD.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS.....Y DON'T KNOWZ	
859	<p>CHECK 519:</p> <p>HAS HAD SEXUAL RELATIONS <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL RELATIONS <input type="checkbox"/></p>		→ 901Ä
860	<p>CHECK 856:</p> <p>KNOWS STI <input type="checkbox"/></p> <p>DOES NOT KNOW STI <input type="checkbox"/></p>		→ 862
861	<p>Now I would like to ask you some questions about your health in the last 12 months.</p> <p>During the last 12 months, have you had a sexually-transmitted disease?</p>	YES.....1 NO.....2 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
862	Sometimes, women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES.....1 NO.....2 DON'T KNOW.....8	
863	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES.....1 NO.....2 DON'T KNOW.....8	
864	CHECK 861, 862, 863: HAS HAD AN INFECTION (ONE 'YES') <input checked="" type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→901A
865	The last time you had (PROBLEM FROM 861/862/863), did you seek any kind of advice or treatment?	YES.....1 NO.....2	→901A
866	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER B AGENT DBC..... C VCT CENTER..... D YOUTH CENTER E OTHER PUBLIC F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... G PRIVATE DOCTOR..... H PHARMACY I ARBEF CLINIC..... J VCT CENTER..... K INFIRMARY..... L YOUTH CENTER M OTHER PRIVATE MEDICAL Y OTHER SOURCE SHOP N OTHER X (SPECIFY)	
867	When you had (PROBLEM FROM 861/862/863), did you inform the person with whom you were having sex?	YES.....1 NO.....2 SOME/ NOT ALL.....3 DID NOT HAVE PARTNER.....4	→901A
868	When you had (PROBLEM FROM 861/862/863), did you do something to avoid infecting your sexual partner(s)?	YES..... 1 NO..... 2 PARTNER ALREADY INFECTED.....3	→901A
869	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	YES NO USE MEDICINE 1 2 STOP SEX 1 2 USE CONDOM 1 2	

SECTION 9. ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901A	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. Did your mother give birth to any children, in addition to you?	YES..... 1 NO..... 2	→901H
901B	How many sons did your mother have who are still living?	SONS LIVING <input type="text"/>	
901C	How many sons did your mother have who have died?	SONS DEAD <input type="text"/>	
901D	In addition to you, how many daughters did your mother have who are still living?	DAUGHTERS LIVING <input type="text"/>	
901E	How many daughters did your mother have who have died?	DAUGHTERS DEAD <input type="text"/>	
901F	Did your mother have any other children which you do not know if they are alive or dead?	YES.....1 NO..... 2	→901H
901G	How many other children did your mother have which you do not know if they are alive or dead?	OTHER CHILDREN <input type="text"/>	
901H	SUM ANSWERS TO 901B, C, D, E, AND G, ADD 1 (THE RESPONDENT) AND ENTER TOTAL.	TOTAL <input type="text"/>	
901I	CHECK 901H: Just to make sure that I have this right: including yourself, your mother gave birth to _____ children in total. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES CORRECT ↓ <input type="text"/> </div> <div style="text-align: center;"> NO <input type="text"/> </div> <div style="text-align: center;"> PROBE AND → 901-A-H AS NECESSARY. </div> </div>		
902	CHECK 901H: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> TWO OR MORE BIRTHS ↓ <input type="text"/> </div> <div style="text-align: center;"> ONLY ONE BIRTH <input type="text"/> </div> </div> <div style="text-align: center;">(RESPONDENT ONLY)</div>		→1004A
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] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
905	Is (NAME) male or female?	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2
906	Is (NAME) still alive?	YES..... 1 NO2 GO TO 908↵ DK..... 8 GO TO [2]	YES..... 1 NO2 GO TO 908↵ DK..... 8 GO TO [3]	YES 1 NO2 GO TO 908↵ DK 8 GO TO [4]	YES 1 NO2 GO TO 908↵ DK 8 GO TO [5]	YES..... 1 NO2 GO TO 908↵ DK..... 8 GO TO [6]	YES..... 1 NO2 GO TO 908↵ DK..... 8 GO TO [7]
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died? IF DON'T KNOW, PROBE: Did (NAME) die before age 12? IF YES, ENTER '95' IF NO, ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE. FOR EXAMPLE: Did (NAME) die before or after being married?	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [2]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [3]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [4]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [5]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [6]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [7]
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2	YES 1 GO TO 913↵ NO2	YES 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2	YES 1 GO TO 913↵ NO2	YES 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2	YES..... 1 GO TO 913↵ NO2
912	Did (NAME) die in the two months following the end of a pregnancy or childbirth?	YES..... 1 NO2	YES..... 1 NO2	YES 1 NO2	YES 1 NO2	YES..... 1 NO2	YES..... 1 NO2
913	To how many live children did (NAME) give birth to during her life?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
IF NO MORE BROTHERS OR SISTERS, GO TO Q.1000A							

[illegible]

SECTION 10. RELATIONS IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1000 A	CHECK COVER PAGE: THE WOMAN BEING INTERVIEWED IS SELECTED FOR QUESTIONS ON RELATIONS IN THE HOUSEHOLD. YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1029																												
1001	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED.....1 POSSIBLE.....2	PRIVACY NOT	→ 1028																												
	READ TO ALL RESPONDENTS: Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone. Let me assure you also that you are the only person in this household to whom these questions will be asked. If someone arrives during the discussion then we'll change subjects.																														
