

# **2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY WOMEN'S QUESTIONNAIRE**

| IDENTIFICATION   |  |       |               |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PLACE NAME _____<br>NAME OF HOUSEHOLD HEAD _____<br>DHS CLUSTER NUMBER .....<br>PSU CODE .....<br>HOUSEHOLD NUMBER .....<br>REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) .....<br>URBAN/RURAL (URBAN = 1, RURAL = 2) .....<br>LARGE CITY/SMALL CITY/TOWN/RURAL .....<br>(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)<br>NAME AND LINE NUMBER OF WOMAN _____  | <table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> |       |               |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INTERVIEWER VISITS   |  |       |               |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INTERVIEWER'S NAME   | _____  | _____ | _____         | INT. NUMBER <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>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| RESULT*  | _____  | _____ | _____         | RESULT <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>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NEXT VISIT: DATE   | _____  | _____ |               | TOTAL NUMBER OF VISITS <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>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>*RESULT CODES:</b></p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED<br/> 2 NOT AT HOME<br/> 3 POSTPONED </div> <div> 4 REFUSED<br/> 5 PARTLY COMPLETED<br/> 6 INCAPACITATED </div> <div> 7 OTHER _____<br/> (SPECIFY) </div> </div>  |  |       |               |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table> </div> <div> RESPONDENT'S LANGUAGE: _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> </div> <div> TRANSLATOR USED<br/> (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE:<br/> 1 SISWATI </div> <div> 2 ENGLISH </div> <div> 3 OTHER </div> </div> |  |       |               |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SUPERVISOR   | FIELD EDITOR   |       | OFFICE EDITOR | KEYED BY   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

| INFORMED CONSENT  |
|---|
| <p>Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes an hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>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.</p> <p>At this time, do you want to ask me anything about the survey?<br/>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END</p> |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 101 | RECORD THE TIME.   | HOUR . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>MINUTES . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>  |       |
| 102 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br>IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>ALWAYS . . . . . 95<br>VISITOR . . . . . 96   | → 104 |
| 103 | Just before you moved here, did you live in a city, in a town, or in the countryside?  | CITY . . . . . 1<br>TOWN . . . . . 2<br>COUNTRYSIDE . . . . . 3  |       |
| 104 | In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?            | NUMBER OF TRIPS . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>NONE . . . . . 00   | → 106 |
| 105 | In the last 12 months, have you been away from your home community for more than one month at a time?                            | YES . . . . . 1<br>NO . . . . . 2  |       |
| 106 | In what month and year were you born?  | MONTH . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>DON'T KNOW MONTH . . . . . 98<br>YEAR . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>DON'T KNOW YEAR . . . . . 9998 |       |
| 107 | How old were you at your last birthday?<br><br>COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.                               | AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>   |       |
| 108 | Have you ever attended school?   | YES . . . . . 1<br>NO . . . . . 2  | → 112 |
| 109 | What is the highest level of school you attended: primary, secondary, or higher?   | LOWER PRIMARY . . . . . 1<br>HIGHER PRIMARY . . . . . 2<br>SECONDARY . . . . . 3<br>HIGH SCHOOL . . . . . 4<br>TERTIARY . . . . . 5  |       |
| 110 | What is the highest (grade/form/year) you completed at that level?   | GRADE/FORM/YEAR . . . . . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>  |       |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
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| 111 | CHECK 109:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           ANY PRIMARY<br/>CODE '1' OR '2'<br/>CIRCLED           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">           SECONDARY<br/>OR HIGHER<br/>CODE '3' OR '4' OR 5 CIRCLED           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div> |   | → 115 |
| 112 | Now I would like you to read this sentence to me.<br><br>SHOW CARD TO RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br>Can you read any part of the sentence to me?  | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PARTS OF<br>SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE.. 3<br>NO CARD WITH REQUIRED<br>LANGUAGE ..... 4<br>(SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED ..... 5                       |       |
| 113 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?  | YES ..... 1<br>NO ..... 2   |       |
| 114 | CHECK 112:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           CODE '2', '3'<br/>OR '4'<br/>CIRCLED           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">           CODE '1' OR '5'<br/>CIRCLED           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div>                                     |   | → 116 |
| 115 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?   | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |       |
| 116 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?  | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |       |
| 117 | Do you watch television almost every day, at least once a week, less than once a week or not at all?   | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |       |
| 118 | What is your religion?<br><br><br><br><br><br><br><br><br><br><div style="border-bottom: 1px solid black; width: 150px; margin: 5px auto;"></div><br>NAME OF CHURCH  | TRADITIONAL ..... 01<br>CHARISMATIC ..... 02<br>PROTESTANT ..... 03<br>ROMAN CATHOLIC ..... 04<br>PENTECOSTAL ..... 05<br>ZIONIST ..... 06<br>APOSTOLIC SECT ..... 07<br>ISLAM ..... 08<br>NONE ..... 09<br><br>OTHER ..... 96<br>(SPECIFY) |       |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth?  | YES ..... 1<br>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<br>NO ..... 2   | → 204 |  |  |  |  |  |  |  |  |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>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><br>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>     |       |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |
| 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<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>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><br>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> |       |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br><br>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?  | YES ..... 1<br>NO ..... 2   | → 208 |  |  |  |  |  |  |  |  |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>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><br>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>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:<br><br>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. |   |       |  |  |  |  |  |  |  |  |
| 210 | CHECK 208:<br><br>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.<br>RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.<br>(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE). |   |                            |   |                                   |  |                            |   |  |  |
|--|---|----------------------------|---|-----------------------------------|--|----------------------------|---|--|--|
| 212  | 213   | 214                        | 215   | 216                               | 217<br>IF ALIVE:   | 218<br>IF ALIVE:           | 219<br>IF ALIVE:  | 220<br>IF DEAD:  | 221  |
| What name was given to your (first/next) baby?<br><br>(NAME)   | Were any of these births twins or multiple? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?  | Is (NAME) still alive?            | How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | How old was (NAME) when he/she died?<br><br>IF '1 YR', PROBE:<br>How many months old was (NAME)?<br>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), including any children who died after birth? |
| 01   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(NEXT BIRTH)         | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  |  |
| 02   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 03   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 04   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 05   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 06   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 07   | SING 1<br>MULT 2                            | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |

















|  |   |                            |   |                                   |  |                            |   |  |  |
|--|---|----------------------------|---|-----------------------------------|--|----------------------------|---|--|--|
| 212  | 213   | 214                        | 215   | 216                               | 217<br>IF ALIVE:   | 218<br>IF ALIVE:           | 219<br>IF ALIVE:  | 220<br>IF DEAD:  | 221  |
| What name was given to your next baby?<br><br>(NAME) | Were any of these births twins or multiple?   | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?  | Is (NAME) still alive?            | How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | How old was (NAME) when he/she died?<br><br>IF '1 YR', PROBE:<br>How many months old was (NAME)?<br>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), including any children who died after birth? |
| 08   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 09   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 10   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 11   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 12   | SING 1<br>MULT 2  | BOY 1<br>GIRL 2            | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES ... 1<br>NO ... 2      | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GO TO 221)          | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 222  | Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.   |                            |   |                                   |  | YES ..... 1<br>NO ..... 2  |   |  |  |
| 223  | <p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> |                            |   |                                   |  |                            |   |  |  |
| 224  | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0'.   |                            |   |                                   |  |                            |   |  | <input type="text"/>   |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                           |
|------|--|--|--------------------------------|
| 225  | FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) |  |                                |
| 226  | Are you pregnant now?  | YES ..... 1<br>NO ..... 2<br>UNSURE ..... 8  | <input type="checkbox"/> → 229 |
| 227  | How many months pregnant are you?<br><br>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 ..... <input type="text"/> <input type="text"/>   |                                |
| 228  | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?   | THEN ..... 1<br>LATER ..... 2<br>NOT AT ALL ..... 3  |                                |
| 229  | Have you ever had a pregnancy that miscarried or was aborted?  | YES ..... 1<br>NO ..... 2  | → 230A                         |
| 230  | When did the last miscarriage or abortion happen?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |                                |
| 230A | Have you ever had a pregnancy that ended in a stillbirth?  | YES ..... 1<br>NO ..... 2  | → 231                          |
| 230B | When did your last stillbirth happen?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |                                |
| 230C | Was this last stillbirth macerated or fresh? By macerated I mean the body may have started to decompose.   | MACERATED ..... 1<br>FRESH ..... 2<br>DON'T KNOW ..... 8   |                                |
| 231  | CHECK 230 AND 230B:<br>LAST MISCARRIAGE/ABORTION/STILLBIRTH ENDED JANUARY 2 OR LATER <input type="checkbox"/><br>NO MISCARRIAGE/ABORTION/STILLBIRTH <input type="checkbox"/><br>LAST MISCARRIAGE/ABORTION/STILLBIRTH ENDED BEFORE JANUARY 2001 <input type="checkbox"/>  | <input type="checkbox"/> → 237<br><input type="checkbox"/> → 237   |                                |
| 232  | How many months pregnant were you when the last miscarriage/abortion/stillbirth happened?<br><br>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.   | MONTHS ..... <input type="text"/> <input type="text"/>   |                                |
| 233  | Since January 2001, have you had any other pregnancies that did not result in a live birth?  | YES ..... 1<br>NO ..... 2  | → 237                          |

376 | Appendix F



**SECTION 3. CONTRACEPTION**

|     |  |   |  |
|-----|--|---|--|
| 301 | <p>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.</p> <p>Which ways or methods have you heard about?<br/> <b>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:</b><br/>         Have you ever heard of (METHOD)?</p> <p><b>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.</b></p> |   | 302 Have you ever used (METHOD)?   |
| 01  | FEMALE STERILIZATION Women can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2    | Have you ever had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2                   |
| 02  | MALE STERILIZATION Men can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2    | Have you ever had a partner who had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2 |
| 03  | PILL Women can take a pill every day to avoid becoming pregnant.   | YES ..... 1<br>NO ..... 2    | YES ..... 1<br>NO ..... 2  |
| 04  | IUD Women can have a loop or coil placed inside them by a doctor or a nurse.   | YES ..... 1<br>NO ..... 2    | YES ..... 1<br>NO ..... 2  |
| 05  | INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.  | YES ..... 1<br>NO ..... 2    | YES ..... 1<br>NO ..... 2  |
| 06  | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.   | YES ..... 1<br>NO ..... 2    | YES ..... 1<br>NO ..... 2  |
| 07  | CONDOM Men can put a rubber sheath on their penis before sexual intercourse.   | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  |
| 08  | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 09  | DIAPHRAM Women can place a thin flexible disk in their vagina before intercourse.  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 10  | FOAM/JELLY Women can place a suppository jelly or cream in their vagina before intercourse.  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 11  | LACTATIONAL AMENORRHEA METHOD (LAM)<br>Up to six 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<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 12  | RHYTHM/BILLINGS/MUCUS METHOD 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 be pregnant or the woman observes her discharge and temperature of the vagina. If the temperature is high and the discharge stretches then she can avoid sexual intercourse   | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 13  | WITHDRAWAL Men can be careful and pull out before climax.  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 14  | EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |
| 15  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  | YES ..... 1<br><br>_____<br>(SPECIFY)<br><br>_____<br>(SPECIFY)<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2   |
| 303 | CHECK 302:<br>NOT A SINGLE "YES" <input type="checkbox"/> (NEVER USED)  AT LEAST ONE "YES" <input type="checkbox"/> (EVER USED)   |   | 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<br>NO ..... 2   | → 331                             |
| 306  | What have you used or done?<br><br>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.<br><br>How many living children did you have at that time, if any?<br><br>IF NONE, RECORD '00'.   | NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>  |                                   |
| 308  | CHECK 302 (01):<br><br>WOMAN NOT STERILIZED <input type="checkbox"/><br>WOMAN STERILIZED <input type="checkbox"/>   |   | → 311A                            |
| 309  | CHECK 226:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/><br>PREGNANT <input type="checkbox"/>  |   | → 331                             |
| 310  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | YES ..... 1<br>NO ..... 2   | → 331                             |
| 311  | Which method are you using?<br><br>CIRCLE ALL MENTIONED.<br><br>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.  | FEMALE STERILIZATION ..... A<br>MALE STERILIZATION ..... B<br>PILL ..... C<br>IUD ..... D<br>INJECTABLES ..... E<br>IMPLANTS ..... F<br>CONDOM ..... G<br>FEMALE CONDOM ..... H<br>DIAPHRAGM ..... I<br>FOAM/JELLY ..... J<br>LACTATIONAL AMEN. METHOD ..... K<br>RHYTHM METHOD ..... L<br>WITHDRAWAL ..... M<br><br>OTHER ..... X<br>(SPECIFY) | → 316<br>→ 315<br>→ 315<br>→ 319A |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION.  |   |                                   |
| 312  | RECORD IF PILL OR CONDOM IS HIGHEST METHOD ON LIST IN 311.<br><br>PILL <input type="checkbox"/><br>MALE/FEMALE CONDOM <input type="checkbox"/><br><br>May I see the package of pills you are using?      May I see the package of condoms you are using?<br><br>RECORD NAME OF BRAND IF PACKAGE SEEN. | PACKAGE SEEN ..... 1<br><br>BRAND NAME ..... <input type="text"/> <input type="text"/><br>(SPECIFY)<br><br>PACKAGE NOT SEEN ..... 2   | → 314                             |
| 313  | Do you know the brand name of the (pills/condoms) you are using?<br><br>RECORD NAME OF BRAND.   | BRAND NAME ..... <input type="text"/> <input type="text"/><br>(SPECIFY)<br><br>DON'T KNOW ..... 98  |                                   |
| 314  | How many (pill cycles/condoms) did you get the last time?   | NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 998  |                                   |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--------|
| 314A | CHECK 311/311A:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div> CONDOM <input type="checkbox"/><br/> ↓ </div> <div> PILL <input type="checkbox"/><br/> → 315 </div> </div>   |  |        |
| 314B | How do you usually dispose of used condoms?  | BURN ..... 1<br>FLUSH IN TOILET ..... 2<br>BURY IN HOLE ..... 3<br>THROW AWAY ..... 4<br>PIT LATRINE ..... 5<br>OTHER ..... 6<br>_____<br>(SPECIFY)  |        |
| 315  | The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?   | COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 9995<br>DON'T KNOW ..... 9998   | → 319A |
| 316  | In what facility did the sterilization take place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br>WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)  | <b>PUBLIC SECTOR</b><br>GOVT. HOSPITAL ..... 11<br>GOVT. HEALTH CENTER ..... 12<br>OTHER PUBLIC ..... 16<br>_____<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PRIVATE HOSPITAL/CLINIC ... 21<br>PRIVATE DOCTOR ..... 23<br>OTHER PRIVATE ..... 26<br>_____<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL/CLINIC ..... 31<br>OTHER MISSION ..... 36<br>_____<br>(SPECIFY)<br><b>NGO</b><br>FLAS ..... 41<br>OTHER NGO ..... 46<br>_____<br>(SPECIFY)<br>OTHER ..... 96<br>_____<br>(SPECIFY)<br>DON'T KNOW ..... 98 |        |
| 317  | CHECK 311/311A:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div> CODE 'A' CIRCLED <input type="checkbox"/><br/> ↓<br/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? </div> <div> CODE 'B' CIRCLED <input type="checkbox"/><br/> ↓<br/> Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? </div> </div> | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 318  | How much did you pay in total for the sterilization, including any consultation you may have had?  | COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 9995<br>DON'T KNOW ..... 9998   |        |
| 319  | In what month and year was the sterilization performed?  | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |        |
| 319A | In what month and year did you start using (CURRENT METHOD) continuously?<br><br>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?  | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |        |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                                      |
|-----|---|---|---|
| 320 | CHECK 319/319A, 215 AND 230:<br><br>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A<br><br>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).              | YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 321 | CHECK 319/319A:<br><br>YEAR IS 2001 <input type="checkbox"/> OR LATER<br>YEAR IS 2000 <input type="checkbox"/> OR EARLIER   |   | 329                                       |
| 323 | CHECK 311/311A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.   | NO CODE CIRCLED ..... 00<br>FEMALE STERILIZATION ..... 01<br>MALE STERILIZATION ..... 02<br>PILL ..... 03<br>IUD ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>CONDOM ..... 07<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>LACTATIONAL AMEN. METHOD ... 11<br>RHYTHM METHOD ..... 12<br>WITHDRAWAL ..... 13<br>OTHER METHOD ..... 96 | → 331<br>→ 333<br>→ 330<br>→ 327<br>→ 333 |
| 324 | At the time you started using the (CURRENT METHOD), were you told about side effects or problems you might have with the method?  | YES ..... 1<br>NO ..... 2   | → 326                                     |
| 325 | Were you ever told by a health or family planning worker about side effects or problems you might have with the method?   | YES ..... 1<br>NO ..... 2   | → 327                                     |
| 326 | Were you told what to do if you experienced side effects or problems?   | YES ..... 1<br>NO ..... 2   |   |
| 327 | CHECK 324:<br><br>CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/><br><br>At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD) were you told about other methods of family planning that you could use? | YES ..... 1<br>NO ..... 2   | → 329                                     |
| 328 | Were you ever told by a health or family planning worker about other methods of family planning that you could use?   | YES ..... 1<br>NO ..... 2   |   |
| 329 | CHECK 311/311A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.   | FEMALE STERILIZATION ..... 01<br>PILL ..... 03<br>IUD ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>LACTATIONAL AMEN. METHOD ... 11   | → 333<br>→ 333                            |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP       |
|-----|--|---|------------|
| 330 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>   | <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>PHU/CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>RHM/CBD ... 15</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>CBD ..... 25</p> <p>OTHER PRIVATE ..... 26</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31</p> <p>CLINIC ..... 32</p> <p>OTHER MISSION ..... 36</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41</p> <p>OTHER NGO ..... 46</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 51</p> <p>CHURCH ..... 52</p> <p>FRIEND/RELATIVE ..... 53</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> | <p>333</p> |
| 331 | <p>Do you know of a place where you can obtain a method of family planning?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | <p>333</p> |
| 332 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>PHU/CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>RHM/CBD ... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>MOBILE CLINIC ..... J</p> <p>CBD ..... K</p> <p>OTHER PRIVATE ..... L</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... M</p> <p>CLINIC ..... N</p> <p>OTHER MISSION ..... O</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... P</p> <p>OTHER NGO ..... Q</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... R</p> <p>CHURCH ..... S</p> <p>FRIEND/RELATIVE ..... T</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>   |            |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES         | SKIP  |
|-----|---|---------------------------|-------|
| 333 | In the last 12 months, were you visited by a RHM/CBD who talked to you about family planning?       | YES ..... 1<br>NO ..... 2 |       |
| 334 | In the last 12 months, have you visited a health facility for care for yourself (or your children)? | YES ..... 1<br>NO ..... 2 | → 401 |
| 335 | Did any staff member at the health facility speak to you about family planning methods?             | YES ..... 1<br>NO ..... 2 |       |

