





TIMOR-LESTE DEMOGRAPHIC AND HEALTH SURVEY (TLDHS)  
HOUSEHOLD QUESTIONNAIRE

20 July 2009

NATIONAL STATISTICS DIRECTORATE (NSD) AND MINISTRY OF HEALTH

IDENTIFICATION				
NAME AND CODE OF DISTRICT _____ NEW SUCO NAME AND NUMBER _____ CLUSTER NUMBER ..... LOCATION ID NUMBER ..... URBAN/RURAL ..... (URBAN=1, RURAL=2) NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1; NO=2) .....	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px;"> DEGREES DECIMALS </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> </div> <div style="margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px;"> LONGITUDE ..... (E) LATITUDE ..... (S) </div> </div> <div style="margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px;"> ALTITUDE METERS NEW LOCATION YES=1; NO=2 </div> </div> <div style="margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> </div> <div style="margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> </div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	_____
RESULT*	_____	_____	_____	_____
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD  TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
LANGUAGE OF QUESTIONNAIRE ..... LANGUAGE OF INTERVIEW ..... NATIVE LANGUAGE OF RESPONDENT ..... TRANSLATOR USED (YES=1; NO=2) ..... LANGUAGE CODES: TETUM=1; BAHASA=2; PORTUGUESE=3; OTHER=4				<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>
SUPERVISOR NAME DATE	FIELD EDITOR NAME DATE		OFFICE EDITOR	KEYED BY

## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with NATIONAL STATISTICS DIRECTORATE. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete. As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

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

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

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

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY				IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?			What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	Is (NAME) male or female?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01			M F 1 2	Y N 1 2	Y N 1 2			01	01	01	01	Y N DK 1 2 8 GO TO 15		Y N DK 1 2 8 GO TO 17		Y N 1 2 GO TO 21		Y N 1 2 GO TO 21		Y N 1 2 GO TO 23		
02			1 2	1 2	1 2			02	02	02	02	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
03			1 2	1 2	1 2			03	03	03	03	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
04			1 2	1 2	1 2			04	04	04	04	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
05			1 2	1 2	1 2			05	05	05	05	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
06			1 2	1 2	1 2			06	06	06	06	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
07			1 2	1 2	1 2			07	07	07	07	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
08			1 2	1 2	1 2			08	08	08	08	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
09			1 2	1 2	1 2			09	09	09	09	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		
10			1 2	1 2	1 2			10	10	10	10	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 GO TO 21		1 2 GO TO 21		1 2 GO TO 23		

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = NIECE/NEPHEW BY BLOOD  
10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER/STEPCHILD  
13 = NOT RELATED  
98 = DON'T KNOW

CODES FOR Qs. 18, 20, AND 22: EDUCATION

LEVEL  
0 = KINDERGARTEN  
1 = PRIMARY  
2 = PRE-SECONDARY  
3 = SECONDARY  
4 = HIGHER  
8 = DON'T KNOW

GRADE  
00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 18 ONLY.)  
THIS CODE IS NOT ALLOWED FOR Qs. 20 AND 22  
98 = DON'T KNOW



24. CHECK THE FRONT COVER OF HOUSEHOLD QUESTIONNAIRE. IS HOUSEHOLD SELECTED FOR MALE SURVEY?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>              HOUSEHOLD SELECTED              ↓           </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>              HOUSEHOLD NOT SELECTED              →           </div> </div>
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101

#### 24A. TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD LOCATION ID ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN NUMBER TO GO TO. THE LINE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE MODULE IS THE NUMBER WHERE THE ROW AND COLUMN MEET.

CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A

FOR EXAMPLE, IF THE HOUSEHOLD LOCATION ID NUMBER IS '250126', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD, GO TO COLUMN '3'. FIND THE NUMBER IN THE BOX WHERE THE ROW MEETS THE COLUMN ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND CIRCLE THE LINE NUMBER FOR THE SECOND WOMAN IN COLUMN 9A

LAST DIGIT OF THE HOUSEHOLD LOCATION ID NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 103</div> <div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 103</div> <div style="text-align: right;">→ 103</div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81  OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 106</div>
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="text-align: right;">→ 106</div>
104	How long does it take to go there, get water, and come back?	MINUTES ..... <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> DON'T KNOW ..... 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT MAN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4  OTHER _____ 6 (SPECIFY)	





[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 FINISHED ROOFING METAL/ZINC ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER ..... 96 (SPECIFY)																						
119	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/PALM/TRUNKS/BAMBOO ... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 OTHER ..... 96 (SPECIFY)																						
120	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																						
121	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH .....</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE .....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART .....</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK .....</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	
	YES	NO																						
WATCH .....	1	2																						
BICYCLE .....	1	2																						
MOTORCYCLE/SCOOTER ...	1	2																						
ANIMAL-DRAWN CART .....	1	2																						
CAR/TRUCK .....	1	2																						
BOAT WITH MOTOR .....	1	2																						
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 124																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																																				
123	How many hectares of agricultural land do members of this household own?	HECTARES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> 95 OR MORE HECTARES ..... 95 DON'T KNOW ..... 98																																																																																																																																																																																					
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 126																																																																																																																																																																																				
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.  Buffalo?  Milk cows or bulls?  Horses, or donkeys?  Goats?  Sheep?  Pigs?  Chickens?  Ducks?  Other? _____ (SPECIFY)	BUFFALO ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           COWS/BULLS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           HORSES/DONKEYS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           GOATS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           SHEEP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           CHICKENS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           DUCKS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr>           OTHER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><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></table></table></table></table></table></table></table></table>																																																																																																																																																																																					
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2																																																																																																																																																																																					
127	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 201																																																																																																																																																																																				
128	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																																																																																																																																																																																					

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
130	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO ..... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO ..... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO ..... 95  NOT SURE ..... 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	'PERMANENT' NET OLYSET NET ..... 11 PERMA NET ..... 12 OTHER/ DK BRAND ..... 16  'PRETREATED' NET NO BRAND ..... 21 DK BRAND ..... 26  OTHER ..... 31 DK BRAND ..... 98	'PERMANENT' NET OLYSET NET ..... 11 PERMA NET ..... 12 OTHER/ DK BRAND ..... 16  'PRETREATED' NET NO BRAND ..... 21 DK BRAND ..... 26  OTHER ..... 31 DK BRAND ..... 98	'PERMANENT' NET OLYSET NET ..... 11 PERMA NET ..... 12 OTHER/ DK BRAND ..... 16  'PRETREATED' NET NO BRAND ..... 21 DK BRAND ..... 26  OTHER ..... 31 DK BRAND ..... 98
135	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208 AND FOR THE ANEMIA PROCEDURE IN 213			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER ..... 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

**CONSENT STATEMENT FOR ANEMIA FOR CHILDREN**

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in January 2004 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?

## WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER ..... 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 ____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 ____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 ____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

**WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49**

215	<p>CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219, FOR THE ANEMIA TEST PROCEDURE IN 228.</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
216	<p>LINE NUMBER (COLUMN 9)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
217	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
218	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>
220	AGE: CHECK COLUMN 7.	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 223) ↙</p>	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 223) ↙</p>	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 223) ↙</p>
221	MARITAL STATUS: CHECK COLUMN 8.	<p>CODE 4 (NEVER IN UNION) ..... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 223) ↙</p>	<p>CODE 4 (NEVER IN UNION) ..... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 223) ↙</p>	<p>CODE 4 (NEVER IN UNION) ..... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 223) ↙</p>
222	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>
223	<p>READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 228).</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 228).</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 228).</p>

**CONSENT STATEMENT FOR ANEMIA TEST**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

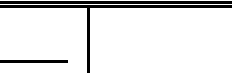

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?



		WOMAN 1	WOMAN 2	WOMAN 3
224	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
226	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST OBTAINED AND PROCEED WITH THE TEST.  A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 228 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
227	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
228	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
229	GO BACK TO 217 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, END HERE.			