1002	CHECK 501, 502, AND 504: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> SEPARATED/DIVORCED <input type="checkbox"/> WIDOWED/NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1014																												
1003	When two people marry or live together, they share both good and bad moments. In your relationship with your (last) husband/partner do (did) the following happen frequently, only sometimes, or never? a) He usually (spends/spent) his free time with you? b) He (consults/consulted) you on different household matters? c) He (is/was) affectionate with you? d) He (respects/respected) you and your wishes?	<table> <tr> <td></td> <td>FRE-QUENTLY</td> <td>SOME-TIMES</td> <td></td> </tr> <tr> <td>NEVER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FREE TIME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CONSULTS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>AFFECTIONATE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RESPECTS</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		FRE-QUENTLY	SOME-TIMES		NEVER				FREE TIME	1	2	3	CONSULTS	1	2	3	AFFECTIONATE	1	2	3	RESPECTS	1	2	3					
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CONSULTS	1	2	3																												
AFFECTIONATE	1	2	3																												
RESPECTS	1	2	3																												
1004	Now I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your girl friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all time? f) He (does/did) not trust you with any money?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
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NO FAMILY	1	2	8																												
WHERE YOU ARE	1	2	8																												
MONEY	1	2	8																												
1005	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. 5A. (Does/did) your (last) husband/partner ever: Say or do something to humiliate you in front of others? Threaten you or someone close to you with harm?	<p>5B. How many times did this happen during the last 12 months?</p> <table> <tr> <td>YES</td> <td>1 →</td> <td>TIMES IN LAST 12 MONTHS</td> <td><input type="text"/></td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td>IF DIV OR SEPARATED</td> <td>.....95</td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>TIMES IN LAST 12 MONTHS</td> <td><input type="text"/></td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td>IF DIV OR SEPARATED</td> <td>.....95</td> </tr> </table>	YES	1 →	TIMES IN LAST 12 MONTHS	<input type="text"/>	NO	2 ↓	IF DIV OR SEPARATED95	YES	1 →	TIMES IN LAST 12 MONTHS	<input type="text"/>	NO	2 ↓	IF DIV OR SEPARATED95													
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	<p>6A. (Does/did) your (last) husband/partner ever:</p> <p>Push you, shake you, or throw something at you?</p> <p>Slap you or twist your arm?</p> <p>Spit on you?</p> <p>Punch you with his fist or with something that could hurt you?</p> <p>Kick you or drag you?</p> <p>Try to strangle you or burn you?</p> <p>Threaten you with a knife, gun, or other type of weapon?</p> <p>Attack you with a knife, gun, or other type of weapon?</p> <p>Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>Force you to perform other sexual acts you did not want to?</p>	<p>6B. How many times did this happen during the last 12 months?</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p>	
1007	<p>CHECK 1006:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1009
