

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
HOUSEHOLD QUESTIONNAIRE

Last modified: August 3, 2004

CONFIDENTIAL

IDENTIFICATION	
REGION _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WARD	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ENUMERATION AREA	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HEAD OF HOUSEHOLD _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TDHS NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<small>LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN</small>	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center;">0</div> INT.CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> RESULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TIME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
*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; margin-top: 5px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TOTAL WOMEN 15-49 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TOTAL MEN 15-49 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DATE _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	DATE _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10

* 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 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION								EMPLOYMENT
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS						IF AGE 5 YEARS OR OLDER
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)	
	Y N DK		Y N DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	ACTIVITY	
01	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
02	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
03	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
04	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
05	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
06	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
07	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
08	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
09	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
10	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			

**CODES FOR Q. 10 THROUGH Q. 13
THESE QUESTIONS REFER TO THE BIOLOGICAL
PARENTS OF THE CHILD.
IN Q. 11 AND Q. 13, RECORD '00' IF PARENT NOT
LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY
4 = POST-SECONDARY TRAINING
5 = UNIVERSITY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YR COMPLETED
(FOR Q. 15 ONLY. THIS CODE IS
NOT ALLOWED FOR Qs. 18 AND 20)
98 = DON'T KNOW

****CODES FOR Q. 20A
AGRICULTURE
01=FARMING/LIVESTOCK KEEPING
02=FISHING
PAID EMPLOYEE
03=GOVERNMENT AND PARASTATAL
04=PRIVATE
SELF-EMPLOYED (NOT IN AGRICULT./LIVESTOCK)
05=WITH EMPLOYEES
06=WITHOUT EMPLOYEES
07=UNPAID FAMILY HELPER IN A BUSINESS (NON-AG)
NOT WORKING
08=AND AVAILABLE FOR WORK
09=AND NOT AVAILABLE FOR WORK
10=HOUSEMAKER/HOUSEWIFE/HOUSE CHORES
11=STUDENT
12=UNABLE TO WORK (OLD, RETIRED, SICK, DISABLED)
13=OTHER (SPECIFY)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)
11		<div><div></div><div></div></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div><div></div><div></div></div>	11	11	11
12		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	12	12	12
13		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	13	13	13
14		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	14	14	14
15		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	15	15	15
16		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	16	16	16
17		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	17	17	17
18		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	18	18	18
19		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	19	19	19
20		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	20	20	20

*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 = CO-WIFE

10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.10 - Q13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF CHILD IN Q.11 AND Q.13. RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY
4 = POST-SECONDARY TRAINING
5 = UNIVERSITY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Q.S 18 AND 20
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION								EMPLOYMENT
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS						IF AGE 5 YEARS OR OLDER
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)	
11	Y N DK 1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	YES NO 1 2 ↓ 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ GO TO 18	YES NO 1 2 ↓ GO TO 19	LEVEL GRADE <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	ACTIVITY <input type="text"/> <input type="text"/>	
12	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
13	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
14	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
15	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
16	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
17	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
18	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
19	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
20	1 2 8 ↓ ↓ ↓ 12 12	<input type="text"/> <input type="text"/>	1 2 8 ↓ ↓ ↓ 14 14	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/> <input type="text"/>	1 2 ↓ 20A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>		
Just to make sure that I have a complete listing:		
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE	NO <input type="checkbox"/>
2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> ENTER EACH IN TABLE	NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE	NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 NEIGHBOR'S TAP 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 NEIGHBOR'S OPEN WELL 24 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL 33 NEIGHBOR'S BOREHOLE 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK 61 WATER VENDOR 62 BOTTLED WATER 71 OTHER 96 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28B	Does the household use land for farming/grazing that it doesn't own? IF YES, is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED 1 YES, SHARECROPPED 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL ... 4 NO 5	→ 28D
28C	How many acres of land are used? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAND FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
28D	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRE..... <input type="text"/> <input type="text"/>	
28E	How many meals does your household usually have per day?	MEALS <input type="text"/> <input type="text"/>	
28F	In the past week, on how many days did the household consume meat?	DAYS <input type="text"/>	
28G	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN..... 4 ALWAYS 5	
29	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 35
29A	How many mosquito nets does your household have?	NUMBER OF NETS <input type="text"/> <input type="text"/>	

	IF MORE THAN 10 NETS, USE EXTRA QUESTIONNAIRE(S).	NET #1	NET #2	NET #3	NET #4
31	How long ago did your household obtain the mosquito net?	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
32A	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8
32B	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8
32C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS <input type="text"/> AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
32D	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8
32E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>
32F		GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.