SECTION 4. PREGNANCY, POSTNATAL CARE AND CHILDREN'S NUTRITION

|     |  |  |   |   |
|-----|--|--|---|---|
| 401 | CHECK 224:<br><br><div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE<br/>BIRTHS<br/>IN 2001<br/>OR LATER <input type="checkbox"/> </div> <div> NO<br/>BIRTHS<br/>IN 2001<br/>OR LATER <input type="checkbox"/> </div> </div> <div style="text-align: right;">→ 550</div>  |  |   |   |
| 402 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER.<br>ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.<br>(IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).<br><br>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<br>LINE NUMBER ... <input type="text"/> <input type="text"/>  | NEXT-TO-LAST BIRTH<br>LINE NUMBER ... <input type="text"/> <input type="text"/>   | SECOND-FROM-LAST BIRTH<br>LINE NUMBER ... <input type="text"/> <input type="text"/>   |
| 404 | FROM 212 AND 216   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>  | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>   | NAME _____<br>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<br>(SKIP TO 407) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 407) ←  | THEN ..... 1<br>(SKIP TO 429) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 429) ←                                     | THEN ..... 1<br>(SKIP TO 429) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 429) ←                                     |
| 406 | How much longer would you have liked to wait?  | MONTHS 1 <input type="text"/> <input type="text"/><br>YEARS 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ... 998  | MONTHS 1 <input type="text"/> <input type="text"/><br>YEARS 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ... 998 | MONTHS 1 <input type="text"/> <input type="text"/><br>YEARS 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ... 998 |
| 407 | Did you see anyone for antenatal care for this pregnancy?<br><br>IF YES: Whom did you see?<br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.  | <div style="background-color: #cccccc; padding: 10px;"> <b>HEALTH PROFESSIONAL</b><br/> DOCTOR ..... A<br/> NURSE/MIDWIFE ..... B<br/> NURSING ASSISTANT ..... C<br/><br/> <b>OTHER PERSON</b><br/> TRADITIONAL BIRTH ATTENDANT/<br/> RHM ..... D<br/> TRADITIONAL HEALER ..... E<br/> OTHER ..... X<br/> _____<br/> (SPECIFY)<br/> NO ONE ..... Y<br/> (SKIP TO 414) ← </div> |   |   |

| NO.                               | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-<br>LAST BIRTH<br>NAME _____ | SECOND-FROM-<br>LAST BIRTH<br>NAME _____ |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
|-----------------------------------|--|---|--------------------------------------|--|-----|----|-------------------|------------|---|-----------------------------------|------------|---|------------------------------|---------------|---|------------------------------|---------------|---|-------------------------------|-----------------|---|
| 408                               | <p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</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>_____<br/>(NAME OF PLACE)</p>   | <p><b>HOME</b><br/>YOUR HOME ... A<br/>OTHER HOME ... B</p> <p><b>PUBLIC SECTOR</b><br/>GOVT. HOSPITAL ... C<br/>GOVT. HEALTH CENTER ..... D<br/>PHU/CLINIC ... E<br/>OTHER PUBLIC ... F</p> <p>_____<br/>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b><br/>PVT. HOSPITAL/<br/>CLINIC ..... G<br/>OTHER<br/>PRIVATE ... H</p> <p>_____<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... I<br/>CLINIC ..... J<br/>OTHER<br/>MISSION ... K</p> <p>_____<br/>(SPECIFY)</p> <p><b>NGO</b><br/>FLAS ... L<br/>OTHER NGO<br/>_____<br/>(SPECIFY) ... M<br/>OTHER ... X<br/>_____<br/>(SPECIFY)</p> |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 409                               | <p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 98</p>   |   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 410                               | <p>Including this first visit, how many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 98</p>  |   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 411                               | <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>Were you weighed?</td><td>WEIGHT . 1</td><td>2</td></tr> <tr> <td>Was your blood pressure measured?</td><td>BP ..... 1</td><td>2</td></tr> <tr> <td>Did you give a urine sample?</td><td>URINE ..... 1</td><td>2</td></tr> <tr> <td>Did you give a blood sample?</td><td>BLOOD ..... 1</td><td>2</td></tr> <tr> <td>Were you physically examined?</td><td>EXAMINATION . 1</td><td>2</td></tr> </table> |   |                                      |  | YES | NO | Were you weighed? | WEIGHT . 1 | 2 | Was your blood pressure measured? | BP ..... 1 | 2 | Did you give a urine sample? | URINE ..... 1 | 2 | Did you give a blood sample? | BLOOD ..... 1 | 2 | Were you physically examined? | EXAMINATION . 1 | 2 |
|                                   | YES  | NO  |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| Were you weighed?                 | WEIGHT . 1   | 2   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| Was your blood pressure measured? | BP ..... 1   | 2   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| Did you give a urine sample?      | URINE ..... 1  | 2   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| Did you give a blood sample?      | BLOOD ..... 1  | 2   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| Were you physically examined?     | EXAMINATION . 1  | 2   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 412                               | <p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 414) ←<br/>DON'T KNOW ..... 8</p>  |   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 413                               | <p>Were you told where to go if you had any of these complications?</p> <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>   |   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |
| 414                               | <p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 417) ←<br/>DON'T KNOW ..... 8</p>  |   |                                      |  |     |    |                   |            |   |                                   |            |   |                              |               |   |                              |               |   |                               |                 |   |



| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-<br>LAST BIRTH<br>NAME _____ | SECOND-FROM-<br>LAST BIRTH<br>NAME _____ |
|------|--|--|--------------------------------------|--|
| 415  | During this pregnancy, how many times did you get tetanus injection?   | TIMES ..... <input type="text"/><br>DON'T KNOW .... 8  |                                      |  |
| 416  | CHECK 415:   | 2 OR MORE OTHER<br>TIMES <input type="text"/> <input type="text"/><br>(SKIP TO 421) ↓  |                                      |  |
| 417  | At any time before this pregnancy, did you receive any tetanus injections?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 421) ←<br>DON'T KNOW .... 8  |                                      |  |
| 418  | Before this pregnancy, how many times did you get a tetanus injection?<br>IF 7 OR MORE TIMES, RECORD '7'.                                      | TIMES ..... <input type="text"/><br>DON'T KNOW .... 8  |                                      |  |
| 419  | In what month and year did you receive the last tetanus injection before this pregnancy?   | MONTH ... <input type="text"/> <input type="text"/><br>DK MONTH ..... 98<br>YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(SKIP TO 421) ←<br>DK YEAR ..... 9998 |                                      |  |
| 420  | How many years ago did you receive that tetanus injection?   | YEARS<br>AGO ..... <input type="text"/> <input type="text"/>   |                                      |  |
| 421  | During this pregnancy, were you given or did you buy any iron tablets?<br><br>SHOW TABLETS   | YES, GIVEN ..... 1<br>YES, BOUGHT ..... 2<br>NO ..... 3<br>(SKIP TO 422A) ←<br>DON'T KNOW .... 8   |                                      |  |
| 422  | During the whole pregnancy, for how many days did you take the tablets?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | NUMBER <input type="text"/> <input type="text"/> <input type="text"/><br>OF<br>DAYS<br><br>DON'T KNOW .... 998   |                                      |  |
| 422A | During this pregnancy, did you take any drug for intestinal worms?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .... 8   |                                      |  |
| 423  | During this pregnancy, did you have difficulty with your vision during daylight?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .... 8   |                                      |  |
| 424  | During this pregnancy, did you suffer from night blindness?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .... 8   |                                      |  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-<br>LAST BIRTH<br>NAME _____  | SECOND-FROM-<br>LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 425 | During this pregnancy, did you take any drugs to prevent you from getting malaria?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 429) ←<br>DON'T KNOW ..... 8  |   |   |
| 426 | What drugs did you take?<br><br>RECORD ALL MENTIONED.<br>IF TYPE OF DRUG IS NOT DETERMINED, SHOW DRUGS TO RESPONDENT   | SP/FANSIDAR ... A<br>CHLOROQUINE ... B<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z  |   |   |
| 427 | CHECK 426:<br><br>DRUGS TAKEN FOR MALARIA PREVENTION.  | CODE 'B' CODE <input type="checkbox"/><br>CIRCLED B' NOT <input type="checkbox"/><br><input type="checkbox"/> CIRCLED<br>(SKIP TO 429) ←  |   |   |
| 428 | How many times did you take Chloroquine during this pregnancy?   | TIMES ..... <input type="text"/> <input type="text"/>   |   |   |
| 429 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?  | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8  | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8  | VERY LARGE ..... 1<br>LARGER THAN<br>AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN<br>AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8  |
| 430 | Was (NAME) weighed at birth?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 432) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 432) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 432) ←<br>DON'T KNOW ..... 8  |
| 431 | How much did (NAME) weigh?<br><br>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.   | KG FROM CARD<br>1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>KG FROM RECALL<br>2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW . 99.998 | KG FROM CARD<br>1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>KG FROM RECALL<br>2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW . 99.998 | KG FROM CARD<br>1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>KG FROM RECALL<br>2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW . 99.998 |
| 432 | Who assisted with the delivery of (NAME)?<br><br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.<br><br>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | DOCTOR ..... A<br>NURSE/MIDWIFE ... B<br>NURSING ASST. ... C<br>TRADITIONAL BIRTH ATTENDANT/RHM .. D<br>RELATIVE/FRIEND .. E<br>TRADITIONAL HEALER ..... F<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ..... Y                              | DOCTOR ..... A<br>NURSE/MIDWIFE ... B<br>NURSING ASST. ... C<br>TRADITIONAL BIRTH ATTENDANT/RHM .. D<br>RELATIVE/FRIEND .. E<br>TRADITIONAL HEALER ..... F<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ..... Y                              | DOCTOR ..... A<br>NURSE/MIDWIFE ... B<br>NURSING ASST. ... C<br>TRADITIONAL BIRTH ATTENDANT/RHM .. D<br>RELATIVE/FRIEND .. E<br>TRADITIONAL HEALER ..... F<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ..... Y                              |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-<br>LAST BIRTH<br>NAME _____   | SECOND-FROM-<br>LAST BIRTH<br>NAME _____   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 433 | <p>Where did you give birth to (NAME)?</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><b>HOME</b><br/>YOUR HOME ... 11<br/>(SKIP TO 440) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b><br/>GOVT. HOSPITAL 21<br/>GOVT. HEALTH CENTER ..... 22<br/>GOVT. CLINIC ... 23<br/>OTHER PUBLIC ..... 26<br/>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... 31<br/>OTHER PRIVATE ..... 36<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... 41<br/>CLINIC ..... 42<br/>OTHER MISSION 46<br/>(SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> ..... 96<br/>(SPECIFY)<br/>(SKIP TO 440) ←</p> | <p><b>HOME</b><br/>YOUR HOME ... 11<br/>(SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b><br/>GOVT. HOSPITAL 21<br/>GOVT. HEALTH CENTER ..... 22<br/>GOVT. CLINIC ... 23<br/>OTHER PUBLIC ..... 26<br/>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... 31<br/>OTHER PRIVATE ..... 36<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... 41<br/>CLINIC ..... 42<br/>OTHER MISSION 46<br/>(SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> ..... 96<br/>(SPECIFY)<br/>(SKIP TO 441) ←</p> | <p><b>HOME</b><br/>YOUR HOME ... 11<br/>(SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b><br/>GOVT. HOSPITAL 21<br/>GOVT. HEALTH CENTER ..... 22<br/>GOVT. CLINIC ... 23<br/>OTHER PUBLIC ..... 26<br/>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... 31<br/>OTHER PRIVATE ..... 36<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... 41<br/>CLINIC ..... 42<br/>OTHER MISSION 46<br/>(SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> ..... 96<br/>(SPECIFY)<br/>(SKIP TO 441) ←</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 434 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.<br/>IF LESS THAN ONE WEEK, RECORD DAYS.</p>   | <p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>   |  |  |  |  |  |  |  |  |  |  |  |  | <p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p> |  |  |  |  |  |  |  |  |  |  |  |  | <p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p> |  |  |  |  |  |  |  |  |  |  |  |  |
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| 435 | Was (NAME) delivered by caesarean section?  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 436 | Before you were discharged after (NAME) was born, did a health professional conduct a physical examination on you?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 439) ←   | YES ..... 1<br>(SKIP TO 451) ←<br>NO ..... 2   | YES ..... 1<br>(SKIP TO 451) ←<br>NO ..... 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 437 | How many hours, days or weeks after delivery did the first check take place?  | <p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 438 | Who checked on your health at that time?  | <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE 12</p> <p>NURSING ASSISTANT ... 13</p> <p>OTHER ..... 96<br/>(SPECIFY)<br/>(SKIP TO 449) ←</p>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-<br>LAST BIRTH<br>NAME _____         | SECOND-FROM-<br>LAST BIRTH<br>NAME _____     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 439 | After you were discharged, did a health professional, a traditional birth attendant or a RHM conduct a physical examination on you?                                  | YES ..... 1<br>(SKIP TO 442) ←<br>NO ..... 2<br>(SKIP TO 449) ←   | YES ..... 1<br>(SKIP TO 451) ←<br>NO ..... 2 | YES ..... 1<br>(SKIP TO 451) ←<br>NO ..... 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 440 | Why didn't you deliver in a health facility?<br><br>PROBE: Any other reason?<br>RECORD ALL MENTIONED.  | COST TOO MUCH . A<br>FACILITY NOT OPEN B<br>TOO FAR/ NO TRANS-<br>PORTATION . C<br>DON'T TRUST<br>FACILITY/POOR<br>SERVICE ..... D<br>NO FEMALE<br>PROVIDER<br>AT FACILITY ... E<br>NO MALE PROVIDER<br>AT FACILITY ... F<br>HUSBAND/FAMILY<br>OPPOSED ..... G<br>NOT NECESSARY . H<br>NOT CUSTOMARY . I<br>OTHER _____ X<br>(SPECIFY)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 441 | After (NAME) was born, did a health professional, a traditional birth attendant, a RHM, or a traditional healer conduct a physical examination on you?               | YES ..... 1<br><br>NO ..... 2<br>(SKIP TO 445) ←  |  |  | YES ..... 1<br><br>NO ..... 2<br>(SKIP TO 460) ↓ | YES ..... 1<br><br>NO ..... 2<br>(SKIP TO 460) ↓ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 442 | How many hours, days or weeks after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY,<br>RECORD HOURS.<br>IF LESS THAN ONE WEEK,<br>RECORD DAYS. | HOURS 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></table><br>DAYS 2 <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></table><br>WEEKS 3 <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></table><br>DON'T KNOW . 998 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 443 | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON.   | DOCTOR ..... 1<br>NURSE/MIDWIFE . 2<br>NURSING<br>ASSISTANT ... 3<br>TRADITIONAL<br>HEALER ..... 4<br>TRADITIONAL BIRTH<br>ATTENDANT/RHM 5<br>OTHER 6<br><br>_____<br>(SPECIFY)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO.  | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-<br>LAST BIRTH<br>NAME _____ | SECOND-FROM-<br>LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|---|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 444  | <p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____<br/>(NAME OF PLACE)</p> | <p><b>HOME</b><br/>YOUR HOME ... 11<br/>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b><br/>GOVT. HOSPITAL 21<br/>GOVT. HEALTH CENTER ..... 22<br/>PHU/CLINIC ..... 23<br/>OTHER PUBLIC 26</p> <p>_____<br/>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... 31<br/>OTHER PRIVATE 36</p> <p>_____<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... 41<br/>CLINIC ..... 42<br/>OTHER<br/>MISSION ..... 46</p> <p>_____<br/>(SPECIFY)</p> <p><b>NGO</b><br/>FLAS ..... 51<br/>OTHER NGO ... 56</p> <p>_____<br/>(SPECIFY)</p> <p>OTHER _____ 96<br/>(SPECIFY)</p>               |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 444A | CHECK 439:  | <p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 449) ↓</p>   |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 445  | In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?  | <p>YES ..... 1<br/>NO ..... 2<br/>(SKIP TO 449) ←<br/>DON'T KNOW . 8</p>   |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 446  | <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.<br/>IF LESS THAN ONE WEEK, RECORD DAYS.</p>   | <p><b>AFTER BIRTH</b></p> <p>HOURS 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></table></p> <p>DAYS 2 <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></table></p> <p>WEEKS 3 <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></table></p> <p>DON'T KNOW . 998</p> |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |   |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 447  | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>   | <p>DOCTOR ..... 11<br/>NURSE/MIDWIFE . 12<br/>NURSING<br/>ASSISTANT . 13<br/>TRADITIONAL<br/>HEALER . 14<br/>TRADITIONAL BIRTH<br/>ATTENDANT . 15<br/>OTHER _____ 96<br/>(SPECIFY)</p>   |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-<br>LAST BIRTH<br>NAME _____   | SECOND-FROM-<br>LAST BIRTH<br>NAME _____   |
|-----|--|--|--|--|
| 448 | <p>Where did this first check of (NAME) take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p><b>HOME</b></p> <p>YOUR HOME . 11</p> <p>OTHER HOME . 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ... 22</p> <p>PHU/CLINIC... 23</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE 36</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL . 41</p> <p>CLINIC ..... 42</p> <p>OTHER MISSION 46</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 51</p> <p>OTHER NGO 56</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> |  |  |
| 449 | <p>Within the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULES.</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>   |  |  |
| 450 | <p>Has your menstrual period returned since the birth of (NAME)?</p>   | <p>YES ..... 1</p> <p>(SKIP TO 452) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 453) ←</p>   |  |  |
| 451 | <p>Did your period return between the birth of (NAME) and your next pregnancy?</p>   |  |  |  |
| 452 | <p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>   | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DK ..... 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p> |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-<br>LAST BIRTH<br>NAME _____  | SECOND-FROM-<br>LAST BIRTH<br>NAME _____  |
|------|--|---|---|---|
| 453  | CHECK 226:<br>IS RESPONDENT PREGNANT?  | NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/><br>NANT OR UNSURE <input type="checkbox"/><br>(SKIP TO 455)  |   |   |
| 454  | Have you resumed sexual relations since the birth of (NAME)?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 456)  |   |   |
| 455  | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?  | MONTHS ... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |   |   |
| 456  | Did you ever breastfeed (NAME)?  | YES ..... 1<br>(SKIP TO 457)<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 457)<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 457)<br>NO ..... 2  |
| 456A | What was the main reason you did not breastfeed (NAME)?  | MOTHER ILL/WEAK .. 01<br>CHILD ILL/WEAK ... 02<br>CHLD DIED ..... 03<br>NIPPLE/BREAST PROBLEM ..... 04<br>NOT ENOUGH MILK ..... 05<br>MOTHER WORKING/ AT SCHOOL ... 06<br>CHILD REFUSED . 07<br>FEAR OF HIV TRANSMISSION . 08<br>OTHER ..... 96<br>(SPECIFY)<br>(SKIP TO 463) | MOTHER ILL/WEAK .. 01<br>CHILD ILL/WEAK ... 02<br>CHLD DIED ..... 03<br>NIPPLE/BREAST PROBLEM ..... 04<br>NOT ENOUGH MILK ..... 05<br>MOTHER WORKING/ AT SCHOOL ... 06<br>CHILD REFUSED . 07<br>FEAR OF HIV TRANSMISSION . 08<br>OTHER ..... 96<br>(SPECIFY)<br>(SKIP TO 460) | MOTHER ILL/WEAK .. 01<br>CHILD ILL/WEAK ... 02<br>CHLD DIED ..... 03<br>NIPPLE/BREAST PROBLEM ..... 04<br>NOT ENOUGH MILK ..... 05<br>MOTHER WORKING/ AT SCHOOL ... 06<br>CHILD REFUSED . 07<br>FEAR OF HIV TRANSMISSION . 08<br>OTHER ..... 96<br>(SPECIFY)<br>(SKIP TO 460) |
| 457  | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY ... 000<br><br>HOURS 1 <input type="text"/> <input type="text"/><br>DAYS 2 <input type="text"/> <input type="text"/>  |   |   |
| 458  | In the first three days after delivery, was (NAME) given anything to drink other than breast milk?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 460)  |   |   |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-<br>LAST BIRTH<br>NAME _____   | SECOND-FROM-<br>LAST BIRTH<br>NAME _____   |
|-----|---|--|--|--|
| 459 | What was (NAME) given to drink?<br><br>Anything else?<br><br>RECORD ALL LIQUIDS<br>MENTIONED.   | MILK (OTHER THAN<br>BREAST MILK) . . . A<br>PLAIN WATER . . . B<br>SUGAR OR GLU-<br>COSE WATER . . . C<br>GRIPE WATER . . . D<br>SUGAR-SALT-WATER<br>SOLUTION . . . . E<br>FRUIT JUICE . . . . F<br>INFANT FORMULA . . G<br>TEA/INFUSIONS . . . H<br>HONEY . . . . . I<br>OTHER _____ X<br>(SPECIFY) |  |  |
| 460 | CHECK 404:<br><br>IS CHILD LIVING?  | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 462) ←  | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 462) ←  | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 462) ←  |
| 461 | Are you still breastfeeding<br>(NAME)?  | YES . . . . . 1<br>(SKIP TO 464) ←<br>NO . . . . . 2   | YES . . . . . 1<br>(SKIP TO 466) ←<br>NO . . . . . 2   | YES . . . . . 1<br>(SKIP TO 466) ←<br>NO . . . . . 2   |
| 462 | For how many months did you<br>breastfeed (NAME)?   | MONTHS . . . <input type="text"/><br>DON'T KNOW . . . 98   | MONTHS . . . <input type="text"/><br>DON'T KNOW . . . 98   | MONTHS . . . <input type="text"/><br>DON'T KNOW . . . 98   |
| 463 | CHECK 404:<br><br>IS CHILD LIVING?  | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO BACK TO<br>405 IN NEXT<br>COLUMN; OR,<br>IF NO MORE<br>BIRTHS, GO<br>(SKIP TO 466) TO 467)   | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO BACK TO<br>405 IN NEXT<br>COLUMN; OR,<br>IF NO MORE<br>BIRTHS, GO<br>(SKIP TO 466) TO 467) | LIVING      DEAD <input type="checkbox"/><br><input type="checkbox"/> (GO BACK TO 405<br>IN NEXT-TO-LAST<br>COLUMN OF NEW<br>QUESTIONNAIRE; OR,<br>IF NO MORE<br>(SKIP TO 466) BIRTHS,<br>GO TO 467) |
| 464 | How many times did you<br>breastfeed last night between<br>sunset and sunrise?<br><br>IF ANSWER IS NOT NUMERIC,<br>PROBE FOR APPROXIMATE<br>NUMBER. | NUMBER OF<br>NIGHTTIME<br>FEEDINGS . <input type="text"/>  |  |  |
| 465 | How many times did you<br>breastfeed yesterday during<br>the daylight hours?<br><br>IF ANSWER IS NOT NUMERIC,<br>PROBE FOR APPROXIMATE<br>NUMBER.   | NUMBER OF<br>DAYLIGHT<br>FEEDINGS . <input type="text"/>   |  |  |
| 466 | Did (NAME) drink anything from<br>a bottle with a nipple yesterday<br>or last night?  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8  |
| 467 |   | GO BACK TO 405 IN<br>NEXT COLUMN; OR, IF<br>NO MORE BIRTHS, GO<br>TO 501.  | GO BACK TO 405 IN<br>NEXT COLUMN; OR, IF<br>NO MORE BIRTHS, GO<br>TO 501.  | GO BACK TO 405 IN<br>NEXT-TO-LAST<br>COLUMN OF NEW<br>QUESTIONNAIRE; OR,<br>IF NO MORE BIRTHS,<br>GO TO 501.   |



SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

|      |  |  |  |  |
|------|--|--|--|--|
| 501  | <p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER.<br/>         ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.<br/>         (IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> |  |  |  |
| 502  | <p>LINE NUMBER<br/>FROM 212</p>  | <p>LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>   | <p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>   | <p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>   |
| 503  | <p>FROM 212<br/>AND 216</p>  | <p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503<br/>IN NEXT COLUMN<br/>OR, IF NO MORE<br/>BIRTHS, GO TO 547)</p> | <p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503<br/>IN NEXT COLUMN<br/>OR, IF NO MORE<br/>BIRTHS, GO TO 547)</p> | <p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-<br/>TO-LAST COLUMN OF<br/>NEW QUESTIONNAIRE,<br/>OR IF NO MORE<br/>BIRTHS, GO TO 547)</p> |
| 504  | <p>Has (NAME) ever<br/>received a vitamin A<br/>dose like (this/any<br/>of these)?<br/>SHOW CAPSULES.</p>  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 506) ←</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 506) ←</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 506) ←</p> <p>DON'T KNOW ..... 8</p>   |
| 505  | <p>How many months<br/>ago did (NAME) take<br/>the last dose?</p>  | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  |
| 506  | <p>Is (NAME) currently<br/>taking iron pills<br/>like this (any of<br/>these)?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |
| 506A | <p>Has (NAME) taken<br/>any tablet or syrup<br/>for intestinal worms<br/>in the past<br/>six months?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |
| 507  | <p>Do you have a card<br/>where (NAME'S)<br/>vaccinations are<br/>written down?<br/>IF YES:<br/>May I see it please?</p>   | <p>YES, SEEN ..... 1<br/>(SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2<br/>(SKIP TO 511) ←</p> <p>NO CARD ..... 3</p>   | <p>YES, SEEN ..... 1<br/>(SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2<br/>(SKIP TO 511) ←</p> <p>NO CARD ..... 3</p>   | <p>YES, SEEN ..... 1<br/>(SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2<br/>(SKIP TO 511) ←</p> <p>NO CARD ..... 3</p>   |
| 508  | <p>Did you ever have<br/>a vaccination<br/>card for (NAME)?</p>  | <p>YES ..... 1<br/>(SKIP TO 511) ←</p> <p>NO ..... 2</p>   | <p>YES ..... 1<br/>(SKIP TO 511) ←</p> <p>NO ..... 2</p>   | <p>YES ..... 1<br/>(SKIP TO 511) ←</p> <p>NO ..... 2</p>   |

509

(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.