1008	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER.....95</p> <p>AFTER SEPARATION/DIVORCE.....96</p>	
1009	<p>Did the following ever happen because of something your (last) husband/partner did to you:</p>	<p>108B. How many times did this happen during the last 12 months?</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>You had bruises and aches?</p> <p>YES 1 → NO 2 ↴</p> <p>You had an injury or a broken bone?</p> <p>YES 1 → NO 2 ↴</p> <p>You went to the doctor or health center as a result of something your husband/partner did to you?</p> <p>YES 1 → NO 2 ↴</p>	<p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED95</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED95</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED95</p>	
1010	Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 1012
1011	In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?	<p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED95</p>	
1012	Does (did) your (last) husband/partner drink alcohol?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 1014
1013	How often does (did) he get drunk: very often, only sometimes, or never?	<p>VERY OFTEN..... 1</p> <p>SOMETIMES..... 2</p> <p>NEVER..... 3</p>	
1014	<p>CHECK 501, 502 & 504:</p> <p>MARRIED/LIVING WITH A MAN/SEPARATED/DIVORCED <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> <p>WIDOWED/ NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>NO ANSWER..... 6</p>	→ 1019
1015	<p>Who has physically hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER..... A</p> <p>FATHER..... B</p> <p>STEP-MOTHER..... C</p> <p>STEP-FATHER..... D</p> <p>SISTER..... E</p> <p>BROTHER..... F</p> <p>DAUGHTER..... G</p> <p>SON..... H</p> <p>LATE/EX-HUSBAND/EX-PARTNER... I</p> <p>CURRENT BOYFRIEND..... J</p> <p>FORMER BOYFRIEND..... K</p> <p>MOTHER-IN-LAW..... L</p> <p>FATHER-IN-LAW..... M</p> <p>OTHER FEMALE RELATIVE/IN-LAW.. N</p> <p>OTHER MALE RELATIVE/ IN-LAW..... O</p> <p>FEMALE FRIEND/ACQUAINTANCE..... P</p> <p>MALE FRIEND/ACQUAINTANCE..... Q</p> <p>TEACHER..... R</p> <p>EMPLOYER..... S</p> <p>STRANGER..... T</p> <p>OTHER _</p> <p>X</p> <p>(SPECIFY)</p>	
1016	<p>CHECK 1015:</p> <p>MORE THAN ONE PERSON MENTIONED <input type="checkbox"/></p> <p>ONLY ONE PERSON MENTIONED <input type="checkbox"/></p>		→ 1018

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1017	Who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER..... 01 FATHER..... 02 STEP-MOTHER..... 03 STEP-FATHER..... 04 SISTER..... 05 BROTHER..... 06 DAUGHTER..... 07 SON..... 08 LATE/EX-HUSBAND/EX-PARTNER..... 09 CURRENT BOYFRIEND..... 10 FORMER BOYFRIEND..... 11 MOTHER-IN-LAW..... 12 FATHER-IN-LAW..... 13 OTHER FEMALE RELATIVE/IN-LAW..... 14 OTHER MALE RELATIVE/ IN-LAW..... 15 FEMALE FRIEND/ACQUAINTANCE..... 16 MALE FRIEND/ACQUAINTANCE..... 17 TEACHER..... 18 EMPLOYER..... 19 STRANGER..... 20 OTHER _____ 96 (SPECIFY)				
1018	In the last 12 months, how many times has this person hit, slapped, kicked, or done anything else to physically hurt you?	NUMBER OF TIMES <table border="1"><tr><td></td><td></td><td></td></tr></table>				
1019	CHECK 201, 206, AND 226: HAS ONE OR MORE LIVE OR NON-LIVE BIRTHS OR IS CURRENTLY PREGNANT <input type="checkbox"/> NO LIVE BIRTHS, NO NON-LIVE BIRTHS, AND IS NOT CURRENTLY PREGNANT <input type="checkbox"/>		→ 1021			
1020	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES..... 1 NO..... 2	→ 1022			