IDENTIFICATION	
NAME AND CODE OF DISTRICT _____	
NEW SUCO NAME AND NUMBER _____	
CLUSTER NUMBER .....	
LOCATION ID NUMBER .....	
URBAN/RURAL ..... (URBAN=1, RURAL=2)	
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____	
WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE ..... (YES=1; NO=2)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div>DAY</div> <div>MONTH</div> <div>YEAR</div>
INTERVIEWER'S NAME				<div>INT. NUMBER</div>
RESULT*				<div>RESULT</div>
NEXT VISIT: DATE				<div>TOTAL NUMBER OF VISITS</div>
TIME				

\*RESULT CODES:

1 COMPLETED	4 REFUSED	
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____
3 POSTPONED	6 INCAPACITATED	(SPECIFY)

LANGUAGE OF QUESTIONNAIRE .....			<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
LANGUAGE OF INTERVIEW .....			
NATIVE LANGUAGE OF RESPONDENT .....			
TRANSLATOR USED (YES=1; NO=2) .....			
LANGUAGE CODES: TETUM=1; BAHASA=2; PORTUGUESE=3; OTHER=4			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div>	NAME ..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
DATE ..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div>	DATE ..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with NATIONAL STATISTICS DIRECTORATE. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	<input type="checkbox"/> → 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, pre-secondary, secondary, or higher?	PRIMARY ..... 1 PRE-SECONDARY ..... 2 SECONDARY ..... 3 HIGHER ..... 4	
110	What is the highest (grade) you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: <div> PRIMARY <input type="checkbox"/> PRE-SECONDARY OR HIGHER <input type="checkbox"/> </div>		115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
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 NO ..... 2	
114	CHECK 112: <div> CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	ROMAN CATHOLIC ..... 1 MUSLIM ..... 2 PROTESTANT ..... 3 HINDU ..... 4 OTHER ..... 6 (SPECIFY)(SPECIFY)	

SECTION 2. REPRODUCTION

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

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	
02	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
03	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
04	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
05	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
06	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
07	SING 1  MULT 2	BOY 1  GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.						YES ..... 1 NO ..... 2		
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2004: MONTH AND YEAR OF BIRTH ARE 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 JANUARY 2004 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, 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 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 229
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2004 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2004		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  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 2004, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2004?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2004 end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

### SECTION 3. CONTRACEPTION

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? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>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.</p>	<p>302 Have you ever used (METHOD)?</p>	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES ..... 1 NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?</p> <p>YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>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.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>RHYTHM 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 get pregnant</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>STANDARD DAYS METHOD Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
14	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES ..... 1</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p>
303	<p>CHECK 302:</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="text-align: center;"> <p>NOT A SINGLE "YES" (NEVER USED)</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>AT LEAST ONE "YES" (EVER USED)</p> <input type="checkbox"/> </div> </div>		<p>307</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306		
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. _____		333		
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).				
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
308	CHECK 302 (01):  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">WOMAN NOT STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">WOMAN STERILIZED <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -10px;">_____ →</div>		311A		
309	CHECK 226:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div style="text-align: center;">PREGNANT <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -10px;">_____ →</div>		322		
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 322		
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L STANDARD DAYS METHOD ..... M WITHDRAWAL ..... N  OTHER _____ X <div style="text-align: center;">(SPECIFY)</div>	<div style="display: flex; align-items: center;"> <input type="checkbox"/> → 316         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> → 315         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> → 315         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> → 319A         </div>		
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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"/> DON'T KNOW ..... 998	
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"/> FREE ..... 995 DON'T KNOW ..... 998	→ 319A
316	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR NATIONAL HOSPITAL ..... 11 REFERRAL HOSPITAL ..... 12 COMMUNITY HEALTH CEN. .... 13 OTHER PUBLIC ..... 16 (SPECIFY)  NON-GOVT (NGO) SECTOR MARIE STOPES ..... 21 OTHER NGO ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR'S OFFICE ... 32 OTHER PRIVATE MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
317	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div>             CODE 'A' CIRCLED <input type="checkbox"/>              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 'A' NOT CIRCLED <input type="checkbox"/>              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 NO ..... 2 DON'T KNOW ..... 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST (Rp) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST (USD) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 9995 DON'T KNOW ..... 9998	
319	In what month and year was the sterilization performed?	MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
320	CHECK 319/319A, 215 AND 230:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A  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"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
321	<p>CHECK 319/319A:</p> <p>YEAR IS 2004 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2003 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2004.</p> <p>THEN SKIP TO → 331</p>																																	
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2004</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul>																																		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table> <tbody> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>IMPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>FEMALE CONDOM</td><td>08</td></tr> <tr><td>DIAPHRAGM</td><td>09</td></tr> <tr><td>FOAM/JELLY</td><td>10</td></tr> <tr><td>LACTATIONAL AMEN. METHOD</td><td>11</td></tr> <tr><td>RHYTHM METHOD</td><td>12</td></tr> <tr><td>STANDARD DAYS METHOD</td><td>13</td></tr> <tr><td>WITHDRAWAL</td><td>14</td></tr> <tr><td>OTHER METHOD</td><td>96</td></tr> </tbody> </table>	NO CODE CIRCLED	00	FEMALE STERILIZATION	01	MALE STERILIZATION	02	PILL	03	IUD	04	INJECTABLES	05	IMPLANTS	06	CONDOM	07	FEMALE CONDOM	08	DIAPHRAGM	09	FOAM/JELLY	10	LACTATIONAL AMEN. METHOD	11	RHYTHM METHOD	12	STANDARD DAYS METHOD	13	WITHDRAWAL	14	OTHER METHOD	96	<p>→ 333</p> <p>→ 326</p> <p>→ 335</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 335</p> <p>→ 335</p>
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324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <table> <tbody> <tr><td>NATIONAL HOSPITAL</td><td>11</td></tr> <tr><td>REFERRAL HOSPITAL</td><td>12</td></tr> <tr><td>COMMUNITY HEALTH CEN.</td><td>13</td></tr> <tr><td>HEALTH POST</td><td>14</td></tr> <tr><td>SISCa POST</td><td>15</td></tr> <tr><td>MOBILE CLINIC</td><td>17</td></tr> <tr><td>CONDOM BOX</td><td>18</td></tr> <tr><td>OTHER PUBLIC</td><td>16</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table> <p>NON-GOVT (NGO) SECTOR</p> <table> <tbody> <tr><td>MARIE STOPES</td><td>21</td></tr> <tr><td>OTHER NGO</td><td>26</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table>	NATIONAL HOSPITAL	11	REFERRAL HOSPITAL	12	COMMUNITY HEALTH CEN.	13	HEALTH POST	14	SISCa POST	15	MOBILE CLINIC	17	CONDOM BOX	18	OTHER PUBLIC	16	(SPECIFY)		MARIE STOPES	21	OTHER NGO	26	(SPECIFY)										
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324A	<p>Where did you learn how to use the rhythm/standard days/lactational amenorrhea method?</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>_____ (NAME OF PLACE)</p>	<p>PRIVATE MEDICAL SECTOR</p> <table> <tbody> <tr><td>PRIVATE HOSPITAL/CLINIC</td><td>31</td></tr> <tr><td>PHARMACY</td><td>32</td></tr> <tr><td>PRIVATE DOCTOR</td><td>33</td></tr> <tr><td>MOBILE CLINIC</td><td>34</td></tr> <tr><td>FIELDWORKER</td><td>35</td></tr> <tr><td>OTHER PRIVATE MEDICAL</td><td>36</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table> <p>OTHER SOURCE</p> <table> <tbody> <tr><td>SHOP</td><td>41</td></tr> <tr><td>FRIEND/RELATIVE</td><td>42</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table>	PRIVATE HOSPITAL/CLINIC	31	PHARMACY	32	PRIVATE DOCTOR	33	MOBILE CLINIC	34	FIELDWORKER	35	OTHER PRIVATE MEDICAL	36	(SPECIFY)		SHOP	41	FRIEND/RELATIVE	42	OTHER	96	(SPECIFY)												
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 STANDARD DAYS METHOD ..... 13	→ 332 → 329 → 329 → 329 → 335 → 335 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
329	CHECK 326:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use? </div> </div>	YES ..... 1 NO ..... 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
331	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 STANDARD DAYS METHOD ..... 13 WITHDRAWAL ..... 14 OTHER METHOD ..... 96	→ 335           → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<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>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... 11</p> <p>REFERRAL HOSPITAL ..... 12</p> <p>COMMUNITY HEALTH CEN..... 13</p> <p>HEALTH POST ..... 14</p> <p>SISCa POST ..... 15</p> <p>MOBILE CLINIC ..... 17</p> <p>CONDOM BOX ..... 18</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIE STOPES ..... 21</p> <p>OTHER NGO ..... 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>MOBILE CLINIC ..... 34</p> <p>FIELDWORKER ..... 35</p> <p>OTHER PRIVATE MEDICAL ..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIEND/RELATIVE ..... 42</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<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>→ 335</p>
334	<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>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... A</p> <p>REFERRAL HOSPITAL ..... B</p> <p>COMMUNITY HEALTH CEN..... C</p> <p>HEALTH POST ..... D</p> <p>SISCa POST ..... E</p> <p>MOBILE CLINIC ..... F</p> <p>CONDOM BOX ..... G</p> <p>OTHER PUBLIC ..... H</p> <p>(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIE STOPES ..... I</p> <p>OTHER NGO ..... J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... K</p> <p>PHARMACY ..... L</p> <p>PRIVATE DOCTOR ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>FIELDWORKER ..... O</p> <p>OTHER PRIVATE MEDICAL ..... P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>FRIEND/RELATIVE ..... R</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	



SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">             ONE OR MORE BIRTHS IN 2004 OR LATER             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">             NO BIRTHS IN 2004 OR LATER             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 576</div>			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>	NEXT-TO-LAST BIRTH LINE NO. <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>	SECOND-FROM-LAST BIRTH LINE NO. <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DON'T KNOW .... 998	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy?   IF YES: Whom did you see? Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE .... B ASSISTANT NURSE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D COMMUNITY/VILLAGE HEALTH WORKER ..... E  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 413A) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE</p> <p>MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ..... A OTHER HOME..... B</p> <p>PUBLIC SECTOR NATIONAL HOSPITAL ..... C REFERRAL HOSPITAL ..... D COMMUNITY HEALTH CEN. .. E HEALTH POSTS .. F SISCa POSTS ..... G MOBILE CLINIC H OTHER PUBLIC SEC. .... I (SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR MARIE STOPES .... J OTHER NGOS ..... K SPECIFY</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... L OTHER PRIVATE MED. .... M (SPECIFY)</p> <p>OTHER ..... X (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>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> <p>YES NO</p> <p>Were you weighed? WEIGHT ... 1 2</p> <p>Was your blood pressure measured? BP ..... 1 2</p> <p>Did you give a urine sample? URINE ..... 1 2</p> <p>Did you give a blood sample? BLOOD ... 1 2</p>			
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p>YES ..... 1 NO ..... 2 (SKIP TO 413A) ←</p> <p>DON'T KNOW ..... 8</p>			
413	<p>Were you told where to go if you had any of these complications?</p> <p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>			
413A	<p>What are the symptoms during pregnancy indicating the need to seek immediate care?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED</p>	<p>VAGINAL BLEEDING A SEVERE LOWER ABDOMINAL PAIN B SEVERE HEADACHE C CONVULSION D BLURRED VISION &amp; SWELLING OF HANDS &amp; FACE E OTHER ..... X (SPECIFY) DON'T KNOW Z</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW ..... 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> 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"/> DK MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
425	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
425A	During this pregnancy, did you receive supplementary food?  During pregnancy? During lactating period?	YES NO PREGNANCY .. 1 2 LACTATION .. 1 2		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
433	Was (NAME) weighed at birth?	YES ..... 1  NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8
434	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
435	Who assisted with the delivery of (NAME)?  Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE .. B ASSISTANT NURSE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER ..... X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE .. B ASSISTANT NURSE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER ..... X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE .. B ASSISTANT NURSE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER ..... X (SPECIFY) NO ONE ..... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ..... 11 (SKIP TO 443) ←</p> <p>OTHER HOME..... 12</p> <p>PUBLIC SECTOR NATIONAL HOSPITAL ..... 21 REFERRAL HOSPITAL ..... 22 COMMUNITY HEALTH CEN. .. 23 HEALTH POSTS .. 24 SISCa POSTS ..... 25</p> <p>OTHER PUBLIC SEC. .... 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY)</p> <p>OTHER ..... 96 (SPECIFY) (SKIP TO 443) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←</p> <p>OTHER HOME... 12</p> <p>PUBLIC SECTOR NATIONAL HOSPITAL ... 21 REFERRAL HOSPITAL ... 22 COMMUNITY HEALTH CEN. .. 23 HEALTH POSTS .. 24 SISCa POSTS ... 25</p> <p>OTHER PUBLIC SEC. .... 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY)</p> <p>OTHER ..... 96 (SPECIFY) (SKIP TO 444) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←</p> <p>OTHER HOME... 12</p> <p>PUBLIC SECTOR NATIONAL HOSPITAL ... 21 REFERRAL HOSPITAL ... 22 COMMUNITY HEALTH CEN. .. 23 HEALTH POSTS .. 24 SISCa POSTS ... 25</p> <p>OTHER PUBLIC SEC. .... 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY)</p> <p>OTHER ..... 96 (SPECIFY) (SKIP TO 444) ←</p>																																				
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. 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>												
438	Was (NAME) delivered by caesarean section?	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 442) ←</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 455) ←</p> <p>NO ..... 2</p>																																				
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. 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>																																						
441	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR..... 11 NURSE/MIDWIFE 12 ASSISTANT NURSE ..... 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER ..... 96 (SPECIFY) (SKIP TO 452A) ←</p>																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
442	After you were discharged, did any health care provider check on your health?	YES ..... 1 (SKIP TO 445) ← NO ..... 2 (SKIP TO 452A) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 (SKIP TO 455) ← NO ..... 2												
443	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH . . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION ..... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H PLANNED BUT CHILD BORN BEFORE REACHING FACILITY I  OTHER _____ X (SPECIFY)														
443A	When (NAME) was born, what instrument was used to cut the umbilical cord?	NEW/BOILED BLADE ..... 1 USED BLADE ..... 2 KNIFE ..... 3 SCISSORS ..... 4 BAMBOO ..... 5  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8														
443B	Was anything placed on the stump after the umbilical cord was cut?	YES ..... 1 NO ..... 2 (SKIP TO 443D) ← DON'T KNOW ..... 8														
443C	What was placed on the stump?  PROBE: Any other things?  RECORD ALL MENTIONED	OIL ..... A ASH ..... B OINTMENT/POWDER .... C TRADITIONAL MED . . D BETADINE ..... E  OTHER _____ X (SPECIFY) DON'T KNOW . . Z														
443D	Was (NAME) dried before the placenta was delivered?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8														
443E	How long after delivery was (NAME) bathed for the first time?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, 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></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998														
444	After (NAME) was born, did any health care provider check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
445	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . . 998																				
446	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 ASSISTANT NURSE . . . . . 13  OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/VILLAGE HEALTH WORKER . . . . . 22  OTHER _____ 96 (SPECIFY)																				
447	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME . . . . . 11 OTHER HOME . . . . . 12  PUBLIC SECTOR NATIONAL HOSPITAL . . . . . 21 REFERRAL HOSPITAL . . . . . 22 COMMUNITY HEALTH CEN. . . 23 HEALTH POSTS . . 24 SISCa POSTS . . . . 25 MOBILE CLINIC 27 OTHER PUBLIC SEC. _____ 26 (SPECIFY)  NON-GOVT (NGO) SECTOR MARIE STOPES . . . 31 OTHER NGOS _____ 36 SPECIFY  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)  OTHER _____ 96 (SPECIFY)																				
448	CHECK 442:	YES NOT ASKED <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>↓</td><td>↓</td></tr></table> (SKIP TO 452A)	<input type="checkbox"/>	<input type="checkbox"/>	↓	↓																
<input type="checkbox"/>	<input type="checkbox"/>																					
↓	↓																					
449	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452A) ← DON'T KNOW . . . . . 8																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
450	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3 DON'T KNOW ..... 998		
451	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE .. 12 ASSISTANT NURSE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. 21 COMMUNITY/VILLAGE HEALTH WORKER ..... 22 OTHER ..... 96 (SPECIFY)		
452	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12 PUBLIC SECTOR NATIONAL HOSPITAL ..... 21 REFERRAL HOSPITAL ..... 22 COMMUNITY HEALTH CEN. .. 23 HEALTH POSTS .. 24 SISCa POSTS ..... 25 MOBILE CLINIC .. 27 OTHER PUBLIC SEC. .... 26 (SPECIFY) NON-GOVT (NGO) SECTOR MARIE STOPES .... 31 OTHER NGOS ..... 36 SPECIFY PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 41 OTHER PRIVATE MED. .... 46 (SPECIFY) OTHER ..... 96 (SPECIFY)		
452A	What are the symptoms of the infant within one month after delivery indicating the need to seek immediate health care?  PROBE: Any other?  RECORD ALL MENTIONED	POOR SUCKLING .... A FAST BREATHING .... B SEVERE CHEST INDRAWING ..... C HYPOTHERMIA ..... D FEVER ..... E DIFFICULT TO WAKE/ LETHARGIC ..... F PUSTULES ON SKIN 1 LARGE OR >10 SMALL ONES ... G SEVERE UMBILICAL INFECTION SMELLING DISCHARGE ..... H OTHER ..... X (SPECIFY) DON'T KNOW ..... Z		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?  SHOW COMMON TYPES OF CAPSULES.	YES ..... 1 NO ..... 2  DON'T KNOW ..... 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 456) ← NO ..... 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 459) ←	YES ..... 1 NO ..... 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
457	CHECK 226:  IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
463	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ... A PLAIN WATER ..... B SUGAR OR GLUCOSE WATER..... C GRIPPE WATER ..... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA ... G TEA/INFUSIONS ..... H HONEY ..... I  OTHER _____ X (SPECIFY)		
464	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) <input type="checkbox"/>		
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) <input type="checkbox"/> NO ..... 2		
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW .... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98
467	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																											
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER .....				NEXT-TO-LAST BIRTH LINE NUMBER .....				SECOND-FROM-LAST BIRTH LINE NUMBER .....																																																																																																																																																																		
503	FROM 212 AND 216	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>  (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)				NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>  (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)				NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>  (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)																																																																																																																																																																		
504	Do you have a card or (LISIO) where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3																																																																																																																																																																		
505	Did you ever have a card or LISIO for (NAME)?	YES ..... 1 (SKIP TO 508) ← NO ..... 2				YES ..... 1 (SKIP TO 508) ← NO ..... 2				YES ..... 1 (SKIP TO 508) ← NO ..... 2																																																																																																																																																																		
506	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD OR LISIO.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.  (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.</p> <table border="1"> <thead> <tr> <th></th><th colspan="3">LAST BIRTH</th><th colspan="3">NEXT-TO-LAST BIRTH</th><th colspan="3">SECOND-FROM-LAST BIRTH</th></tr> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEP.B 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEP.B 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEP.B 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (2nd MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>													LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG										POLIO 0 (POLIO GIVEN AT BIRTH)										POLIO 1										POLIO 2										POLIO 3										DPT 1										DPT 2										DPT 3										HEP.B 1										HEP.B 2										HEP.B 3										MEASLES										VITAMIN A (MOST RECENT)										VITAMIN A (2nd MOST RECENT)									
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506A	CHECK 506:	BCG TO MEASLES ALL RECORDED  <input type="checkbox"/> (GO TO 510)				OTHER  <input type="checkbox"/>				BCG TO MEASLES ALL RECORDED  <input type="checkbox"/> (GO TO 510)				OTHER  <input type="checkbox"/>																																																																																																																																																														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card (LISIO), including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP 1-3 AND/OR MEASLES VACCINES.	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) .....  NO ..... 2 (SKIP TO 510) ..... DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) .....  NO ..... 2 (SKIP TO 510) ..... DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) .....  NO ..... 2 (SKIP TO 510) ..... DON'T KNOW ..... 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES ..... 1 NO ..... 2 (SKIP TO 512) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512) ..... DON'T KNOW ..... 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
509B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 509E) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) ..... DON'T KNOW ..... 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 509G) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) ..... DON'T KNOW ..... 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509G	A HEP.B vaccination, that is, an injection given in the right thigh, given with DPT?	YES ..... 1 NO ..... 2 (SKIP TO 509I) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509I) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509I) ..... DON'T KNOW ..... 8
509H	How many times was a HEP.B vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509I	A measles injection that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8 (SKIP TO 512) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8 (SKIP TO 512) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8 (SKIP TO 512) ..... DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive vaccinations?	MEASLES ... A (JUNE 2009)	MEASLES ... A (JUNE 2009)	MEASLES ... A (JUNE 2009)
512	CHECK 506:  DATE SHOWN OR '44' RECORDED FOR VITAMIN A DOSE	DATE/'44' FOR MOST RECENT VITAMIN A DOSE OTHER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 514)	DATE/'44' FOR MOST RECENT VITAMIN A DOSE OTHER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 514)	DATE/'44' FOR MOST RECENT VITAMIN A DOSE OTHER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM LISIO). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPE OF CAPSULES.	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPE OF CAPSULES.	YES ..... 1 NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 515A) ← DON'T KNOW ..... 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
515A	In the last six months, did (NAME) show following symptoms  Less movement in evenings? Trip/bump over things in evenings?	YES NO MOVEMENT... 1 2 TRIP..... 1 2	YES NO MOVEMENT... 1 2 TRIP..... 1 2	YES NO MOVEMENT... 1 2 TRIP..... 1 2
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron/iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517A	Has (NAME) ever received supplementary food?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
519	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW ..... 8</p>
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW ..... 8</p>
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p>
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSP. A</p> <p>REFERRAL</p> <p>HOSPITAL ..... B</p> <p>COMMUNITY</p> <p>HEALTH CEN. ... C</p> <p>HEALTH POSTS ... D</p> <p>SISCa POST ... E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>NON-GOV (NGO) SEC.</p> <p>NGO _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... I</p> <p>PHARMACY ... J</p> <p>PVT DOCTOR ... K</p> <p>MOBILE CLINIC . L</p> <p>FIELDWORKER . M</p> <p>OTHER PRIVATE</p> <p>MED. _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSP. A</p> <p>REFERRAL</p> <p>HOSPITAL ..... B</p> <p>COMMUNITY</p> <p>HEALTH CEN. ... C</p> <p>HEALTH POSTS ... D</p> <p>SISCa POST ... E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>NON-GOV (NGO) SEC.</p> <p>NGO _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... I</p> <p>PHARMACY ... J</p> <p>PVT DOCTOR ... K</p> <p>MOBILE CLINIC . L</p> <p>FIELDWORKER . M</p> <p>OTHER PRIVATE</p> <p>MED. _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSP. A</p> <p>REFERRAL</p> <p>HOSPITAL ..... B</p> <p>COMMUNITY</p> <p>HEALTH CEN. ... C</p> <p>HEALTH POSTS ... D</p> <p>SISCa POST ... E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>NON-GOV (NGO) SEC.</p> <p>NGO _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... I</p> <p>PHARMACY ... J</p> <p>PVT DOCTOR ... K</p> <p>MOBILE CLINIC . L</p> <p>FIELDWORKER . M</p> <p>OTHER PRIVATE</p> <p>MED. _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
524	CHECK 523:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
525	Where did you first seek advice or treatment?  USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  a) A fluid made from a special packet called Oralit?  b) A government-recommended homemade fluid?	YES NO DK  FLUID FROM ORS PKT ... 1 2 8  HOMEMADE FLUID ... 1 2 8	YES NO DK  FLUID FROM ORS PKT ... 1 2 8  HOMEMADE FLUID ... 1 2 8	YES NO DK  FLUID FROM ORS PKT ... 1 2 8  HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
530	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ..... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)
531	CHECK 530:  GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 533) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	How many times was (NAME) given zinc?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8
535	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 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY .... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY .... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY .... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 538) ←
537	CHECK 533:  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) ↓
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
539	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?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
540	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR NATIONAL HOSP. A REFERRAL HOSPITAL ..... B COMMUNITY HEALTH CEN. ... C HEALTH POSTS ... D SISCa POST ... E MOBILE CLINIC F OTHER PUBLIC _____ G (SPECIFY)</p> <p>NON-GOVT. (NGO) SEC NGO _____ H (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC ..... I PHARMACY ... J PVT DOCTOR ... K MOBILE CLINIC . L FIELDWORKER . M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR NATIONAL HOSP. A REFERRAL HOSPITAL ..... B COMMUNITY HEALTH CEN. ... C HEALTH POSTS ... D SISCa POST ... E MOBILE CLINIC F OTHER PUBLIC _____ G (SPECIFY)</p> <p>NON-GOVT. (NGO) SEC NGO _____ H (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC ..... I PHARMACY ... J PVT DOCTOR ... K MOBILE CLINIC . L FIELDWORKER . M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR NATIONAL HOSP. A REFERRAL HOSPITAL ..... B COMMUNITY HEALTH CEN. ... C HEALTH POSTS ... D SISCa POST ... E MOBILE CLINIC F OTHER PUBLIC _____ G (SPECIFY)</p> <p>NON-GOVT. (NGO) SEC NGO _____ H (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC ..... I PHARMACY ... J PVT DOCTOR ... K MOBILE CLINIC . L FIELDWORKER . M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>
542	CHECK 541:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>
543	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 541.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>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"/>
545	Is (NAME) still sick with a (fever/cough)?	<p>FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8</p>	<p>FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8</p>	<p>FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8</p>
546	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ . . . G</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP . . . H</p> <p>INJECTION . . . I</p> <p>OTHER DRUGS</p> <p>PARACETAMOL . . J</p> <p>ACETA-</p> <p>MINOPHEN . . . K</p> <p>IBUPROFEN . . . L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ . . . G</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP . . . H</p> <p>INJECTION . . . I</p> <p>OTHER DRUGS</p> <p>PARACETAMOL . . J</p> <p>ACETA-</p> <p>MINOPHEN . . . K</p> <p>IBUPROFEN . . . L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ . . . G</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP . . . H</p> <p>INJECTION . . . I</p> <p>OTHER DRUGS</p> <p>PARACETAMOL . . J</p> <p>ACETA-</p> <p>MINOPHEN . . . K</p> <p>IBUPROFEN . . . L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>
548	CHECK 547: ANY CODE A-H CIRCLED?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)</p>
549	<p>Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?</p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'H' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL . . . G</p> <p>ANTIBIOTIC PILL/SYRUP . . . . . H</p> <p>NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL . . . G</p> <p>ANTIBIOTIC PILL/SYRUP . . . . . H</p> <p>NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR . . . A</p> <p>CHLOROQUINE . . B</p> <p>QUININE . . . . . D</p> <p>COMBINATION</p> <p>WITH</p> <p>ARTEMISININ . . E</p> <p>OTHER ANTI-MALARIAL . . . G</p> <p>ANTIBIOTIC PILL/SYRUP . . . . . H</p> <p>NO DRUG AT HOME . Y</p>
550	CHECK 547: ANY CODE A-G CIRCLED?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)</p>