|                                | LAST BIRTH |       |      | NEXT-TO-LAST BIRTH |       |      | SECOND-FROM-LAST BIRTH |       |      |
|--------------------------------|------------|-------|------|--------------------|-------|------|------------------------|-------|------|
|                                | DAY        | MONTH | YEAR | DAY                | MONTH | YEAR | DAY                    | MONTH | YEAR |
| BCG                            |            |       |      | BCG                |       |      | BCG                    |       |      |
| POLIO 0 (POLIO GIVEN AT BIRTH) |            |       |      | P0                 |       |      | P0                     |       |      |
| POLIO 1                        |            |       |      | P1                 |       |      | P1                     |       |      |
| POLIO 2                        |            |       |      | P2                 |       |      | P2                     |       |      |
| POLIO 3                        |            |       |      | P3                 |       |      | P3                     |       |      |
| DPT 1                          |            |       |      | D1                 |       |      | D1                     |       |      |
| DPT 2                          |            |       |      | D2                 |       |      | D2                     |       |      |
| DPT 3                          |            |       |      | D3                 |       |      | D3                     |       |      |
| HBV 1                          |            |       |      | HBV1               |       |      | HBV1                   |       |      |
| HBV 2                          |            |       |      | HBV2               |       |      | HBV2                   |       |      |
| HBV 3                          |            |       |      | HBV3               |       |      | HBV3                   |       |      |
| MEASLES                        |            |       |      | MEASLES            |       |      | MEASLES                |       |      |
| VITAMIN A (MOST RECENT)        |            |       |      | VIT A (1)          |       |      | VIT A (1)              |       |      |
| VITAMIN A (2nd MOST RECENT)    |            |       |      | VIT A (2)          |       |      | VIT A (2)              |       |      |



| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST<br>BIRTH<br>NAME _____   |
|-----|--|---|---|---|
| 514 | At which national immunization day campaigns did (NAME) receive vaccinations?<br><br>RECORD ALL CAMPAIGNS MENTIONED.   | POLIO AND VIT A<br>(JULY 2004) ... A<br><br>MEASLES AND VIT A<br>(JULY 2006) ... B  | POLIO AND VIT A<br>(JULY 2004) ... A<br><br>MEASLES AND VIT A<br>(JULY 2006) ... B  | POLIO AND VIT A<br>(JULY 2004) ... A<br><br>MEASLES AND VIT A<br>(JULY 2006) ... B  |
| 515 | Has (NAME) had diarrhoea in the last two weeks?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8  |
| 516 | Was there any blood in the stools?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 517 | Now I would like to know how much (NAME) was given to drink during the diarrhoea.<br>Was he/she given less than usual to drink, about the same amount or more than usual to drink?<br><br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    |
| 518 | When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 |
| 519 | Did you seek advice or treatment for the diarrhoea from any source?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 524) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 524) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 524) ←  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST<br>BIRTH<br>NAME _____  |
|-----|--|--|--|--|
| 520 | <p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____<br/>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p> | <p><b>PUBLIC SECTOR</b><br/>GOVT HOSPITAL A<br/>GOVT HEALTH CENTER ..... B<br/>PHU/CLINIC ... C<br/>MOBILE CLINIC . D<br/>RHM/CBD ..... E<br/>OTHER PUBLIC _____ F<br/>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... G<br/>PHARMACY ... H<br/>PVT DOCTOR ... I<br/>MOBILE CLINIC . J<br/>CBD ..... K<br/>OTHER PRIVATE _____ L<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... M<br/>CLINIC ..... N<br/>OTHER MISSION O<br/>(SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b><br/>SHOP ..... Q<br/>TRADITIONAL HEALER ..... R<br/>OTHER _____ X<br/>(SPECIFY)</p> | <p><b>PUBLIC SECTOR</b><br/>GOVT HOSPITAL A<br/>GOVT HEALTH CENTER ..... B<br/>PHU/CLINIC ... C<br/>MOBILE CLINIC . D<br/>RHM/CBD ..... E<br/>OTHER PUBLIC _____ F<br/>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... G<br/>PHARMACY ... H<br/>PVT DOCTOR ... I<br/>MOBILE CLINIC . J<br/>CBD ..... K<br/>OTHER PRIVATE _____ L<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... M<br/>CLINIC ..... N<br/>OTHER MISSION O<br/>(SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b><br/>SHOP ..... Q<br/>TRADITIONAL HEALER ..... R<br/>OTHER _____ X<br/>(SPECIFY)</p> | <p><b>PUBLIC SECTOR</b><br/>GOVT HOSPITAL A<br/>GOVT HEALTH CENTER ..... B<br/>PHU/CLINIC ... C<br/>MOBILE CLINIC . D<br/>RHM/CBD ..... E<br/>OTHER PUBLIC _____ F<br/>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b><br/>PVT. HOSPITAL/CLINIC ..... G<br/>PHARMACY ... H<br/>PVT DOCTOR ... I<br/>MOBILE CLINIC . J<br/>CBD ..... K<br/>OTHER PRIVATE _____ L<br/>(SPECIFY)</p> <p><b>MISSION</b><br/>HOSPITAL ..... M<br/>CLINIC ..... N<br/>OTHER MISSION O<br/>(SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b><br/>SHOP ..... Q<br/>TRADITIONAL HEALER ..... R<br/>OTHER _____ X<br/>(SPECIFY)</p> |
| 521 | CHECK 520:   | <p>TWO OR ONLY<br/><input type="checkbox"/> MORE <input type="checkbox"/> ONE<br/>CODES CODE<br/>CIRCLED CIRCLED<br/>↓ (SKIP TO 523) ←</p>   | <p>TWO OR ONLY<br/><input type="checkbox"/> MORE <input type="checkbox"/> ONE<br/>CODES CODE<br/>CIRCLED CIRCLED<br/>↓ (SKIP TO 523) ←</p>   | <p>TWO OR ONLY<br/><input type="checkbox"/> MORE <input type="checkbox"/> ONE<br/>CODES CODE<br/>CIRCLED CIRCLED<br/>↓ (SKIP TO 523) ←</p>   |
| 522 | <p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 520.</p>  | FIRST PLACE ... <input type="checkbox"/>   | FIRST PLACE ... <input type="checkbox"/>   | FIRST PLACE ... <input type="checkbox"/>   |
| 523 | <p>How many days after the diarrhoea began did you first seek advice or treatment for (NAME)?<br/>IF THE SAME DAY, RECORD '00'.</p>  | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   |
| 524 | Does (NAME) still have diarrhea?   | <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>   | <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>   | <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>   |
| 525 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea:   | <p>YES NO DK</p> <p>a A fluid made from a special packet called ORS<br/>ORS PKT 1 2 8</p> <p>b Sugar-Salt-Solution (SSS)<br/>SSS 1 2 8</p>   | <p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>   | <p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>   |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST<br>BIRTH<br>NAME _____  |
|-----|---|--|--|--|
| 526 | Was anything (else) given to treat the diarrhea?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 530) ←<br>DON'T KNOW ..... 8   |
| 527 | What (else) was given to treat the diarrhea?<br><br>Anything else?<br><br>RECORD ALL TREATMENTS GIVEN.                                | <b>PILL OR SYRUP</b><br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ..... B<br>VITAMIN A ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D<br>UNKNOWN PILL OR SYRUP ..... E<br><br><b>INJECTION</b><br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC. G<br>UNKNOWN<br>INJECTION ... H<br>(IV) INTRAVENOUS ... I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br>OTHER _____ X<br>(SPECIFY) | <b>PILL OR SYRUP</b><br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ..... B<br>VITAMIN A ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D<br>UNKNOWN PILL OR SYRUP ..... E<br><br><b>INJECTION</b><br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC. G<br>UNKNOWN<br>INJECTION ... H<br>(IV) INTRAVENOUS ... I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br>OTHER _____ X<br>(SPECIFY) | <b>PILL OR SYRUP</b><br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ..... B<br>VITAMIN A ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D<br>UNKNOWN PILL OR SYRUP ..... E<br><br><b>INJECTION</b><br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC. G<br>UNKNOWN<br>INJECTION ... H<br>(IV) INTRAVENOUS ... I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br>OTHER _____ X<br>(SPECIFY) |
| 528 | CHECK 527:<br><br>GIVEN VITAMIN A?  | CODE "C" CODE "C"<br>CIRCLED NOT CIRCLED<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 530) ←   | CODE "C" CODE "C"<br>CIRCLED NOT CIRCLED<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 530) ←   | CODE "C" CODE "C"<br>CIRCLED NOT CIRCLED<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 530) ←   |
| 529 | How many times was (NAME) given vitamin A?  | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   | TIMES ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |
| 530 | Has (NAME) been ill with a fever at any time in the last two weeks?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 531 | Has (NAME) had an illness with a cough at any time in the last two weeks?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 534) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 534) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 534) ←<br>DON'T KNOW ..... 8   |
| 532 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES ..... 1<br>NO ..... 2<br>(SKIP TO 535) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 535) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 535) ←<br>DON'T KNOW ..... 8   |
| 533 | When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?                                      | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 535) ←   | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 535) ←   | CHEST ONLY ... 1<br>NOSE ONLY ... 2<br>BOTH ..... 3<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>(SKIP TO 535) ←   |
| 534 | CHECK 530:<br><br>HAD FEVER?  | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←   | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←   | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←   |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST<br>BIRTH<br>NAME _____   |
|-----|---|---|---|---|
| 535 | Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?<br><br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br><br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br><br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br><br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  |
| 536 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8   |
| 537 | Did you seek advice or treatment for the illness from any source?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 542)←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 542)←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 542)←   |
| 538 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>RECORD ALL SOURCES MENTIONED.  | <b>PUBLIC SECTOR</b><br>GOVT HOSPITAL A<br>GOVT HEALTH<br>CENTER ..... B<br>PHU/CLINIC ... C<br>MOBILE CLINIC . D<br>RHM/CBD ..... E<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>MOBILE CLINIC . J<br>OTHER PRIVATE<br>_____ K<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... L<br>CLINIC ..... M<br>OTHER MISSION N<br>_____ (SPECIFY)<br><b>NGO</b> ..... P<br><b>OTHER SOURCE</b><br>SHOP ..... Q<br>TRADITIONAL<br>HEALER ..... R<br><br>OTHER _____ X<br>(SPECIFY) | <b>PUBLIC SECTOR</b><br>GOVT HOSPITAL A<br>GOVT HEALTH<br>CENTER ..... B<br>PHU/CLINIC ... C<br>MOBILE CLINIC . D<br>RHM/CBD ..... E<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>MOBILE CLINIC . J<br>OTHER PRIVATE<br>_____ K<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... L<br>CLINIC ..... M<br>OTHER MISSION N<br>_____ (SPECIFY)<br><b>NGO</b> ..... P<br><b>OTHER SOURCE</b><br>SHOP ..... Q<br>TRADITIONAL<br>HEALER ..... R<br><br>OTHER _____ X<br>(SPECIFY) | <b>PUBLIC SECTOR</b><br>GOVT HOSPITAL A<br>GOVT HEALTH<br>CENTER ..... B<br>PHU/CLINIC ... C<br>MOBILE CLINIC . D<br>RHM/CBD ..... E<br>OTHER PUBLIC<br>_____ F<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ... H<br>PVT DOCTOR ... I<br>MOBILE CLINIC . J<br>OTHER PRIVATE<br>_____ K<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... L<br>CLINIC ..... M<br>OTHER MISSION N<br>_____ (SPECIFY)<br><b>NGO</b> ..... P<br><b>OTHER SOURCE</b><br>SHOP ..... Q<br>TRADITIONAL<br>HEALER ..... R<br><br>OTHER _____ X<br>(SPECIFY) |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST<br>BIRTH<br>NAME _____   |
|------|--|---|---|---|
| 539  | CHECK 538:   | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br><input type="checkbox"/> CODES CODE<br><input type="checkbox"/> CIRCLED CIRCLED<br>(SKIP TO 541)  | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br><input type="checkbox"/> CODES CODE<br><input type="checkbox"/> CIRCLED CIRCLED<br>(SKIP TO 541)  | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br><input type="checkbox"/> CODES CODE<br><input type="checkbox"/> CIRCLED CIRCLED<br>(SKIP TO 541)  |
| 540  | Where did you first seek advice or treatment?<br><br>USE LETTER CODE FROM 538.   | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  |
| 541  | How many days after the illness began did you first seek advice or treatment for (NAME)?<br>IF THE SAME DAY, RECORD '00'.  | DAYS ..... <input type="text"/>   | DAYS ..... <input type="text"/>   | DAYS ..... <input type="text"/>   |
| 542  | Is (NAME) still sick with a (fever/cough)?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 543  | At any time during the illness, did (NAME) take any drugs for the illness?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 546) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 546) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 546) ←<br>DON'T KNOW ..... 8  |
| 544  | What drugs did (NAME) take?<br><br>Any other drugs?<br>RECORD ALL MENTIONED.   | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ..... A<br>CHLOROQUINE ... B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ..... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE .. E<br>AMOXYCILLIN ..... F<br>PEN VK ..... G<br>ERITHROMYCIN ... H<br><br><b>OTHER DRUGS</b><br>PANADOL ..... I<br>PHENERGAN ..... J<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ..... A<br>CHLOROQUINE ... B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ..... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE .. E<br>AMOXYCILLIN ..... F<br>PEN VK ..... G<br>ERITHROMYCIN ... H<br><br><b>OTHER DRUGS</b><br>PANADOL ..... I<br>PHENERGAN ..... J<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ..... A<br>CHLOROQUINE ... B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ..... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE .. E<br>AMOXYCILLIN ..... F<br>PEN VK ..... G<br>ERITHROMYCIN ... H<br><br><b>OTHER DRUGS</b><br>PANADOL ..... I<br>PHENERGAN ..... J<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z |
| 544A | CHECK 544:<br>ANY CODE A-H CIRCLED?  | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>(SKIP TO 546)  | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>(SKIP TO 546)  | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>(SKIP TO 546)  |
| 545  | Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?<br><br>IF YES, CIRCLE CODE FOR THAT DRUG.<br><br>ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 544. | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ... A<br>CHLOROQUINE . B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE E<br>AMOXYCILIN .. F<br>PEN VK ..... G<br>ERITHROMYCIN .. H<br><br>NO DRUG AT HOME Y  | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ... A<br>CHLOROQUINE . B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE E<br>AMOXYCILIN .. F<br>PEN VK ..... G<br>ERITHROMYCIN .. H<br><br>NO DRUG AT HOME Y  | <b>ANTIMALARIAL DRUGS</b><br>SP/FANSIDAR ... A<br>CHLOROQUINE . B<br>QUININE ..... C<br>OTHER ANTI-MALARIAL ... D<br><br><b>ANTIBIOTIC</b><br>COTRIMOXAZOLE E<br>AMOXYCILIN .. F<br>PEN VK ..... G<br>ERITHROMYCIN .. H<br><br>NO DRUG AT HOME Y  |
| 546  |  | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.  | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.  | GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.  |



| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |
|-----|---|--|------|
| 547 | CHECK 215 AND 218, ALL ROWS:<br><br>NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT<br><br>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>   |  | 550  |
| 548 | The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?   | CHILD USED TOILET OR LATRINE ... 01<br>PUT/RINSED<br>INTO TOILET OR LATRINE ..... 02<br>PUT/RINSED<br>INTO DRAIN OR DITCH ..... 03<br>THROWN INTO GARBAGE ..... 04<br>BURIED ..... 05<br>LEFT IN THE OPEN ..... 06<br><br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |      |
| 549 | CHECK 525(a) AND 525(b), ALL COLUMNS:<br><br>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>   |  | 552  |
| 550 | Have you ever heard of a special product called ORS that you can get for the treatment of diarrhoea?  | YES ..... 1<br>NO ..... 2  |      |
| 552 | CHECK 215 AND 218 IN ALL ROWS:<br><br>HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/><br><br>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 553)<br>_____<br>(NAME) |  | 601  |
| 553 | Now I would like to ask you about liquids or foods (NAME FROM 552) had yesterday during the day or at night.<br><br>Did (NAME FROM 552) (drink/eat):<br><br>Plain water?<br><br>Commercially produced infant formula?<br><br>Any baby food, e.g., Cerelac, ligugu?<br><br>Any (other) porridge or gruel?                      | YES NO DK<br><br>PLAIN WATER ..... 1 2 8<br><br>FORMULA ..... 1 2 8<br><br>BABY CEREAL ..... 1 2 8<br><br>OTHER PORRIDGE/GRUEL . 1 2 8   |      |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES |       |    |    |        |    | SKIP |
|-----|---|-------------------|-------|----|----|--------|----|------|
| 554 | Now I would like to ask you about (other) liquids or foods that (NAME FROM 552) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods. |                   |       |    |    |        |    |      |
|     | Did (NAME FROM 552)/you drink (eat):  |                   | CHILD |    |    | MOTHER |    |      |
|     |   |                   | YES   | NO | DK | YES    | NO | DK   |
|     | a. Milk such as tinned, powdered, or fresh animal milk?   | a                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | b. Tea or coffee?   | b                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | c. Sugary drinks such as sodas or fruit juices?   | c                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | d. Any other liquids?   | d                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | e. Bread, rice, noodles, maize meal, or other foods made from grains?   | e                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?   | f                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | g. White potatoes, white yams, taro (emathapha), cassava, or any other foods made from roots?   | g                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | h. Any dark green, leafy vegetables? (such as cassava leaves, spinach, oca, blackjack and pumpkin leaves)   | h                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | i. Ripe mangoes, paw paw, oranges or guavas?  | i                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | j. Any other fruits or vegetables?  | j                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | k. Liver, kidney, heart or other organ meats (such as tripe, offals and tongue)?  | k                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | l. Beef, pork, lamb, goat, rabbit or impala?  | l                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | m. Chicken, duck, turkey or other birds?  | m                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | n. Eggs?  | n                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | o. Fresh or dried fish or shellfish?  | o                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | p. Any foods made from beans, peas, or lentils?   | p                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | q. Any nuts?  | q                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | r. Cheese, sour milk, yogurt or other milk products?  | r                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | s. Any oil, fats, or butter, or foods made with any of these?   | s                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | t. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?  | t                 | 1     | 2  | 8  | 1      | 2  | 8    |
|     | u. Any other solid or semi-solid food?  | u                 | 1     | 2  | 8  |        |    |      |