NET #5	NET #6	NET #7	NET #8	NET #9	NET #10
MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO
MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8
YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8
MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO	MOS <input type="text"/> <input type="text"/> AGO
MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8
NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.
NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.
NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.
NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.	NAME _____ LINE <input type="text"/> <input type="text"/> NO.
GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 IN 1st COLUMN OF NEW QUESTION- NAIRE; OR, IF NO MORE NETS, GO TO 35.
35 ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 7 PPM 2 15 PPM 3 30 PPM 4 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)				

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<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"/>		<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"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 1999 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (38):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49 1 2 GO TO 46 ↙	<input type="text"/>	GRANTED REFUSED 1 2 SIGN NEXT LINE ↙	<input type="text"/>	YES NO/DK 1 2	<input type="text"/>
1 2 GO TO 46 ↙	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 46 ↙	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 46 ↙	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 46 ↙	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
	<input type="text"/>	GRANTED REFUSED 1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN NEXT LINE ↙	<input type="text"/>		<input type="text"/>

Note: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.

50	<p>CHECK 47 AND 48:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>↓</p> </div> <div style="text-align: center;"> <p>NONE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>↓</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.**</p> </div> <div style="width: 45%;"> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.</p> </div> </div>		
51	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>		
	NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49			
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
WOMEN AGE 15-17 AND CHILDREN			
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
WOMAN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION	
REGION _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WARD	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ENUMERATION AREA	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HEAD OF HOUSEHOLD _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TDHS NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF WOMAN _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MIJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY MONTH YEAR <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	INT. CODE RESULT
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	TOTAL NUMBER OF VISITS
TIME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____	DATE _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> ALWAYS 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3	
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> DON'T KNOW YEAR 9998	
106	How old are you in complete years? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5	
109	What is the highest (standard/form/year) you completed at that level?	GRADE <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>PRIMARY OR LESS <input type="checkbox"/></div> <div>SECONDARY OR HIGHER <input type="checkbox"/></div> </div>		→ 114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. (2) IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></div> <div>CODE '1' OR '5' CIRCLED <input type="checkbox"/></div> </div>		→ 115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	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	
117	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 119
118	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
119	What is your religion?	MOSLEM 1 CATHOLIC 2 PROTESTANT 3 NONE 4 OTHER 6 (SPECIFY)	

¹ Wording of this paragraph should be modified in countries where participation is legally required.

² Each card should have four simple sentences appropriate to the country:

PARENTS LOVE THEIR CHILDREN.
 FARMING IS HARD WORK.
 THE CHILD IS READING A BOOK.
 CHILDREN WORK HARD AT SCHOOL.

Cards should be prepared for every language in which respondents are likely to be literate.

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.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby?	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)?
(NAME)									
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2

IF MORE THAN 12 LIVE BIRTHS, GO TO CONTINUATION QUESTIONNAIRE.

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS 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