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
562	For how many days did (NAME) take the quinine?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
563	CHECK 547:  COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ↓	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ↓	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ↓
564	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
565	For how many days did (NAME) take the (COMBINATION WITH ARTEMISININ)?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
569	CHECK 547:  OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) ↓	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) ↓	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) ↓
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574)</p> <p>_____</p> <p>(NAME)</p>		576
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	<p>CHILD USED TOILET OR LATRINE . . . 01</p> <p>PUT/RINSED</p> <p>INTO TOILET OR LATRINE . . . . . 02</p> <p>PUT/RINSED</p> <p>INTO DRAIN OR DITCH . . . . . 03</p> <p>THROWN INTO GARBAGE . . . . . 04</p> <p>BURIED . . . . . 05</p> <p>LEFT IN THE OPEN . . . . . 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
575	<p>CHECK 528(a) AND 528(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>↓</p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		577
576	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	
577	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2006 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578)</p> <p>_____</p> <p>(NAME)</p>		601
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water?</p> <p>Commercially produced infant formula?</p> <p>Any fortified baby food such as Cerelac, Sun?</p> <p>Any (other) porridge or gruel?</p>	<p>YES NO DK</p> <p>PLAIN WATER . . . . . 1 2 8</p> <p>FORMULA . . . . . 1 2 8</p> <p>BABY CEREAL . . . . . 1 2 8</p> <p>OTHER PORRIDGE/GRUEL. . 1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <table border="1"> <thead> <tr> <th></th><th colspan="3">CHILD</th><th colspan="3">MOTHER</th></tr> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Milk such as tinned, powdered, or fresh animal milk?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Tea or coffee?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Any other liquids?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Bread, rice, noodles, or other foods made from grains?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) White potatoes, cassava, or any other foods made from roots?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Any dark green, leafy vegetables?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) Ripe mangoes or papayas?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i) Any other fruits or vegetables?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j) Liver, kidney, heart or other organ meats?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l) Eggs?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m) Fresh or dried fish or shellfish?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n) Any foods made from beans, peas, lentils, or nuts?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o) Cheese, other milk products?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p) Any oil, fats, or butter, or foods made with any of these?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r) Any other solid or semi-solid food?</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a) Milk such as tinned, powdered, or fresh animal milk?	1	2	8	1	2	8	b) Tea or coffee?	1	2	8	1	2	8	c) Any other liquids?	1	2	8	1	2	8	d) Bread, rice, noodles, or other foods made from grains?	1	2	8	1	2	8	e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	1	2	8	1	2	8	f) White potatoes, cassava, or any other foods made from roots?	1	2	8	1	2	8	g) Any dark green, leafy vegetables?	1	2	8	1	2	8	h) Ripe mangoes or papayas?	1	2	8	1	2	8	i) Any other fruits or vegetables?	1	2	8	1	2	8	j) Liver, kidney, heart or other organ meats?	1	2	8	1	2	8	k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	8	1	2	8	l) Eggs?	1	2	8	1	2	8	m) Fresh or dried fish or shellfish?	1	2	8	1	2	8	n) Any foods made from beans, peas, lentils, or nuts?	1	2	8	1	2	8	o) Cheese, other milk products?	1	2	8	1	2	8	p) Any oil, fats, or butter, or foods made with any of these?	1	2	8	1	2	8	q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	2	8	1	2	8	r) Any other solid or semi-solid food?	1	2	8	1	2	8		
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p>		601																																																																																																																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																																																																																																																																													