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                           |
|------|--|--|--------------------------------|
| 601  | Are you in a civil or traditional marriage or both civil and traditional marriage?   | CIVIL MARRIAGE ..... 1<br>TRADITIONAL MARRIAGE ..... 2<br>BOTH CIVIL AND TRAD ..... 3<br>NO ..... 4  | → 601B                         |
| 601A | Was dowry/labola paid?   | YES ..... 1<br>NO ..... 2  | <input type="checkbox"/> → 605 |
| 601B | Are you living with a man as if married?   | YES ..... 1<br>NO ..... 2  | → 605                          |
| 602  | Have you ever been married or lived together with a man as if married?   | YES, FORMERLY MARRIED ..... 1<br>YES, LIVED WITH A MAN ..... 2<br>NO ..... 3   | → 619                          |
| 604  | What is your marital status now: are you widowed, divorced, or separated?  | WIDOWED ..... 1<br>DIVORCED ..... 2<br>SEPARATED ..... 3   | <input type="checkbox"/> → 610 |
| 605  | Is your husband/partner living with you now or is he staying elsewhere?  | LIVING WITH HER ..... 1<br>STAYING ELSEWHERE ..... 2   |                                |
| 606  | RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.   | NAME .....<br><br>LINE NO. .... <input type="text"/> <input type="text"/>  |                                |
| 607  | Besides yourself, does your husband/partner have other wives or does he live with other women as if married?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | <input type="checkbox"/> → 610 |
| 608  | Including yourself, in total, how many wives or partners does your husband live with now as if married?  | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS .... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |                                |
| 609  | Are you the first, second, ... wife?   | RANK ..... <input type="text"/> <input type="text"/><br>NO RANK ..... 96   |                                |
| 610  | Have you been married or lived with a man only once or more than once?   | ONLY ONCE ..... 1<br>MORE THAN ONCE ..... 2  |                                |
| 611  | CHECK 610:<br><br><div style="display: flex; justify-content: space-around;"> <div> MARRIED/<br/>LIVED WITH A MAN<br/>ONLY ONCE <input type="checkbox"/><br/>↓<br/>In what month and year<br/>did you start living with<br/>your husband/partner? </div> <div> MARRIED/<br/>LIVED WITH A MAN<br/>MORE THAN ONCE <input type="checkbox"/><br/>↓<br/>Now I would like to ask about<br/>when you started living with<br/>your first husband/partner.<br/>In what month and year<br/>was that? </div> </div> | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 | → 614                          |
| 612  | How old were you when you first started living with him?   | AGE ..... <input type="text"/> <input type="text"/>  |                                |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP               |
|------|---|---|--------------------|
| 614  | CHECK 604: IS RESPONDENT CURRENTLY WIDOWED?<br><br>NOT ASKED OR NOT WIDOWED <input type="checkbox"/> WIDOWED <input type="checkbox"/>   |   | → 617              |
| 615  | CHECK 610:<br><br>MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>  |   | → 619              |
| 616  | How did your previous marriage or union end?  | DEATH/WIDOWHOOD ..... 1<br>DIVORCE ..... 2<br>SEPARATION ..... 3  | → 619              |
| 617  | Who did most of your late husband's property go to?   | RESPONDENT ..... 1<br>OTHER WIFE ..... 2<br>SPOUSE'S CHILDREN ..... 3<br>SPOUSE'S FAMILY ..... 4<br>OTHER ..... 6<br>(SPECIFY)<br>NO PROPERTY ..... 7                                 | → 619              |
| 618  | Did you receive any of your late husband's assets or valuables?   | YES ..... 1<br>NO ..... 2   |                    |
| 619  | CHECK FOR THE PRESENCE OF OTHERS.<br><br>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |   |                    |
| 620  | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.<br><br>How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL INTERCOURSE ..... 00<br><br>AGE IN YEARS ..... <input type="text"/> <input type="text"/><br><br>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95 | → 622<br><br>→ 622 |
| 621  | Do you intend to wait until you get married to have sexual intercourse for the first time?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8  | → 642              |
| 622  | CHECK 107: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>  |   | → 627              |
| 623  | The <u>first</u> time you had sexual intercourse, was a male condom or female condom used?  | YES, MALE CONDOM ..... 1<br>YES, FEMALE CONDOM ..... 2<br>NO ..... 3<br>DON'T KNOW/DON'T REMEMBER ..... 8   | → 624<br><br>→ 624 |
| 623A | What was the main reason you did not use a condom the <u>first</u> time you had sexual intercourse?   | AVAILABILITY ..... 01<br>COST ..... 02<br>NOT NECESSARY ..... 03<br>NOT THOUGHT OF ..... 04<br>PARTNER REFUSED ..... 05<br>REDUCES PLEASURE ..... 06<br>OTHER ..... 96<br>(SPECIFY)   |                    |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |  |       |  |  |  |  |  |       |
|------|--|--|-------|--|-------|--|--|--|--|--|-------|
| 624  | How old was the person you first had sexual intercourse with?  | AGE OF PARTNER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 98   |       |  | → 627 |  |  |  |  |  |       |
|      |  |  |       |  |       |  |  |  |  |  |       |
| 625  | Was this person older than you, younger than you, or about the same age as you?  | OLDER ..... 1<br>YOUNGER ..... 2<br>ABOUT THE SAME AGE ..... 3<br>DON'T KNOW/DON'T REMEMBER ... 8  | → 627 |  |       |  |  |  |  |  |       |
| 626  | Would you say this person was ten or more years older than you or less than ten years older than you?  | TEN OR MORE YEARS OLDER ..... 1<br>LESS THAN TEN YEARS OLDER ... 2<br>OLDER, UNSURE HOW MUCH ..... 3   |       |  |       |  |  |  |  |  |       |
| 627  | Now I would like to ask you some questions about your recent sexual activity.<br>Let me assure you again that your answers are completely confidential and will not be told to anyone.<br>If we should come to any question that you don't want to answer, just let me know and we will go to the next question. |  |       |  |       |  |  |  |  |  |       |
| 627A | When was the <u>last</u> time you had sexual intercourse?<br><br>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.<br>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.   | DAYS AGO ..... 1<br>WEEKS AGO ..... 2<br>MONTHS AGO ..... 3<br>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <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> |       |  |       |  |  |  |  |  | → 641 |
|      |  |  |       |  |       |  |  |  |  |  |       |
|      |  |  |       |  |       |  |  |  |  |  |       |
|      |  |  |       |  |       |  |  |  |  |  |       |
|      |  |  |       |  |       |  |  |  |  |  |       |

|      |  | LAST<br>SEXUAL PARTNER  | SECOND-TO-LAST<br>SEXUAL PARTNER  | THIRD-TO-LAST<br>SEXUAL PARTNER   |
|------|--|---|---|---|
| 628  | When was the last time you had sexual intercourse with this person?  |   | DAYS . 1 <input type="text"/> <input type="text"/><br>WEEKS 2 <input type="text"/> <input type="text"/><br>MONTHS 3 <input type="text"/> <input type="text"/>                           | DAYS . 1 <input type="text"/> <input type="text"/><br>WEEKS 2 <input type="text"/> <input type="text"/><br>MONTHS 3 <input type="text"/> <input type="text"/>                           |
| 629  | The last time you had sexual intercourse with this (second/third) person, was a male condom or a female condom used?   | YES, MALE CONDOM. 1<br>YES, FEMALE CON. . 2<br>(SKIP TO 630) ←<br>NO ..... 3  | YES, MALE CONDOM. 1<br>YES, FEMALE CON. . 2<br>(SKIP TO 630) ←<br>NO ..... 3  | YES, MALE CONDOM. 1<br>YES, FEMALE CON. . 2<br>(SKIP TO 630) ←<br>NO ..... 3  |
| 629A | What was the main reason you did not use a condom the last time you had sexual intercourse with this (second/third) person?  | NOT AVAILABLE ... 01<br>COST ..... 02<br>NOT NECESSARY ... 03<br>NOT THOUGHT OF ... 04<br>PARTNER REFUSED . 05<br>REDUCES PLEASURE 06<br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 631) ↓   | NOT AVAILABLE ... 01<br>COST ..... 02<br>NOT NECESSARY ... 03<br>NOT THOUGHT OF ... 04<br>PARTNER REFUSED . 05<br>REDUCES PLEASURE 06<br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 631) ↓ | NOT AVAILABLE ... 01<br>COST ..... 02<br>NOT NECESSARY ... 03<br>NOT THOUGHT OF ... 04<br>PARTNER REFUSED . 05<br>REDUCES PLEASURE 06<br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 631) ↓ |
| 630  | Was a male or a female condom used everytime you had sexual intercourse with this person in the last 12 months?  | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2   |
| 631  | What was your relationship to this person with whom you had sexual intercourse?<br><br>IF PARTNER:<br>Were you living together as if married?<br>IF YES, CIRCLE '02'<br>IF NO, CIRCLE '03' | HUSBAND ..... 1<br>(SKIP TO 637) ←<br>LIVE-IN PARTNER 2<br>PARTNER NOT LIVING WITH RESPONDENT . 3<br>CASUAL ACQUAINTANCE .. 4<br>COMMERCIAL SEX WORKER .. 5<br>OTHER _____ 6<br>(SPECIFY) | HUSBAND ..... 1<br>(SKIP TO 637) ←<br>LIVE-IN PARTNER 2<br>PARTNER NOT LIVING WITH RESPONDENT 3<br>CASUAL ACQUAINTANCE .. 4<br>COMMERCIAL SEX WORKER .. 5<br>OTHER _____ 6<br>(SPECIFY) | HUSBAND ..... 1<br>(SKIP TO 637) ←<br>LIVE-IN PARTNER 2<br>PARTNER NOT LIVING WITH RESPONDENT 3<br>CASUAL ACQUAINTANCE .. 4<br>COMMERCIAL SEX WORKER .. 5<br>OTHER _____ 6<br>(SPECIFY) |
| 632  | For how long (have you had/did you have) a sexual relationship with this person?<br>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.                                  | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>                             | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>                           | DAYS . 1 <input type="text"/> <input type="text"/><br>MONTHS 2 <input type="text"/> <input type="text"/><br>YEARS 3 <input type="text"/> <input type="text"/>                           |
| 633  | CHECK 107:   | AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/><br>(SKIP TO 637) ↓  | AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/><br>(SKIP TO 637) ↓  | AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/><br>(SKIP TO 637) ↓  |
| 634  | How old is this person?  | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 637) ←<br>DON'T KNOW ..... 98  | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 637) ←<br>DON'T KNOW ..... 98  | AGE OF PARTNER <input type="text"/> <input type="text"/><br>(SKIP TO 637) ←<br>DON'T KNOW ..... 98  |
| 635  | Is this person older than you, younger than you, or about the same age?  | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 637) ←   | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 637) ←   | OLDER ..... 1<br>YOUNGER ..... 2<br>SAME AGE ..... 3<br>DON'T KNOW ... 8<br>(SKIP TO 637) ←   |

|      |  | LAST<br>SEXUAL PARTNER  | SECOND-TO-LAST<br>SEXUAL PARTNER  | THIRD-TO-LAST<br>SEXUAL PARTNER   |
|------|--|---|---|---|
| 636  | Would you say this person is ten or more years older than you or less than ten years older than you?                             | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3           | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3           | TEN OR MORE<br>YEARS OLDER . 1<br>LESS THAN TEN<br>YEARS OLDER . 2<br>OLDER, UNSURE<br>HOW MUCH ... 3           |
| 637  | The last time you had sexual intercourse with this person, did you or this person take alcohol or other intoxicating substances? | YES NO<br>ALCOHOL ... 1 2<br>OTHER ..... 1 2  | YES NO<br>ALCOHOL ... 1 2<br>OTHER ..... 1 2  | YES NO<br>ALCOHOL ... 1 2<br>OTHER ..... 1 2  |
| 637A | CHECK 637:   | ANY ALL <input type="checkbox"/><br>YES NO <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 639) ← | ANY ALL <input type="checkbox"/><br>YES NO <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 639) ← | ANY ALL <input type="checkbox"/><br>YES NO <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 640) ← |
| 638  | Were you or your partner drunk at that time?<br><br>IF YES: Who was drunk?   | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4                | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4                | RESPONDENT ONLY 1<br>PARTNER ONLY ... 2<br>RESPONDENT AND<br>PARTNER BOTH . 3<br>NEITHER ..... 4                |
| 639  | Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?          | YES ..... 1<br>(GO BACK TO 628 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 641) ←                            | YES ..... 1<br>(GO BACK TO 628 ←<br>IN NEXT COLUMN)<br>NO ..... 2<br>(SKIP TO 641) ←                            |   |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|------|--|---|------|
| 640  | In total, with how many different people have you had sexual intercourse in the last 12 months?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.<br><br>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.' | NUMBER OF PARTNERS<br>LAST 12 MONTHS ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 98   |      |
| 641  | In total, with how many different people have you had sexual intercourse in your lifetime?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.<br><br>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'      | NUMBER OF PARTNERS<br>IN LIFETIME ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 98  |      |
| 641A | CHECK 301 (07):<br><br>HAS HEARD OF<br>MALE CONDOM <input type="checkbox"/><br>↓   | HAS NOT HEARD OF<br>MALE CONDOM <input type="checkbox"/><br>→ 645   |      |
| 642  | Do you know of a place where a person can get male condoms?  | YES ..... 1<br>NO ..... 2 → 645   |      |
| 643  | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>WRITE THE NAME OF THE PLACE.<br><br>_____ (NAME OF PLACE(S))                          | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... A<br>GOVT. HEALTH CENTER ..... B<br>PHU/CLINIC ..... C<br>MOBILE CLINIC ..... D<br>RHM/CBD ..... E<br>OTHER PUBLIC ..... F<br>(SPECIFY)<br><br><b>PRIVATE SECTOR</b><br>PRIVATE HOSPITAL/CLINIC ..... G<br>PHARMACY ..... H<br>PRIVATE DOCTOR ..... I<br>MOBILE CLINIC ..... J<br>CBD ..... K<br>OTHER PRIVATE ..... L<br>(SPECIFY)<br><br><b>MISSION</b><br>HOSPITAL ..... M<br>CLINIC ..... N<br>OTHER MISSION ..... O<br>(SPECIFY)<br><br><b>NGO</b><br>FLAS ..... P<br>OTHER NGO ..... Q<br>(SPECIFY)<br><br><b>OTHER SOURCE</b><br>SHOP ..... R<br>CHURCH ..... S<br>FRIENDS/RELATIVES ..... T<br>OTHER ..... X<br>(SPECIFY) |      |
| 644  | If you wanted to, could you yourself get a male condom?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8  |      |



| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|------|--|---|-------|
| 645  | CHECK 301 (08):<br>HAS HEARD OF FEMALE CONDOM <input type="checkbox"/> HAS NOT HEARD OF FEMALE CONDOM <input type="checkbox"/>   |   | → 701 |
| 645A | Do you know of a place where a person can get female condoms?  | YES ..... 1<br>NO ..... 2   | → 701 |
| 646  | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S)) | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... A<br>GOVT. HEALTH CENTER ..... B<br>PHU/CLINIC ..... C<br>MOBILE CLINIC ..... D<br>RHM/CBD ..... E<br>OTHER PUBLIC ..... F<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PRIVATE HOSPITAL/CLINIC ..... G<br>PHARMACY ..... H<br>PRIVATE DOCTOR ..... I<br>MOBILE CLINIC ..... J<br>CBD ..... K<br>OTHER PRIVATE ..... L<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... M<br>CLINIC ..... N<br>OTHER MISSION ..... O<br>(SPECIFY)<br><b>NGO</b><br>FLAS ..... P<br>OTHER NGO ..... Q<br>(SPECIFY)<br><b>OTHER SOURCE</b><br>SHOP ..... R<br>CHURCH ..... S<br>FRIENDS/RELATIVES ..... T<br>OTHER ..... X<br>(SPECIFY) |       |
| 647  | If you wanted to, could you yourself get a female condom?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8  |       |