1021	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER..... A MOTHER..... B FATHER..... C STEP-MOTHER..... D STEP-FATHER..... E SISTER..... F BROTHER..... G DAUGHTER..... H SON..... I LATE/LAST/EX-HUSBAND/PARTNER..... J CURRENT BOYFRIEND..... K FORMER BOYFRIEND..... L MOTHER-IN-LAW..... M FATHER-IN-LAW..... N OTHER FEMALE RELATIVE/IN-LAW..... O OTHER MALE RELATIVE/IN-LAW..... P FEMALE FRIEND/ACQUAINTANCE..... Q MALE FRIEND/ACQUAINTANCE..... R TEACHER..... S EMPLOYER..... T STRANGER..... U OTHER _____ X (SPECIFY)				
1022	CHECK 1006, 1009, 1014, AND 1020: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1026			
1023	Have you ever tried to get help to prevent or stop (this person/these persons) from physically hurting you?	YES..... 1 NO..... 2	→ 1025			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1024	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED</p>	<p>MOTHER..... A</p> <p>FATHER..... B</p> <p>SISTER..... C</p> <p>BROTHER..... D</p> <p>CURRENT/LAST/LATE HUSBAND/ PARTNER..... E</p> <p>CURRENT/FORMER BOYFRIEND..... F</p> <p>MOTHER-IN-LAW..... G</p> <p>FATHER-IN-LAW..... H</p> <p>OTHER FEMALE RELATIVE/IN-LAW..... I</p> <p>OTHER MALE RELATIVE/ IN-LAW..... J</p> <p>FRIEND..... K</p> <p>NEIGHBOR..... L</p> <p>TEACHER..... M</p> <p>EMPLOYER..... N</p> <p>RELIGIOUS LEADER..... O</p> <p>DOCTOR/MEDICAL PERSONNEL..... P</p> <p>POLICE..... Q</p> <p>LAWYER..... R</p> <p>OTHER _ X</p> <p>(SPECIFY)</p>	<p>1026</p>																
1025	<p>What is the main reason you have never sought help?</p>	<p>DON'T KNOW WHO TO GO TO.....01</p> <p>NO USE.....02</p> <p>PART OF LIFE.....03</p> <p>AFRAID OF DIVORCE/DESERTION.....04</p> <p>AFRAID OF FURTHER BEATINGS.....05</p> <p>AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE.....06</p> <p>EMBARRASSED.....07</p> <p>DON'T WANT TO DISGRACE</p> <p>FAMILY.....08</p> <p>OTHER _ 96</p> <p>(SPECIFY)</p>																	
1026	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>																	
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE HOUSEHOLD RELATIONS MODULE ONLY.</p>																			
1027	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																
1028	<p>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE HOUSEHOLD RELATIONS MODULE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																		
1129	<p>RECORD THE TIME.</p>	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>																	

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:_____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR:_____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS
P PREGNANCIES
T TERMINATIONS

	12 DEC	01	
	11 NOV	02	
	10 OCT	03	
	09 SEP	04	
2	08 AUG	05	
0	07 JUL	06	
0	06 JUN	07	
0	05 MAY	08	
5	04 APR	09	
	03 MAR	10	
	02 FEB	11	
	01 JAN	12	
	12 DEC	13	
	11 NOV	14	
	10 OCT	15	
	09 SEP	16	
2	08 AUG	17	
0	07 JUL	18	
0	06 JUN	19	
4	05 MAY	20	
	04 APR	21	
	03 MAR	22	
	02 FEB	23	
	01 JAN	24	
	12 DEC	25	
	11 NOV	26	
	10 OCT	27	
	09 SEP	28	
2	08 AUG	29	
0	07 JUL	30	
0	06 JUN	31	
3	05 MAY	32	
	04 APR	33	
	03 MAR	34	
	02 FEB	35	
	01 JAN	36	
	12 DEC	37	
	11 NOV	38	
	10 OCT	39	
	09 SEP	40	
2	08 AUG	41	
0	07 JUL	42	
0	06 JUN	43	
2	05 MAY	44	
	04 APR	45	
	03 MAR	46	
	02 FEB	47	
	01 JAN	48	
	12 DEC	49	
	11 NOV	50	
	10 OCT	51	
	09 SEP	52	
2	08 AUG	53	
0	07 JUL	54	
0	06 JUN	55	
1	05 MAY	56	
	04 APR	57	
	03 MAR	58	
	02 FEB	59	
	01 JAN	60	
	12 DEC	61	
	11 NOV	62	
	10 OCT	63	
	09 SEP	64	
2	08 AUG	65	
0	07 JUL	66	
0	06 JUN	67	
0	05 MAY	68	
	04 APR	69	
	03 MAR	70	
	02 FEB	71	
	01 JAN	72	