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	<input type="checkbox"/> → 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 609
607	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"/> DON'T KNOW ..... 98	
608	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
615	CHECK 609:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	<input type="checkbox"/> → 617
616	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00 AGE IN YEARS ..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	<input type="checkbox"/> → 621 <input type="checkbox"/> → 621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	→ 641
621	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 626
622	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 626
625	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 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH ..... 3	
626	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 640



		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. 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. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
630	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98
634	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW .... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW .... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW .... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER		
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 639) ←		
637	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4		
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←			
639	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>  DON'T KNOW ... 98		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	<p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 701
642	<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(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... A</p> <p>REFERRAL HOSPITAL ..... B</p> <p>COMMUNITY HEALTH CEN ..... C</p> <p>HEALTH POST ..... D</p> <p>SISCa POST ..... E</p> <p>MOBILE CLINIC ..... F</p> <p>CONDOM BOX ..... G</p> <p>OTHER PUBLIC ..... H</p> <p>(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIE STOPES ..... I</p> <p>OTHER NGO ..... J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... K</p> <p>PHARMACY ..... L</p> <p>PRIVATE DOCTOR ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>FIELDWORKER ..... O</p> <p>OTHER PRIVATE MEDICAL ..... P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>FRIENDS/RELATIVES ..... R</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
643	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713								
702	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708								
703	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									→ 708 → 713 → 708
704	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709								
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713								
706	CHECK 703:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 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 A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <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>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <p>Can you tell me why you are not using a method?</p> <p>Can you tell me why you are not using a method?</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <p>Any other reason?</p> <p>Any other reason?</p> </div> <p style="text-align: center; margin-top: 20px;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NOT ASKED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING</p> <input type="checkbox"/> </div> </div>		→ 713
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> <p>→ 713</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>STANDARD DAYS METHOD ..... 13</p> <p>WITHDRAWAL ..... 14</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	<p>→ 713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION .... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	CHECK 216:  HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00  NUMBER ..... <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	→ 715  → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	
715	In the last few months have you:  Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Seen about family planning in poster/billboard? Seen Street drama? Watched film ?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER/BILLBOARD ... 1 2 STREET DRAMA ... 1 2 FILM ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601:  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">YES, CURRENTLY MARRIED ↓ <input type="checkbox"/></div> <div style="text-align: center;">YES, LIVING WITH A MAN ↓ <input type="checkbox"/></div> <div style="text-align: center;">NO, NOT IN UNION <input type="checkbox"/></div> </div>	→ 801	
718	CHECK 311/311A:  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">CODE B, G, OR N CIRCLED <input type="checkbox"/></div> <div style="width: 60%;">→ 720</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">NO CODE CIRCLED <input type="checkbox"/></div> <div style="width: 60%;">→ 722</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">OTHER <input type="checkbox"/></div> <div style="width: 60%;"></div> </div>		
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
721	CHECK 311/311A:  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">NEITHER STERILIZED ↓ <input type="checkbox"/></div> <div style="text-align: center;">HE OR SHE STERILIZED <input type="checkbox"/></div> </div>	→ 801	
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>→ 803</span> <span>→ 807</span> </div>	
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, pre-secondary, secondary, or higher?	PRIMARY ..... 1 PRE-SECONDARY ..... 2 SECONDARY ..... 3 HIGHER ..... 4 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade) he completed at that level?	GRADE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
806	CHECK 801:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> </div> <div> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 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?	YES ..... 1 NO ..... 2	→ 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?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
812	CHECK 811:  <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→ 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 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 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 SEASONALLY/PART OF THE YEAR ..... 2 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 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER ..... 6 (SPECIFY)	
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 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1      2      3      4      6	
824	Who usually makes decisions about making major household purchases?	1      2      3      4      6	
825	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      6	
826	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.			
		CHILDREN < 10	1 2 3		
		HUSBAND	1 2 3		
		OTHER MALES	1 2 3		
		OTHER FEMALES	1 2 3		
828	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:	YES NO DK			
	If she goes out without telling him?	GOES OUT	1 2 8		
	If she neglects the children?	NEGL. CHILDREN	1 2 8		
	If she argues with him?	ARGUES	1 2 8		
	If she refuses to have sex with him?	REFUSES SEX	1 2 8		
	If she burns the food?	BURNS FOOD	1 2 8		