SECTION 7. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                             |
|-----|---|--|----------------------------------|
| 701 | CHECK 311/311A:<br><div> NEITHER <input type="checkbox"/> HE OR SHE<br/> STERILIZED                      STERILIZED <input type="checkbox"/> </div>   |  | → 713                            |
| 702 | CHECK 226:<br><div> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/><br/> OR UNSURE                      </div> <div> Now I have some questions about the future.<br/> Would you like to have (a/another) child, or would you prefer not to have any (more) children? </div> <div> Now I have some questions about the future.<br/> After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? </div> | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>SAYS SHE CAN'T GET PREGNANT . 3<br>UNDECIDED/DON'T KNOW:<br>AND PREGNANT ..... 4<br>AND NOT PREGNANT<br>OR UNSURE ..... 5  | → 704<br>→ 713<br>→ 709<br>→ 708 |
| 703 | CHECK 226:<br><div> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/><br/> OR UNSURE                      </div> <div> How long would you like to wait from now before the birth of (a/another) child? </div> <div> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div>   | MONTHS ..... 1 <input type="text"/> <input type="text"/><br>YEARS ..... 2 <input type="text"/> <input type="text"/><br>SOON/NOW ..... 993<br>SAYS SHE CAN'T GET PREGNANT 994<br>AFTER MARRIAGE ..... 995<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998 | → 708<br>→ 713<br>→ 708          |
| 704 | CHECK 226:<br><div> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/><br/> OR UNSURE                      </div>  |  | → 709                            |
| 705 | CHECK 310: USING A CONTRACEPTIVE METHOD?<br><div> NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY<br/> ASKED                      CURRENTLY USING <input type="checkbox"/> </div>   |  | → 713                            |
| 706 | CHECK 703:<br><div> NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/><br/> ASKED                      OR 02 OR MORE YEARS                      OR 00-01 YEAR </div>   |  | → 709                            |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP         |
|-----|--|---|--------------|
| 707 | <p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE<br/>A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/<br/>NONE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p> | <p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX</p> <p>HIV POSITIVE ..... B</p> <p>OTHER REASONS ..... C</p> <p>INFREQUENT SEX ..... D</p> <p>MENOPAUSAL/HYSTERECTOMY . E</p> <p>SUBFECUND/INFECUND ..... F</p> <p>POSTPARTUM AMENORRHEIC ... G</p> <p>BREASTFEEDING ..... H</p> <p>FATALISTIC ..... I</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... J</p> <p>HUSBAND/PARTNER OPPOSED . K</p> <p>OTHERS OPPOSED ..... L</p> <p>RELIGIOUS PROHIBITION ..... M</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... N</p> <p>KNOWS NO SOURCE ..... O</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS ..... P</p> <p>FEAR OF SIDE EFFECTS ..... Q</p> <p>LACK OF ACCESS/TOO FAR ..... R</p> <p>COSTS TOO MUCH ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S<br/>NORMAL PROCESSES ..... U</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |              |
| 708 | <p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT<br/>ASKED</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO,<br/>NOT CURRENTLY USING</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>YES,<br/>CURRENTLY USING</p> <p><input type="checkbox"/></p> <p>→ 713</p> </div> </div>   |   |              |
| 709 | 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>  | <p>→ 711</p> |
| 710 | 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>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER ..... 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNSURE ..... 98</p>   | <p>→ 713</p> |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP                      |
|-----|--|---|---------------------------|
| 711 | <p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p>CIRCLE ONLY ONE CODE.</p>  | <p>NOT MARRIED ..... 11</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>INFREQUENT SEX/NO SEX ... 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND ..... 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 26</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... 31</p> <p>HUSBAND/PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED ..... 33</p> <p>RELIGIOUS PROHIBITION ..... 34</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... 41</p> <p>KNOWS NO SOURCE ..... 42</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS ..... 51</p> <p>FEAR OF SIDE EFFECTS ..... 52</p> <p>LACK OF ACCESS/TOO FAR ... 53</p> <p>COSTS TOO MUCH ..... 54</p> <p>INCONVENIENT TO USE ..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> | <p>→ 713</p>              |
| 712 | <p>Would you ever use a contraceptive method if you were married?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |                           |
| 713 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>   | <p>→ 715</p> <p>→ 715</p> |
| 714 | <p>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?</p>  | <p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>   |                           |
| 715 | <p>In the last six months have you heard or seen about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>  | <p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>   |                           |
| 716 | <p>In the last six months have you heard or seen any writing about family planning in:</p> <p>Billboards?</p> <p>Posters?</p> <p>Pamphlets?</p> <p>T-shirts?</p> <p>Other?</p>   | <p>YES NO</p> <p>BILLBOARDS ..... 1 2</p> <p>POSTERS ..... 1 2</p> <p>PAMPHLETS ..... 1 2</p> <p>T-SHIRTS ..... 1 2</p> <p>OTHER ..... 1 2</p>  |                           |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP           |
|------|--|---|----------------|
| 716A | In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?   | YES ..... 1<br>NO ..... 2   | → 717          |
| 716B | With whom?<br><br>Anyone else?<br><br>RECORD ALL PERSONS MENTIONED.  | HUSBAND/PARTNER ..... A<br>MOTHER ..... B<br>FATHER ..... C<br>SISTER(S) ..... D<br>BROTHER(S) ..... E<br>DAUGHTER(S) ..... F<br>SON(S) ..... G<br>MOTHER(S)-IN-LAW ..... H<br>FRIENDS/NEIGHBOURS ..... I<br><br>OTHER ..... X<br>(SPECIFY) |                |
| 717  | CHECK 601, 601B, 604:<br><br>YES, CURRENTLY MARRIED <input type="checkbox"/><br>YES, LIVING WITH A MAN <input type="checkbox"/><br>NO, NOT IN UNION <input type="checkbox"/>                                     |   | → 801          |
| 718  | CHECK 311/311A:<br><br>NEITHER CODE B, G, NOR M CIRCLED, BUT SOME OTHER CODE(S) CIRCLED <input type="checkbox"/><br>CODE B, G, OR M CIRCLED <input type="checkbox"/><br>NO CODE CIRCLED <input type="checkbox"/> |   | → 720<br>→ 722 |
| 719  | Does your husband/partner know that you are using a method of family planning?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 721          |
| 720  | Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?   | MAINLY RESPONDENT ..... 1<br>MAINLY HUSBAND/PARTNER ..... 2<br>JOINT DECISION ..... 3<br>OTHER ..... 6<br>(SPECIFY)   |                |
| 721  | CHECK 311/311A:<br><br>NEITHER STERILIZED <input type="checkbox"/><br>HE OR SHE STERILIZED <input type="checkbox"/>  |   | → 801          |
| 722  | Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?  | SAME NUMBER ..... 1<br>MORE CHILDREN ..... 2<br>FEWER CHILDREN ..... 3<br>DON'T KNOW ..... 8  |                |

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                      |
|------|---|---|---------------------------|
| 801  | <p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CURRENTLY<br/>MARRIED/<br/>LIVING WITH<br/>A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY<br/>MARRIED/<br/>LIVED WITH<br/>A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED<br/>AND NEVER<br/>LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> |   | <p>→ 803</p> <p>→ 807</p> |
| 802  | How old was your husband/partner on his last birthday?  | <p>AGE IN COMPLETED YEARS</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>  |                           |
| 803  | Did your (last) husband/partner ever attend school?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 806                     |
| 804  | What was the highest level of school he attended: primary, secondary, or higher?  | <p>LOWER PRIMARY ..... 1</p> <p>HIGHER PRIMARY ..... 2</p> <p>SECONDARY ..... 3</p> <p>HIGH SCHOOL ..... 4</p> <p>TERTIARY ..... 5</p>  |                           |
| 805  | What was the highest (grade/form/year) he completed at that level?  | <p>GRADE/FORM/YEAR ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>DON'T KNOW ..... 98</p>  |                           |
| 806  | <p>CHECK 801:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/<br/>LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/<br/>LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation?<br/>That is, what kind of work does he mainly do?</p>   | <p>What was your (last) husband's/partner's occupation?<br/>That is, what kind of work did he mainly do?</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>                             |                           |
| 807  | Aside from your own housework, have you done any work in the last seven days?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 811                     |
| 808  | 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. In the last seven days, have you done any of these things or any other work?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 811                     |
| 809  | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 811                     |
| 810  | Have you done any work in the last 12 months?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 811                     |
| 810A | What have you been doing for most of the time over the last 12 months?  | <p>GOING TO SCHOOL/<br/>STUDYING ..... 1</p> <p>LOOKING FOR WORK ..... 2</p> <p>RETIRED ..... 3</p> <p>UNABLE TO WORK, ILL/<br/>HANDICAPPED ..... 4</p> <p>HOUSEWORK/CHILD CARE ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY) _____</p> | → 818                     |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 811 | What is your occupation, that is, what kind of work do you mainly do?   | <div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> |       |
| 812 | CHECK 811:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div> |  | → 814 |
| 813 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?   | OWN LAND ..... 1<br>FAMILY LAND ..... 2<br>RENTED LAND ..... 3<br>SOMEONE ELSE'S LAND ..... 4  |       |
| 814 | Do you do this work for a member of your family, for someone else, or are you self-employed?  | FOR FAMILY MEMBER ..... 1<br>FOR SOMEONE ELSE ..... 2<br>SELF-EMPLOYED ..... 3   |       |
| 815 | Do you usually work at home or away from home?  | HOME ..... 1<br>AWAY ..... 2   |       |
| 816 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?  | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>ONCE IN A WHILE ..... 3  |       |
| 817 | Are you paid in cash or kind for this work or are you not paid at all?  | CASH ONLY ..... 1<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4   |       |
| 818 | CHECK 601:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></div> <div>NOT IN UNION <input type="checkbox"/></div> </div>  |  | → 824 |
| 819 | CHECK 817:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE 1 OR 2 CIRCLED <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>                         |  | → 822 |
| 820 | Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?  | RESPONDENT ..... 1<br>HUSBAND/PARTNER ..... 2<br>RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3<br>OTHER ..... 6   |       |
| 821 | Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?  | MORE THAN HIM ..... 1<br>LESS THAN HIM ..... 2<br>ABOUT THE SAME ..... 3<br>HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4<br>DON'T KNOW ..... 8   | → 823 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |
|-----|---|--|------|
| 822 | Who decides how your husband's/partner's earnings will be used:<br>mainly you, mainly your husband/partner, or you and your husband/partner jointly?  | RESPONDENT ..... 1<br>HUSBAND/PARTNER ..... 2<br>RESPONDENT AND<br>HUSBAND/PARTNER JOINTLY ... 3<br>HUSBAND/PARTNER DOESN'T<br>BRING IN ANY MONEY ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |      |
| 823 | Who usually makes decisions about health care for yourself:<br>mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else?<br><br>Who usually makes decisions about making major household purchases?<br><br>Who usually makes decisions about making purchases for daily household needs?<br><br>Who usually makes decisions about visits to your family or relatives? | RESPONDENT = 1<br>HUSBAND/PARTNER = 2<br>RESPONDENT & HUSBAND/PARTNER JOINTLY = 3<br>SOMEONE ELSE = 4<br>OTHER = 6<br><br>1      2      3      4      6<br><br>1      2      3      4      6<br><br>1      2      3      4      6<br><br>1      2      3      4      6 |      |
| 824 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)   | PRES./ PRES./ NOT<br>LISTEN. NOT PRES.<br>LISTEN.<br><br>CHILDREN < 10 ... 1    2    3<br>HUSBAND ..... 1    2    3<br>OTHER MALES ..... 1    2    3<br>OTHER FEMALES ... 1    2    3  |      |
| 825 | 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:<br><br>If she goes out without telling him?<br>If she neglects the children?<br>If she argues with him?<br>If she refuses to have sex with him?<br>If she burns the food?<br>If she has sex with other men?                     | YES    NO    DK<br><br>GOES OUT ..... 1    2    8<br>NEGL. CHILDREN ... 1    2    8<br>ARGUES ..... 1    2    8<br>REFUSES SEX ..... 1    2    8<br>BURNS FOOD ..... 1    2    8<br>SEX WITH OTHER MEN 1    2    8   |      |



SECTION 9. HIV/AIDS

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES                               | SKIP  |
|------|---|---|-------|
| 901  | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS?  | YES ..... 1<br>NO ..... 2                       | → 942 |
| 902  | Can people reduce their chances of getting the AIDS virus<br>by having just one sex partner who is not infected and who has<br>no other partners? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 903  | Can people get the AIDS virus from mosquito bites?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 904  | Can people reduce their chances of getting the AIDS virus by<br>using a condom every time they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 905  | Can people get the AIDS virus by sharing food with a person who<br>has AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 906  | Can people reduce their chance of getting the AIDS virus by<br>abstaining from sexual intercourse?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 907  | Can people get the AIDS virus because of witchcraft or other<br>supernatural means?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 907A | Can people get the AIDS virus from having anal sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 907B | Can people get the AIDS virus from having oral sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 907C | Can people get the AIDS virus from open wounds or<br>sores of an infected person?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 908  | Is there anything else a person can do to avoid or reduce the<br>chances of getting the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 | → 910 |

| NO.                 | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
|---------------------|---|---|------|-----|----|----|-------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|--|
| 909                 | <p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>  | ABSTAIN FROM SEX ..... A<br>USE CONDOMS ..... B<br>LIMIT SEX TO ONE PARTNER/STAY<br>FAITHFUL TO ONE PARTNER ... C<br>LIMIT NUMBER OF SEXUAL<br>PARTNERS ..... D<br>AVOID SEX WITH PROSTITUTES ... E<br>AVOID SEX WITH PERSONS WHO<br>HAVE MANY PARTNERS ..... F<br>AVOID SEX WITH HOMOSEXUALS ... G<br>AVOID SEX WITH PERSONS WHO<br>INJECT DRUGS INTRAVENOUSLY . H<br>AVOID BLOOD TRANSFUSIONS ..... I<br>AVOID INJECTIONS ..... J<br>AVOID SHARING RAZORS/BLADES ... K<br>AVOID KISSING ..... L<br>AVOID MOSQUITO BITES ..... M<br>SEEK PROTECTION FROM<br>TRADITIONAL HEALER ..... N<br>AVOID SHARING UTENSILS ..... O<br>AVOID SHARING TOILETS ..... P<br>AVOID DRINKING SAME CUP ..... Q<br>AVOID SHARING CIGARETTES ..... R<br><br>OTHER ..... W<br>(SPECIFY)<br><br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW ..... Z |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 910                 | Is it possible for a healthy-looking person to have the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 911                 | <p>Can the virus that causes AIDS be transmitted from a mother to her baby:</p> <p>During pregnancy?</p> <p>During delivery?</p> <p>By breastfeeding?</p>   | <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG. ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>  |      | YES | NO | DK | DURING PREG. .... | 1 | 2 | 8 | DURING DELIVERY ... | 1 | 2 | 8 | BREASTFEEDING ... | 1 | 2 | 8 |  |
|                     | YES   | NO  | DK   |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING PREG. ....   | 1   | 2   | 8    |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| DURING DELIVERY ... | 1   | 2   | 8    |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| BREASTFEEDING ...   | 1   | 2   | 8    |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 912                 | CHECK 911:<br>AT LEAST <input type="checkbox"/><br>ONE 'YES'<br>OTHER <input type="checkbox"/> → 914  |   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 913                 | Is there any special drug that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 914                 | Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 914A                | CHECK FOR PRESENCE OF OTHERS.<br>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 915                 | CHECK 208 AND 215:<br><br>NO BIRTHS <input type="checkbox"/> → 924<br><br>LAST BIRTH SINCE <input type="checkbox"/><br>JANUARY 2003<br>LAST BIRTH BEFORE <input type="checkbox"/><br>JANUARY 2003 → 924 |   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |
| 916                 | CHECK 404 AND 407 FOR LAST BIRTH:<br><br>HAD <input type="checkbox"/><br>ANTENATAL<br>CARE<br>NAME: _____<br><br>NO <input type="checkbox"/><br>ANTENATAL → 924   |   |      |     |    |    |                   |   |   |   |                     |   |   |   |                   |   |   |   |  |

| NO.              | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
|------------------|---|--|-------|-----|----|----|------------------|---|---|---|--------------|---|---|---|-----------------|---|---|---|--|
| 917              | During any of the antenatal visits for (NAME OF LAST BIRTH), did anyone talk to you about:<br><br>Babies getting the AIDS virus from their mother?<br>Things that you can do to prevent getting the AIDS virus?<br>Getting tested for the AIDS virus?                                   | <table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>AIDS FROM MOTHER</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>TESTED FOR AIDS</td><td>1</td><td>2</td><td>8</td></tr> </table>  |       | YES | NO | DK | AIDS FROM MOTHER | 1 | 2 | 8 | THINGS TO DO | 1 | 2 | 8 | TESTED FOR AIDS | 1 | 2 | 8 |  |
|                  | YES   | NO   | DK    |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| AIDS FROM MOTHER | 1   | 2  | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| THINGS TO DO     | 1   | 2  | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| TESTED FOR AIDS  | 1   | 2  | 8     |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 918              | Were you advised to have a test for the AIDS virus as part of your antenatal care?  | YES ..... 1<br>NO ..... 2  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 919              | I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?  | YES ..... 1<br>NO ..... 2  | → 924 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 920              | I don't want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 921              | Where did you go to take the test?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br><br>_____ (NAME OF PLACE) | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVT. HEALTH CENTER ..... 12<br>STAND-ALONE VCT CENTER .... 13<br>PHU/CLINIC ..... 14<br>MOBILE CLINIC ..... 15<br>OTHER PUBLIC ..... 16<br>_____ (SPECIFY)<br><b>PRIVATE SECTOR</b><br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... 21<br>STAND-ALONE VCT CENTER .. 22<br>MOBILE CLINIC ..... 23<br>OTHER PRIVATE ..... 26<br>_____ (SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... 31<br>CLINIC ..... 32<br>OTHER ..... 36<br>_____ (SPECIFY)<br><b>NGO</b><br>FLAS ..... 41<br>TASC ..... 42<br>OTHER NGO ..... 46<br>_____ (SPECIFY)<br><b>OTHER</b> ..... 96<br>_____ (SPECIFY) |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 922              | Have you been tested for the AIDS virus since that time you were tested during your pregnancy?  | YES ..... 1<br>NO ..... 2  | → 925 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 923              | When was the last time you were tested for the AIDS virus?  | LESS THAN 12 MONTHS AGO ..... 1<br>12 - 23 MONTHS AGO ..... 2<br>2 OR MORE YEARS AGO ..... 3   | → 931 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 924              | I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?  | YES ..... 1<br>NO ..... 2  | → 929 |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 925              | When was the last time you were tested?   | LESS THAN 12 MONTHS AGO ..... 1<br>12 - 23 MONTHS AGO ..... 2<br>2 OR MORE YEARS AGO ..... 3   |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |
| 926              | The last time you had the test, did you yourself ask for the test or were you advised to have the test, or was it required?   | ASKED FOR THE TEST ..... 1<br>ADVISED ..... 2<br>REQUIRED ..... 3  |       |     |    |    |                  |   |   |   |              |   |   |   |                 |   |   |   |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------|---|--|-------|
| 927  | I don't want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  | → 928 |
| 927A | How long after the test did you get the result?   | SAME DAY ..... 1<br>WITHIN A WEEK ..... 2<br>WITHIN A MONTH ..... 3<br>MORE THAN ONE MONTH ..... 4   |       |
| 928  | <p>Where did you go to take the test?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>  | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11<br/>GOVT. HEALTH CENTER ..... 12<br/>STAND-ALONE VCT CENTER ..... 13<br/>PHU/CLINIC ..... 14<br/>MOBILE CLINIC ..... 15<br/>OTHER PUBLIC ..... 16</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... 21<br/>STAND-ALONE VCT CENTER ..... 22<br/>MOBILE CLINIC ..... 24<br/>OTHER PRIVATE ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31<br/>CLINIC ..... 32<br/>OTHER ..... 36</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41<br/>TASC ..... 42<br/>OTHER NGO ..... 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____</p> <p>(SPECIFY)</p> | → 931 |
| 929  | Do you know of a place where people can go to get tested for the AIDS virus?  | YES ..... 1<br>NO ..... 2  | → 931 |
| 930  | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A<br/>GOVT. HEALTH CENTER ..... B<br/>STAND-ALONE VCT CENTER ..... C<br/>PHU/CLINIC ..... D<br/>MOBILE CLINIC ..... E<br/>OTHER PUBLIC ..... F</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/<br/>PRIVATE DOCTOR ..... G<br/>STAND-ALONE VCT CENTER ..... H<br/>MOBILE CLINIC ..... I<br/>OTHER PRIVATE ..... J</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... K<br/>CLINIC ..... L<br/>OTHER ..... M</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... N<br/>TASC ..... O<br/>OTHER NGO ..... P</p> <p>_____</p> <p>(SPECIFY)</p> <p>X</p>  |       |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|------|--|---|-------|
| 931  | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 932  | If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?  | YES, REMAIN A SECRET ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8                 |       |
| 933  | If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8                                  |       |
| 934  | In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?   | SHOULD BE ALLOWED ..... 1<br>SHOULD NOT BE ALLOWED ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 935  | Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?  | YES ..... 1<br>NO ..... 2<br>DK ANYONE WITH AIDS ..... 8                                  | → 940 |
| 935A | Do you personally know someone who has been fired or sacked from work because he or she is suspected to have the AIDS virus or has the AIDS virus?   | YES ..... 1<br>NO ..... 2   |       |
| 936  | Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?    | YES ..... 1<br>NO ..... 2   |       |
| 937  | Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?   | YES ..... 1<br>NO ..... 2   |       |
| 938  | CHECK 935, 936, AND 937:<br>OTHER <input type="checkbox"/><br>↓<br>AT LEAST ONE 'YES' <input type="checkbox"/> → 940   |   |       |
| 939  | Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?  | YES ..... 1<br>NO ..... 2   |       |
| 940  | Do you agree or disagree with the following statement:<br>People with the AIDS virus should be ashamed of themselves.  | AGREE ..... 1<br>DISAGREE ..... 2<br>DON'T KNOW/NO OPINION ..... 8                        |       |
| 941  | Do you agree or disagree with the following statement:<br>People with the AIDS virus should be blamed for bringing the disease into the community.   | AGREE ..... 1<br>DISAGREE ..... 2<br>DON'T KNOW/NO OPINION ..... 8                        |       |
| 942  | 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 he has a disease that can be transmitted through sexual contact? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 943  | When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 944  | Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 945  | Is a wife justified in refusing to have sex with her husband when she is feeling unwell?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 946  | Is a wife justified in refusing to have sex with her husband when she has recently given birth?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 947  | Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |
|-----|---|--|------|
| 948 | Should children age 12-14 be taught about using a condom to avoid AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 949 | Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?                                   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 950 | Should condoms be available in secondary school?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 951 | CHECK 601:<br>CURRENTLY MARRIED/ <input type="checkbox"/><br>LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 954 |  |      |
| 952 | Can you say no to your husband/partner if you do not want to have sexual intercourse?   | YES ..... 1<br>NO ..... 2<br>DEPENDS/NOT SURE ..... 8    |      |
| 953 | Could you ask your husband/partner to use a condom if you wanted him to?  | YES ..... 1<br>NO ..... 2<br>DEPENDS/NOT SURE ..... 8    |      |
| 954 | Do you believe that young men should wait until they are married to have sexual intercourse?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 955 | Do you think that most young men you know wait until they are married to have sexual intercourse?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 956 | Do you believe that men who are not married and are having sex should only have sex with one partner?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 957 | Do you think that most men you know who are not married and are having sex, have sex with only one partner?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 958 | Do you believe that married men should only have sex with their wives?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 959 | Do you think that most married men you know have sex only with their wives?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 960 | Do you believe that young women should wait until they are married to have sexual intercourse?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 961 | Do you think that most young women you know wait until they are married to have sexual intercourse?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 962 | Do you believe that women who are not married and are having sex should only have sex with one partner?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 963 | Do you think that most women you know who are not married and are having sex, have sex with only one partner?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 964 | Do you believe that married women should only have sex with their husbands?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |
| 965 | Do you think that most married women you know have sex only with their husbands?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |      |

SECTION 10. OTHER SEXUALLY TRANSMITTED INFECTIONS

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|------|---|---|-------|
| 1001 | <p>CHECK 901:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div> | <p>YES ..... 1</p> <p>NO ..... 2</p>  | →1004 |
| 1002 | <p>If a man has a sexually transmitted disease, what signs or symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>  | <p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN</p> <p style="padding-left: 40px;">GENITAL AREA ..... E</p> <p style="padding-left: 40px;">SWELLING IN GENITAL AREA ..... F</p> <p style="padding-left: 40px;">GENITAL SORES/ULCERS ..... G</p> <p style="padding-left: 40px;">GENITAL WARTS ..... H</p> <p style="padding-left: 40px;">GENITAL ITCHING ..... I</p> <p style="padding-left: 40px;">BLOOD IN URINE ..... J</p> <p style="padding-left: 40px;">LOSS OF WEIGHT ..... K</p> <p style="padding-left: 40px;">IMPOTENCE ..... L</p> <p>OTHER ..... W</p> <p style="padding-left: 100px;">(SPECIFY)</p> <p>OTHER ..... X</p> <p style="padding-left: 100px;">(SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>                  |       |
| 1003 | <p>If a woman has a sexually transmitted disease, what signs or symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>   | <p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN</p> <p style="padding-left: 40px;">GENITAL AREA ..... E</p> <p style="padding-left: 40px;">SWELLING IN GENITAL AREA ..... F</p> <p style="padding-left: 40px;">GENITAL SORES/ULCERS ..... G</p> <p style="padding-left: 40px;">GENITAL WARTS ..... H</p> <p style="padding-left: 40px;">GENITAL ITCHING ..... I</p> <p style="padding-left: 40px;">BLOOD IN URINE ..... J</p> <p style="padding-left: 40px;">LOSS OF WEIGHT ..... K</p> <p style="padding-left: 40px;">HARD TO GET PREGNANT/HAVE A CHILD ..... L</p> <p>OTHER ..... W</p> <p style="padding-left: 100px;">(SPECIFY)</p> <p>OTHER ..... X</p> <p style="padding-left: 100px;">(SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p> |       |
| 1004 | <p>CHECK 620:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→1101</p> </div> </div>  |   |       |

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP   |
|-------|---|---|--------|
| 1005  | CHECK 1001:<br>HEARD ABOUT INFECTION<br>TRANSMITTED THROUGH<br>SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT<br>INFECTION TRANSMITTED<br>THROUGH SEXUAL CONTACT <input type="checkbox"/>  |   | → 1007 |
| 1005A | CHECK FOR THE PRESENCE OF OTHERS.<br>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.  |   |        |
| 1006  | Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |        |
| 1007  | Sometimes women experience a bad smelling abnormal genital discharge.<br>During the last 12 months, have you had a bad smelling abnormal genital discharge?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |        |
| 1008  | Sometimes women have a genital sore or ulcer.<br>During the last 12 months, have you had a genital sore or ulcer?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |        |
| 1009  | CHECK 1006, 1007, AND 1008:<br>HAS HAD AN<br>INFECTION <input type="checkbox"/> HAS NOT HAD AN<br>INFECTION OR<br>(ANY 'YES') <input type="checkbox"/> DOES NOT KNOW  |   | → 1101 |
| 1010  | The last time you had (PROBLEM(S) FROM 1006/1007/1008), did you seek any kind of advice or treatment?   | YES ..... 1<br>NO ..... 2   | → 1012 |
| 1011  | Where did you go?<br><br>Any other place?<br><br>RECORD ALL SOURCES MENTIONED.<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND<br>CIRCLE THE APPROPRIATE CODE(S).<br><br><br><br>WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S)) | <b>PUBLIC SECTOR</b><br>GOVT. HOSPITAL ..... A<br>GOVT. HEALTH<br>CENTER ..... B<br>PHU/CLINIC ..... C<br>MOBILE CLINIC ..... D<br>RHM ..... E<br>OTHER PUBLIC<br>..... F<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PVT. HOSPITAL/<br>CLINIC ..... G<br>PHARMACY ..... H<br>PVT. DOCTOR ..... I<br>MOBILE CLINIC ..... J<br>OTHER PRIVATE<br>..... K<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... L<br>CLINIC ..... M<br>OTHER MISSION ..... N<br>(SPECIFY)<br><b>NGO</b> ..... O<br>TASC ..... P<br><b>OTHER SOURCE</b><br>SHOP ..... Q<br>TRADITIONAL<br>HEALER ..... R<br>OTHER (SPECIFY) ..... X | → 1013 |



| NO.                           | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP    |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
|-------------------------------|---|---|---------|-----|----|---------------|----------------------|---|------------------|------------------|---|-------------------------------|--------------------|---|--|
| 1012                          | What was the main reason for not seeking advice or treatment?   | NOT NECESSARY ..... 1<br>EXPENSIVE ..... 2<br>RELIGIOUS PROHIBITION ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)   |         |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| 1013                          | When you had (PROBLEM(S) FROM 1006/1007/1008), did you inform the person(s) with whom you were having sex?    | YES ..... 1<br>NO ..... 2<br>SOME/ NOT ALL ..... 3<br>DID NOT HAVE A PARTNER ..... 4  | → 1101  |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| 1014                          | When you had (PROBLEM(S) FROM 1006/1007/1008), did you do anything to avoid infecting your sexual partner(s)? | YES ..... 1<br>NO ..... 2<br>PARTNER(S) ALREADY INFECTED .. 8   | └→ 1101 |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| 1015                          | What did you do to avoid infecting your partner(s)? Did you....   | <table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>Use medicine?</td><td>USE MEDICINE ..... 1</td><td>2</td></tr><tr><td>Stop having sex?</td><td>STOP SEX ..... 1</td><td>2</td></tr><tr><td>Use a condom when having sex?</td><td>USE CONDOM ..... 1</td><td>2</td></tr></table> |         | YES | NO | Use medicine? | USE MEDICINE ..... 1 | 2 | Stop having sex? | STOP SEX ..... 1 | 2 | Use a condom when having sex? | USE CONDOM ..... 1 | 2 |  |
|                               | YES   | NO  |         |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| Use medicine?                 | USE MEDICINE ..... 1  | 2   |         |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| Stop having sex?              | STOP SEX ..... 1  | 2   |         |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |
| Use a condom when having sex? | USE CONDOM ..... 1  | 2   |         |     |    |               |                      |   |                  |                  |   |                               |                    |   |  |