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 915
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can people get the AIDS virus by sharing clothes with a person who has AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908A	Can HIV/AIDS be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
909	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 911
910	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR NATIONAL HOSPITAL ..... A REFERRAL HOSPITAL ..... B VCT CENTER ..... C COMMUNITY HEALTH CEN ..... D HEALTH POST ..... E SISCa POST ..... F MOBILE CLINIC ..... G  OTHER PUBLIC ..... H (SPECIFY)  NON-GOVT(NGO) SECTOR MARIE STOPES ..... I OTHER NGOS ..... J (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... K VCT CENTER ..... L PHARMACY ..... M MOBILE CLINIC ..... N FIELDWORKER ..... O OTHER PRIVATE MEDICAL ..... P (SPECIFY)  OTHER ..... X (SPECIFY)	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
912	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 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
914	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 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
915	CHECK 901: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT AIDS <input type="checkbox"/>  ↓  Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%;"> NOT HEARD ABOUT AIDS <input type="checkbox"/>  ↓  Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES ..... 1 NO ..... 2	
916	CHECK 618: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>  ↓ </div> <div style="width: 45%;"> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 924 </div> </div>		
917	CHECK 915: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> YES <input type="checkbox"/>  ↓ </div> <div style="width: 45%;"> NO <input type="checkbox"/> → 919 </div> </div>		
918	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 NO ..... 2 DON'T KNOW ..... 8	
919	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
920	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
921	CHECK 918, 919, AND 920: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>  ↓ </div> <div style="width: 45%;"> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 924 </div> </div>		
922	The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2 → 924	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	<p>Where did you go?</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>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... A</p> <p>REFERRAL HOSPITAL ..... B</p> <p>VCT CENTER ..... C</p> <p>COMMUNITY HEALTH CEN ..... D</p> <p>HEALTH POST ..... E</p> <p>SISCa POST ..... F</p> <p>MOBILE CLINIC ..... G</p> <p>OTHER PUBLIC ..... H</p> <p>(SPECIFY)</p> <p>NON-GOVT(NGO) SECTOR</p> <p>MARIE STOPES ..... I</p> <p>OTHER NGOS ..... J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... K</p> <p>VCT CENTER ..... L</p> <p>PHARMACY ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>FIELDWORKER ..... O</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
924	<p>Husbands and wives do not always agree on everything.</p> <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
925	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
926	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

## SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1005
1002	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING..... A THROUGH SHARING UTENSILS..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITE!..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1003	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection?     PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.   IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR NATIONAL HOSPITAL ..... 11 REFERRAL HOSPITAL ..... 12 COMMUNITY HEALTH CEN. .... 13 HEALTH POST ..... 14  OTHER PUBLIC _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22  PHARMACY ..... 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  OTHER PLACE AT HOME ..... 31  OTHER _____ 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1009	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 1011																											
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/>																												
1011	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 1013																											
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C ROLLED TOBACCO ..... D  OTHER ..... X (SPECIFY)																												
1013	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 border="0"> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- 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 PROB- LEM	NOT A BIG PROB- 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	
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Concern that there may be no drugs available?	NO DRUGS ... 1	2																												
1014	Did you use soap for any purpose yesterday?	YES ..... 1 NO ..... 2	→ 1101																											
1015	For what purpose did you use soap? Any other purpose? RECORD ALL MENTIONED.	HANDWASHING ..... A WASHING OWN BODY ..... B WASHING CHILD'S HANDS ..... C WASHING CHILD'S BODY ..... D WASHING CLOTHES ..... E WASHING COOKING POTS ..... F  OTHER ..... X (SPECIFY)																												
1016	CHECK 1015:  CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		1101																											
1017	How many times did you wash your hands with soap yesterday?  IF MORE THAN 7 TIMES, RECORD '7.'	TIMES ..... <input type="text"/>  DON'T KNOW ..... 8																												

**SECTION 11. MATERNAL MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about you brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1102	CHECK 1101:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1200
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	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"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	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 1200.								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	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"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	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 1200.							

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1200	CHECK COLUMN 9A OF HOUSEHOLD QUESTIONNAIRE AND THE FRONT COVER OF WOMAN QUESTIONNAIRE. IS WOMAN SELECTED FOR THIS SECTION?  <div style="display: flex; justify-content: space-around;"> <div>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></div> <div>WOMAN NOT SELECTED <input type="checkbox"/></div> </div>		1235																																			
1201	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  <div style="display: flex; justify-content: space-around;"> <div>PRIVACY OBTAINED ..... 1 <input type="checkbox"/></div> <div>PRIVACY NOT POSSIBLE ..... 2 <input type="checkbox"/></div> </div>		1234																																			
	READ TO THE RESPONDENT  Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Timor-Leste. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																																					
1202	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></div> <div>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/></div> <div>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div>		1214																																			
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY .....	1	2	8								
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NO FAMILY .....	1	2	8																																			
WHERE YOU ARE ...	1	2	8																																			
MONEY .....	1	2	8																																			
1204	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.  A (Does/did) your (last) husband/partner ever:     a) say or do something to humiliate you in front of others?  b) threaten to hurt or harm you or someone close to you?  c) insult you or make you feel bad about yourself?	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b>  How often did this happen during the last 12 months: often, only sometimes, or not at all? </div> <table border="0"> <thead> <tr> <th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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NO	2 ↓																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
1205	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B</p> <div style="border: 1px solid black; padding: 2px;">CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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NO 2 ↓																																																							
YES 1 →	1	2	3																																																				
NO 2 ↓																																																							
1206	<p>CHECK 1205A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		1209																																																				
1207	<p>How long after you first (got married to/started living with) your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																					
1208	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>																																																					
1209	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1212																																																				
1210	<p>CHECK 603:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/></p> <p>RESPONDENT IS A WIDOW <input type="checkbox"/></p>		1212																																																				
1211	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>																																																					
1212	<p>(Does/Did) your husband/partner drink alcohol?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1214																																																				
1213	<p>How often (does/did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NEVER ..... 3</p>																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1214	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>1217</p>
1215	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>FORMER HUSBAND/ LIVE-IN PARTNER ..... F</p> <p>CURRENT BOYFRIEND ..... G</p> <p>FORMER BOYFRIEND ..... H</p> <p>MOTHER-IN-LAW ..... I</p> <p>FATHER-IN-LAW ..... J</p> <p>OTHER IN-LAW ..... K</p> <p>TEACHER ..... L</p> <p>EMPLOYER/SOMEONE AT WORK ..... M</p> <p>POLICE/MILITARY ..... N</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
1216	<p>In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
1217	<p>CHECK 201, 226, AND 229:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p> </div> </div>		1220
1218	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	1220
1219	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/ LIVE-IN PARTNER ..... A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/ LIVE-IN PARTNER ..... G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK ..... N</p> <p>POLICE/MILITARY ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
1220	<p>CHECK 618: EVER HAD SEX?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS EVER HAD SEX <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER HAD SEX <input type="checkbox"/></p> </div> </div>		1225
1221	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>	<p>WANTED TO ..... 1</p> <p>FORCED TO ..... 2</p> <p>REFUSED TO ANSWER/ NO RESPONSE ..... 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1222	CHECK 601 AND 602:  EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?  NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
1223	CHECK 1221 AND 1222:  1221 = '1' OR '3' <input type="checkbox"/> AND 1222 = '2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/> _____		1226
1224	CHECK 1205(h) and 1205(i):  1205(h) IS NOT '1' <input type="checkbox"/> AND 1205(i) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/> _____		1228
1225	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1228
1226	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1227	Who was the person who was forcing you at that time?	CURRENT HUSBAND/ LIVE-IN PARTNER ..... 01 FORMER HUSBAND/ LIVE-IN PARTNER ..... 02 CURRENT/FORMER BOYFRIEND .. 03 FATHER ..... 04 STEP-FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .. 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK .. 11 POLICE/MILITARY ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER ..... 96 (SPECIFY) _____	
1228	CHECK 1205A (a-i), 1214, 1218, 1221, 1222 AND 1225:  AT LEAST ONE 'YES' <input type="checkbox"/> OR 1221=2 <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> AND 1221 IS NOT EQUAL TO 2 <input type="checkbox"/> _____		1231A
1229	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO ..... 2	1231
1230	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/LIVE-IN PARTNER'S FAMILY ..... B CURRENT/LAST/LATE HUSBAND/LIVE-IN PARTNER .. C CURRENT/FORMER BOYFRIEND .. D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL .. H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER ..... X (SPECIFY) _____	1231A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1231	Have you ever told any one else about this?	YES ..... 1 NO ..... 2	
1231A	If you need help or have a problem, is there someone from your family who you can depend on to:  a) give you shelter for a few nights if you need it? b) give you financial support if you need it?	YES NO DK SHELTER 1 2 8 ECONOMIC SUPPORT 1 2 8	
1231B	Do you believe that a man cannot control his sexual behaviour?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1231C	Do you think marital rape is allowable?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1232	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