SECTION 11. OTHER HEALTH AND WELFARE ISSUES

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--------|
| 1101 | Now I would like to ask you some other questions relating to health matters.<br>Some women are circumcised, that is, they may have part of their genital cut.<br>Are you circumcised?  | YES ..... 1<br>NO ..... 2  |        |
| 1102 | Have you had an injection for any reason in the last 12 months?<br><br>IF YES: How many injections have you had?<br>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.<br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.                  | NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/><br><br>NONE ..... 00  | → 1106 |
| 1103 | Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?<br><br>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.<br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/><br><br>NONE ..... 00  | → 1106 |
| 1104 | The last time you had an injection given to you by a health worker where did you go to get the injection?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)                       | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVT. HEALTH CENTER ..... 12<br>PHU/CLINIC ..... 13<br>MOBILE CLINIC ..... 14<br>OTHER PUBLIC ..... 16<br>(SPECIFY)<br><b>PRIVATE SECTOR</b><br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... 21<br>DENTAL CLINIC/OFFICE ..... 22<br>OFFICE OR HOME OF NURSE/<br>HEALTH WORKER ..... 23<br>MOBILE CLINIC ..... 24<br>OTHER PRIVATE ..... 26<br>(SPECIFY)<br><b>MISSION</b><br>HOSPITAL ..... 31<br>CLINIC ..... 32<br>OTHER MISSION ..... 36<br>(SPECIFY)<br><b>NGO</b> ..... 41<br><b>OTHER PLACE</b><br>AT HOME ..... 51<br>OTHER ..... 96<br>(SPECIFY) |        |
| 1105 | Did the person who gave you that injection take the syringe and needle from a new, unopened package?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 1106 | Do you currently smoke cigarettes?   | YES ..... 1<br>NO ..... 2  | → 1108 |
| 1107 | In the last 24 hours, how many cigarettes did you smoke?   | CIGARETTES ..... <input type="text"/> <input type="text"/>   |        |

| NO.   | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
|---|--|--|--------|---------------------|---------------------------|---------------------------|------------------------|---|-------------------------------------|-----------------------|---|--------------------------------------|------------------|---|---------------------------|------------------------|---|--------------------------|------------------|---|---|----------------------|---|--|-------------------|---|---|----------------|---|--|
| 1108  | Do you currently smoke or use any other type of tobacco?   | YES ..... 1<br>NO ..... 2  | → 1110 |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1109  | What (other) type of tobacco do you currently smoke or use?<br><br>RECORD ALL MENTIONED.   | PIPE ..... A<br>CHEWING TOBACCO ..... B<br>SNUFF ..... C<br><br>OTHER ..... X<br>(SPECIFY)   |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1110  | Do you drink alcohol?  | YES ..... 1<br>NO ..... 2  | → 1112 |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1111  | How often do you drink alcohol?  | LESS THAN ONCE A MONTH ..... 1<br>ONCE A MONTH ..... 2<br>ONCE A WEEK ..... 3<br>2-3 TIMES PER WEEK ..... 4<br>EVERYDAY ..... 5<br><br>OTHER ..... 6<br>(SPECIFY)  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1112  | Have you ever heard of an illness called tuberculosis or TB?   | YES ..... 1<br>NO ..... 2  | → 1116 |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1113  | How does tuberculosis spread from one person to another?<br><br>PROBE: Any other ways?<br><br>RECORD ALL MENTIONED.  | THROUGH THE AIR WHEN<br>COUGHING OR SNEEZING ..... A<br>THROUGH SHARING UTENSILS ..... B<br>THROUGH TOUCHING A PERSON<br>WITH TB ..... C<br>THROUGH FOOD ..... D<br>THROUGH SEXUAL CONTACT ..... E<br>THROUGH MOSQUITO BITES ..... F<br><br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW ..... Z   |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1114  | Can tuberculosis be cured?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1115  | If a member of your family got tuberculosis, would you want it to remain a secret or not?  | YES, REMAIN A SECRET ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/<br>DEPENDS ..... 8  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| 1116  | Now I would like to ask you some questions about medical care for you yourself.<br><br>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? | <table><thead><tr><th></th><th>BIG<br/>PROB-<br/>LEM</th><th>NOT A BIG<br/>PROB-<br/>LEM</th></tr></thead><tbody><tr><td>Getting permission to go?</td><td>PERMISSION TO GO ... 1</td><td>2</td></tr><tr><td>Getting money needed for treatment?</td><td>GETTING MONEY ..... 1</td><td>2</td></tr><tr><td>The distance to the health facility?</td><td>DISTANCE ..... 1</td><td>2</td></tr><tr><td>Having to take transport?</td><td>TAKING TRANSPORT ... 1</td><td>2</td></tr><tr><td>Not wanting to go alone?</td><td>GO ALONE ..... 1</td><td>2</td></tr><tr><td>Concern that there may not be a female health provider?</td><td>NO FEMALE PROV ... 1</td><td>2</td></tr><tr><td>Concern that there may not be any health provider?</td><td>NO PROVIDER ... 1</td><td>2</td></tr><tr><td>Concern that there may be no drugs available?</td><td>NO DRUGS ... 1</td><td>2</td></tr></tbody></table> |        | BIG<br>PROB-<br>LEM | NOT A BIG<br>PROB-<br>LEM | Getting permission to go? | PERMISSION TO GO ... 1 | 2 | Getting money needed for treatment? | GETTING MONEY ..... 1 | 2 | The distance to the health facility? | DISTANCE ..... 1 | 2 | Having to take transport? | TAKING TRANSPORT ... 1 | 2 | Not wanting to go alone? | GO ALONE ..... 1 | 2 | Concern that there may not be a female health provider? | NO FEMALE PROV ... 1 | 2 | Concern that there may not be any health provider? | NO PROVIDER ... 1 | 2 | Concern that there may be no drugs available? | NO DRUGS ... 1 | 2 |  |
|   | BIG<br>PROB-<br>LEM  | NOT A BIG<br>PROB-<br>LEM  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Getting permission to go?                               | PERMISSION TO GO ... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Getting money needed for treatment?                     | GETTING MONEY ..... 1  | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| The distance to the health facility?                    | DISTANCE ..... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Having to take transport?                               | TAKING TRANSPORT ... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Not wanting to go alone?                                | GO ALONE ..... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Concern that there may not be a female health provider? | NO FEMALE PROV ... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Concern that there may not be any health provider?      | NO PROVIDER ... 1  | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |
| Concern that there may be no drugs available?           | NO DRUGS ... 1   | 2  |        |                     |                           |                           |                        |   |                                     |                       |   |                                      |                  |   |                           |                        |   |                          |                  |   |   |                      |   |  |                   |   |   |                |   |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------|---|--|--------|
| 1117 | Did you use any soap for any purpose yesterday or today?  | YES ..... 1<br>NO ..... 2  | → 1119 |
| 1118 | For what purpose did you use the soap?<br><br>Any other purpose?<br><br>RECORD ALL MENTIONED.   | <b>HANDWASHING</b><br>BEFORE EATING ..... A<br>AFTER EATING ..... B<br>AFTER USING TOILET ..... C<br>AFTER CLEANING CHILD'S<br>BOTTOM ..... D<br>BEFORE PREPARING FOOD .... E<br>BEFORE FEEDING CHILD ..... F<br>OTHER ..... G<br>(SPECIFY)<br><br>WASHING OWN BODY ..... H<br>WASHING CHILD'S HANDS ..... I<br>WASHING CHILD'S BODY ..... J<br>WASHING CLOTHES/<br>DISHES ..... K<br>OTHER ..... X<br>(SPECIFY) |        |
| 1119 | Are you covered by any medical aid?   | YES ..... 1<br>NO ..... 2  | → 1121 |
| 1120 | What type of medical aid?<br><br>RECORD ALL MENTIONED.  | EMPLOYER ..... A<br>SELF ..... B<br>EMPLOYER AND SELF ..... C<br>OTHER ..... X<br>(SPECIFY)  |        |
| 1121 | Are you the primary care giver for any children?  | YES ..... 1<br>NO ..... 2  | → 1201 |
| 1122 | Are any of these children for whom you are the primary caregiver under the age of 18?   | YES ..... 1<br>NO ..... 2  | → 1201 |
| 1123 | Now I would like to ask you about the child(ren) who (is/are) under the age of 18 and for whom you are the primary caregiver.<br><br>Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)? | YES ..... 1<br><br>NO ..... 2<br><br>UNSURE ..... 8  |        |
| 1124 | Are you comfortable talking to the children in your care about sex and HIV/AIDS?  | YES ..... 1<br>NO ..... 2<br>CHILDREN NOT OLD ENOUGH ..... 3<br>DK/UNSURE/DEPENDS ..... 4  |        |

**SECTION 12. MATERNAL MORTALITY**

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   |   | SKIP  |   |   |   |
|------|---|---|---|---|---|---|---|
| 1201 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.<br><br>How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>            |   |   |   |   |   |
| 1202 | CHECK 1201: <input type="checkbox"/> TWO OR MORE BIRTHS  ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>                |   |   | ###   |   |   |   |
| 1203 | How many of these births did your mother have before you were born?<br>DRAW AN ARROW AFTER THE RESPONDENT'S NEXT OLDER SIBLING.<br>EXCLUDE THE RESPONDENT FROM 1204.  | NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>                    |   |   |   |   |   |
| 1204 | What was the name given to your oldest (next oldest) brother or sister?   | (1) _____   | (2) _____   | (3) _____   | (4) _____   | (5) _____   | (6) _____   |
| 1205 | Is (NAME) male or female?   | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  |
| 1206 | Is (NAME) still alive?  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (2)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (3)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (4)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (5)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (6)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (7)                                  |
| 1207 | How old is (NAME)?  | <input type="text"/> <input type="text"/><br>GO TO (2)  | <input type="text"/> <input type="text"/><br>GO TO (3)  | <input type="text"/> <input type="text"/><br>GO TO (4)  | <input type="text"/> <input type="text"/><br>GO TO (5)  | <input type="text"/> <input type="text"/><br>GO TO (6)  | <input type="text"/> <input type="text"/><br>GO TO (7)  |
| 1208 | 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"/>   |
| 1209 | How old was (NAME) when he/she died?  | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) |
| 1210 | Was (NAME) pregnant when she died?  | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   |
| 1211 | Did (NAME) die during childbirth?   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   |
| 1212 | Did (NAME) die within two months after the end of a pregnancy or childbirth?  | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   |
| 1213 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   |

IF NO MORE BROTHERS OR SISTERS, GO TO 1214.

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES   |   |  |   |  |  | SKIP |
|---|---|---|---|--|---|--|--|------|
| 1204  | What was the name given to your oldest (next oldest) brother or sister?   | (7)<br>_____  | (8)<br>_____  | (9)<br>_____   | (10)<br>_____   | (11)<br>_____  | (12)<br>_____  |      |
| 1205  | Is (NAME) male or female?   | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2   | MALE 1<br>FEMALE 2  | MALE 1<br>FEMALE 2   | MALE 1<br>FEMALE 2   |      |
| 1206  | Is (NAME) still alive?  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (8)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (9)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (10)                                  | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (11)   | YES ... 1<br>NO ... 2<br>GO TO 908<br>DK ... 8<br>GO TO (12)                                   | YES ... 1<br>NO ... 2<br>GO TO 1208<br>DK ... 8<br>GO TO (13)                                  |      |
| 1207  | How old is (NAME)?  | <input type="text"/> <input type="text"/><br>GO TO (8)  | <input type="text"/> <input type="text"/><br>GO TO (9)  | <input type="text"/> <input type="text"/><br>GO TO (10)  | <input type="text"/> <input type="text"/><br>GO TO (11)   | <input type="text"/> <input type="text"/><br>GO TO (12)  | <input type="text"/> <input type="text"/><br>GO TO (13)  |      |
| 1208  | 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"/>  |      |
| 1209  | How old was (NAME) when he/she died?  | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)                  | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12) | <input type="text"/> <input type="text"/><br>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13) |      |
| 1210  | Was (NAME) pregnant when she died?  | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2  | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2  | YES ... 1<br>GO TO 1213<br>NO ... 2  |      |
| 1211  | Did (NAME) die during childbirth?   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2  | YES ... 1<br>GO TO 1213<br>NO ... 2   | YES ... 1<br>GO TO 1213<br>NO ... 2  | YES ... 1<br>GO TO 1213<br>NO ... 2  |      |
| 1212  | Did (NAME) die within two months after the end of a pregnancy or childbirth?  | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2  | YES ... 1<br>NO ... 2   | YES ... 1<br>NO ... 2  | YES ... 1<br>NO ... 2  |      |
| 1213  | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/>  |      |
| IF NO MORE BROTHERS OR SISTERS, GO TO 1214. |   |   |   |  |   |  |  |      |
| 1214  | CHECK QS. 1210, 1211 AND 1212 FOR ALL SISTERS<br><input type="checkbox"/> ANY YES      ALL NO <input type="checkbox"/> _____ → END<br>OR BLANK<br>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when delivered). she was (pregnant/delivering/just delivered). Is that correct?<br>IF CORRECT, END INTERVIEW.<br>IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1215. |   |   |  |   |  |  |      |
| 1215  | RECORD THE TIME.  |   |   |  | HOUR ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/> |  |  |      |

INSTRUCTIONS:  
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS  
O NON-EVENT

|   |    |     |    |  |
|---|----|-----|----|--|
|   | 12 | DEC | 01 |  |
|   | 11 | NOV | 02 |  |
|   | 10 | OCT | 03 |  |
|   | 09 | SEP | 04 |  |
| 2 | 08 | AUG | 05 |  |
| 0 | 07 | JUL | 06 |  |
| 0 | 06 | JUN | 07 |  |
| 6 | 05 | MAY | 08 |  |
|   | 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 |  |
| 5 | 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 |  |
| 4 | 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 |  |
| 3 | 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 |  |
| 2 | 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 |  |
| 1 | 05 | MAY | 68 |  |
|   | 04 | APR | 69 |  |
|   | 03 | MAR | 70 |  |
|   | 02 | FEB | 71 |  |
|   | 01 | JAN | 72 |  |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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