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

1233	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ....	1	2	3	FEMALE ADULT .....	1	2	3
	YES ONCE	YES, MORE THAN ONCE	NO															
HUSBAND .....	1	2	3															
OTHER MALE ADULT ....	1	2	3															
FEMALE ADULT .....	1	2	3															
1234	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____																	
1235	RECORD THE TIME.	<table> <tr> <td>HOURS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		HOURS .....	<input type="text"/>	<input type="text"/>	MINUTES .....	<input type="text"/>	<input type="text"/>									
HOURS .....	<input type="text"/>	<input type="text"/>																
MINUTES .....	<input type="text"/>	<input type="text"/>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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

INSTRUCTIONS:  
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE \*\*

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS

0 NO METHOD  
1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 PILL  
4 IUD  
5 INJECTABLES  
6 IMPLANTS  
7 CONDOM  
8 FEMALE CONDOM  
9 DIAPHRAGM  
J FOAM OR JELLY  
K LACTATIONAL AMENORRHEA METHOD  
L RHYTHM METHOD  
M STANDARD DAYS METHOD  
N WITHDRAWAL  
X OTHER

(SPECIFY)

2	04	APR	01		2
0	03	MAR	02		0
1	02	FEB	03		1
0	01	JAN	04		0
<hr/>					
	12	DEC	05		
	11	NOV	06		
	10	OCT	07		
	09	SEP	08		
2	08	AUG	09		2
0	07	JUL	10		0
0	06	JUN	11		0
9	05	MAY	12		9
	04	APR	13		
	03	MAR	14		
	02	FEB	15		
	01	JAN	16		
<hr/>					
	12	DEC	17		
	11	NOV	18		
	10	OCT	19		
	09	SEP	20		
2	08	AUG	21		2
0	07	JUL	22		0
0	06	JUN	23		0
8	05	MAY	24		8
	04	APR	25		
	03	MAR	26		
	02	FEB	27		
	01	JAN	28		
<hr/>					
	12	DEC	29		
	11	NOV	30		
	10	OCT	31		
	09	SEP	32		
2	08	AUG	33		2
0	07	JUL	34		0
0	06	JUN	35		0
7	05	MAY	36		7
	04	APR	37		
	03	MAR	38		
	02	FEB	39		
	01	JAN	40		
<hr/>					
	12	DEC	41		
	11	NOV	42		
	10	OCT	43		
	09	SEP	44		
2	08	AUG	45		2
0	07	JUL	46		0
0	06	JUN	47		0
6	05	MAY	48		6
	04	APR	49		
	03	MAR	50		
	02	FEB	51		
	01	JAN	52		
<hr/>					
	12	DEC	53		
	11	NOV	54		
	10	OCT	55		
	09	SEP	56		
2	08	AUG	57		2
0	07	JUL	58		0
0	06	JUN	59		0
5	05	MAY	60		5
	04	APR	61		
	03	MAR	62		
	02	FEB	63		
	01	JAN	64		
<hr/>					
	12	DEC	65		
	11	NOV	66		
	10	OCT	67		
	09	SEP	68		
2	08	AUG	69		2
0	07	JUL	70		0
0	06	JUN	71		0
4	05	MAY	72		4
	04	APR	73		
	03	MAR	74		
	02	FEB	75		
	01	JAN	76		



TIMOR-LESTE DEMOGRAPHIC AND HEALTH SURVEY (TLDHS)  
MAN'S QUESTIONNAIRE

20 July 2009

NATIONAL STATISTICS DIRECTORATE (NSD) AND MINISTRY OF HEALTH

IDENTIFICATION				
NAME AND CODE OF DISTRICT _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> </div>			
NEW SUICO NAME AND NUMBER _____				
CLUSTER NUMBER .....				
LOCATION ID NUMBER .....				
URBAN/RURAL .....				
(URBAN=1, RURAL=2)				
NAME OF HOUSEHOLD HEAD _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>			
NAME AND LINE NUMBER OF MAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED  2 NOT AT HOME  3 POSTPONED </div> <div> 4 REFUSED  5 PARTLY COMPLETED  6 INCAPACITATED </div> <div> 7 OTHER _____  (SPECIFY) </div> </div>				
<div style="display: flex;"> <div style="flex: 1;"> LANGUAGE OF QUESTIONNAIRE .....  LANGUAGE OF INTERVIEW .....  NATIVE LANGUAGE OF RESPONDENT .....  TRANSLATOR USED (YES=1; NO=2) .....  LANGUAGE CODES: TETUM=1; BAHASA=2; PORTUGUESE=3; OTHER=4 </div> <div style="flex: 0.2; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> </div>				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div>

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with NATIONAL STATISTICS DIRECTORATE. We are conducting a national survey that asks men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, pre-secondary, secondary or higher?	PRIMARY ..... 1 PRE-SECONDARY ..... 2 SECONDARY ..... 3 HIGHER ..... 4	
110	What is the highest (grade) you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109:  <div> PRIMARY <input type="checkbox"/> PRE-SECONDARY OR HIGHER <input type="checkbox"/> </div>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
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 NO ..... 2	
114	CHECK 112:  <div> CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 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 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	ROMAN CATHOLIC ..... 1 MUSLIM ..... 2 PROTESTANT ..... 3 HINDU ..... 4  OTHER ..... 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1"><tr><td></td><td></td></tr></table>									
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <table border="1"><tr><td></td><td></td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <table border="1"><tr><td></td><td></td></tr></table>									
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		→ 301								
214	How many years old is your (youngest) child?	AGE IN YEARS ..... <table border="1"><tr><td></td><td></td></tr></table>									
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> →		→ 301								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH ..... 01 FACILITY CLOSED ..... 02 TOO FAR/NO TRANSPORTATION ..... 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER ..... 05 NOT THE FIRST CHILD ..... 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ..... 07 HE DID NOT THINK IT WAS NECESSARY ..... 08 FAMILY DID NOT THINK IT WAS NECESSARY ..... 09 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

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?  FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:  Have you ever heard of (METHOD)?</p> <p>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 METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> <p>YES ..... 1  NO ..... 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p>YES ..... 1  NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children?  YES ..... 1  NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p> <p>YES ..... 1  NO ..... 2</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p>YES ..... 1  NO ..... 2</p>	
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>YES ..... 1  NO ..... 2</p>	
06	<p>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.</p> <p>YES ..... 1  NO ..... 2</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>YES ..... 1  NO ..... 2 ↘</p>	<p>YES ..... 1  NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p> <p>YES ..... 1  NO ..... 2</p>	
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p> <p>YES ..... 1  NO ..... 2</p>	
10	<p>RHYTHM 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 get pregnant.</p> <p>YES ..... 1  NO ..... 2 ↘</p>	<p>YES ..... 1  NO ..... 2</p>
11	<p>STANDARD DAYS METHOD</p> <p>YES ..... 1  NO ..... 2 ↘</p>	<p>YES ..... 1  NO ..... 2</p>
12	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p>YES ..... 1  NO ..... 2 ↘</p>	<p>YES ..... 1  NO ..... 2</p>
13	<p>EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p> <p>YES ..... 1  NO ..... 2</p>	
14	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Seen about family planning in poster/billboard? Seen Street drama? Watched film ?	<div style="text-align: right;">YES NO</div> RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER/BILLBOARD ..... 1 2 STREET DRAMA... .. 1 2 FILM ..... 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<div style="text-align: right;">DIS- AGREE AGREE DK</div> CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> → 401
310	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 401

311	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE</p> <p>THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... A</p> <p>REFERRAL HOSPITAL ..... B</p> <p>COMMUNITY HEALTH CEI ..... C</p> <p>HEALTH POST ..... D</p> <p>SISCa POST ..... E</p> <p>MOBILE CLINIC ..... F</p> <p>CONDOM BOX ..... G</p> <p>OTHER PUBLIC _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIE STOPES ..... I</p> <p>OTHER NGO _____ J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... K</p> <p>PHARMACY ..... L</p> <p>PRIVATE DOCTOR ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>FIELDWORKER ..... O</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... Q</p> <p>FRIENDS/RELATIVES ..... R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
312	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	



**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2																
405	Do you have more than one wife or woman you live with as if married?	YES ..... 1 NO ..... 2	→ 407															
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> </div> <div style="width: 45%;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<table border="1"> <thead> <tr> <th>NAME</th><th>LINE NUMBER</th><th>AGE</th></tr> </thead> <tbody> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div>ONE WIFE/ PARTNER <input type="checkbox"/></div> <div>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></div> </div>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 411A															
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/>																
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	<p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 413															
412	How old were you when you first started living with her?	AGE ..... <input type="text"/>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→ 417  → 417
415	CHECK 107: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49	→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	→ 501
417	CHECK 107: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49	→ 419
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																						
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. 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. → SKIP TO 422																																																									
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←																																																						
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																																						
424	What was your relationship to this (second/third) person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)																																																						
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 429) ←																																																						
427	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4																																																						
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←																																																							
429	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1"><tr><td></td><td></td></tr></table>  DON'T KNOW ... 98																																																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS SEX WORKER <input type="checkbox"/> ↓	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 432
431	CHECK 424 AND 422 (ALL COLUMNS):  OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/>	→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DK ..... 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN):  CONDOM USED <input type="checkbox"/> ↓	NOT ASKED <input type="checkbox"/>  NO CONDOM USED <input type="checkbox"/>	→ 442 → 442
439	How many condoms did you get the last time?	NUMBER OF CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL ..... 11</p> <p>REFERRAL HOSPITAL ..... 12</p> <p>COMMUNITY HEALTH CEN ..... 13</p> <p>HEALTH POST ..... 14</p> <p>SISCa POST ..... 15</p> <p>MOBILE CLINIC ..... 17</p> <p>CONDOM BOX ..... 18</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIE STOPES ..... 21</p> <p>OTHER NGO ..... 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>MOBILE CLINIC ..... 34</p> <p>FIELDWORKER ..... 35</p> <p>OTHER PRIVATE MEDICAL ..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIENDS/RELATIVES ..... 42</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		→ 501
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 501
444	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>PILL ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>FEMALE CONDOM ..... F</p> <p>DIAPHRAGM ..... G</p> <p>FOAM/JELLY ..... H</p> <p>LAM ..... I</p> <p>RHYTHM METHOD ..... J</p> <p>STANDARD DAYS METHOD ..... K</p> <p>WITHDRAWAL ..... L</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

## SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> ↓ QUESTION NOT ASKED <input type="checkbox"/>		508
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> ↓ MAN STERILIZED <input type="checkbox"/>		508
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 COUPLE INFECUND ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> ↓ MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child?  WIFE/PARTNER PREGNANT <input type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	<p>CHECK 203 AND 205:</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 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
509	<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 (SPECIFY)</p>	

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	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, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/>		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT ..... 1 WIFE(WIVES)/PARTNER(S) ..... 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY ..... 3 OTHER ..... 6 <div style="text-align: center;">SPECIFY</div>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making major household purchases?</p> <p>b) making purchases for daily household needs?</p> <p>c) deciding about visits to the wife's family or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have?</p>	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
	a)	1	2	3	8	
	b)	1	2	3	8	
	c)	1	2	3	8	
	d)	1	2	3	8	
	e)	1	2	3	8	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	DIS- AGREE AGREE DK				
	a)	CHILDBEARING WOMAN'S CONCERN 1 2 8				
	b)	DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8				
615	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	YES NO DK				
	If she goes out without telling him?	GOES OUT ..... 1 2 8				
	If she neglects the children?	NEGL. CHILDREN ... 1 2 8				
	If she argues with him?	ARGUES ..... 1 2 8				
	If she refuses to have sex with him?	REFUSES SEX ..... 1 2 8				
	If she burns the food?	BURNS FOOD ..... 1 2 8				
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>	YES	NO	DON'T KNOW/ DEPENDS		
	a)	1	2	8		
	b)	1	2	8		
	c)	1	2	8		
	d)	1	2	8		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 715
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Can people get the AIDS virus by sharing clothes with a person who has AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708A	Can HIV/AIDS be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
709	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 711
710	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR NATIONAL HOSPITAL ..... A REFERRAL HOSPITAL ..... B VCT CENTER ..... C COMMUNITY HEALTH CEN ..... D HEALTH POST ..... E SISCa POST ..... F MOBILE CLINIC ..... G  OTHER PUBLIC ..... H (SPECIFY)  NON-GOVT(NGO) SECTOR MARIE STOPES ..... I OTHER NGOS ..... J (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... K VCT CENTER ..... L PHARMACY ..... M MOBILE CLINIC ..... N FIELDWORKER ..... O OTHER PRIVATE MEDICAL ..... P (SPECIFY)  OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
712	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 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
713	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
714	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 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
715	CHECK 701: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           HEARD ABOUT AIDS <input type="checkbox"/>            ↓            Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?         </div> <div style="width: 45%; border-left: 1px dotted black; padding-left: 10px;">           NOT HEARD ABOUT AIDS <input type="checkbox"/>            ↓            Have you heard about infections that can be transmitted through sexual contact?         </div> </div>	YES ..... 1 NO ..... 2	
716	CHECK 414: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>            ↓         </div> <div style="width: 45%;">           HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 724         </div> </div>		
717	CHECK 715: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">             YES <input type="checkbox"/>              ↓           </div> <div style="text-align: center;">             NO <input type="checkbox"/> → 719           </div> </div>		
718	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 NO ..... 2 DON'T KNOW ..... 8	
719	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
721	CHECK 718, 719, AND 720: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 724
722	The last time you had (PROBLEM FROM 718/719/720), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 724
723	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR NATIONAL HOSPITAL ..... A REFERRAL HOSPITAL ..... B VCT CENTER ..... C COMMUNITY HEALTH CEN ..... D HEALTH POST ..... E SISCa POST ..... F MOBILE CLINIC ..... G  OTHER PUBLIC ..... H (SPECIFY)  NON-GOVT(NGO) SECTOR MARIE STOPES ..... I OTHER NGOS ..... J (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... K VCT CENTER ..... L PHARMACY ..... M MOBILE CLINIC ..... N FIELDWORKER ..... O OTHER PRIVATE MEDICAL ..... P (SPECIFY)  OTHER SOURCE SHOP ..... Q OTHER ..... X (SPECIFY)	
724	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
725	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
726	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

## SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
801	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 805		
802	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z			
803	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8			
805	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <table border="1"><tr><td></td><td></td></tr></table>  NONE ..... 00			→ 810
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <table border="1"><tr><td></td><td></td></tr></table>  NONE ..... 00			→ 810
808	The last time you had an injection given to you by a health worker, where did you go to get the injection?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR NATIONAL HOSPITAL ..... 11 REFERRAL HOSPITAL ..... 12 COMMUNITY HEALTH CEN. .... 13 HEALTH POST ..... 14  OTHER PUBLIC ..... 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 PHARMACY ..... 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24 OTHER PRIVATE ..... 26 MEDICAL _____ (SPECIFY) OTHER PLACE AT HOME ..... 31  OTHER ..... 96 (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
810	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 812
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 814
813	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C ROLLED TOBACCO ..... D OTHER ..... X (SPECIFY)	
814	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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