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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for three or more months.	YES 1 NO 2	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2	YES 1 NO 2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	YES 1 NO 2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2	
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant and must take the pills every day for 5 days.	YES 1 NO 2	YES 1 NO 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2	
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>			→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. _____		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON 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 PERIODIC ABSTINENCE L WITHDRAWAL M OTHER X (SPECIFY)	→ 316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
313	<p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
314	<p>CHECK 311:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED</p> <p><input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED</p> <p><input type="checkbox"/></p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>							
316	In what month and year was the sterilization performed?	<p>MONTH <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></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>								
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>							
317	<p>CHECK 316/316A:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 1999 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 318</p> </div> <div style="width: 45%;"> <p>YEAR IS 1998 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1999.</p> <p>THEN SKIP TO 327</p> </div> </div>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1999. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION IN LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p style="padding-left: 100px;">* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 329</p> <p>→ 331</p> <p>→ 328</p> <p>→ 325</p> <p>→ 325</p> <p>→ 325</p> <p>→ 325</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p>
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	→ 324
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	→ 325
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>CHECK 322:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	
327	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (W.) 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>SHOP/KIOSK 44</p> <p>BAR 45</p> <p>GUEST HOUSE/HOTEL 46</p> <p>FRIEND/RELATIVE/NEIGHBOUR 47</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 331
329	Do you know of a place where a person can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>VILLAGE HEALTH POST (W/..... G</p> <p>CBD WORKER H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>GOVT. HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER</p> <p>PHARMACY P</p> <p>NGO Q</p> <p>VCT CENTRE R</p> <p>SHOP/KIOSK S</p> <p>BAR T</p> <p>GUEST HOUSE/HOTEL U</p> <p>FRIEND/RELATIVE/NEIGHBOUR . V</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES 1</p> <p>NO 2</p>	→ 334
333	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	
334	In the past 6 months, have you seen or heard a message about Mama Ushauri?	<p>YES 1</p> <p>NO 2</p>	→ 401
335	<p>Where did you see or hear the message about Mama Ushauri?</p> <p>RECORD ALL MENTIONED</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER C</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

¹ In countries without a social marketing program for pills, pill users skip to 316A.

² Pill users skip to 316A after last question on social marketing.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224:	ONE OR MORE BIRTHS IN 1999 OR LATER	<input type="checkbox"/>	NO BIRTHS IN 1999 OR LATER	<input type="checkbox"/>	→ 487
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p>					
403		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM 212	LINE NUMBER ... <input type="text"/>		LINE NUMBER ... <input type="text"/>		LINE NUMBER ... <input type="text"/>
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 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ←		THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ←
406	How much longer would you like to have waited?	MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998		MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998		MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ←				
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____				

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407A	Where did you receive antenatal care for this pregnancy? Anywhere else?	HOME A GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER _____ X (SPECIFY)		
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98		
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	MORE THAN ONCE <input type="checkbox"/> ONCE OR DK (SKIP TO 412) <input type="checkbox"/> ↓		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	During this pregnancy, were any of the following done at least once?	<div>YES NO</div> <div>WEIGHT ... 1 2</div> <div>HEIGHT ... 1 2</div> <div>BP 1 2</div> <div>URINE 1 2</div> <div>BLOOD ... 1 2</div>		
413	Were you told about the signs of pregnancy complications?	<div>YES 1</div> <div>NO 2</div> <div>(SKIP TO 415) ←</div> <div>DON'T KNOW 8</div>		
414	Were you told where to go if you had these complications?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<div>YES 1</div> <div>NO 2</div> <div>(SKIP TO 417) ←</div> <div>DON'T KNOW 8</div>		
416	During this pregnancy, how many times did you get this injection?	<div>TIMES <input type="text"/></div> <div>DON'T KNOW ... 8</div>		
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	<div>YES 1</div> <div>NO 2</div> <div>(SKIP TO 419) ←</div> <div>DON'T KNOW 8</div>		
418	During the whole pregnancy, for how many days did you take the tablets or syrup?	<div>NUMBER OF DAYS <input type="text"/></div> <div>DON'T KNOW ... 998</div>		
419	During this pregnancy, did you have difficulty with your vision during the daylight?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>		
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>		
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	<div>YES 1</div> <div>NO 2</div> <div>(SKIP TO 423) ←</div> <div>DON'T KNOW 8</div>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP A CHLOROQUINE ... B DON'T KNOW Z OTHER _____ X (SPECIFY)		
422A	CHECK 422: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 423) ↓ ↘		
422B	How many times did you take SP during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
422C	CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', C', 'D', OR 'E' CIRCLED OTHER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 423) ↓ ↘		
422D	Did you get the SP during an antenatal visit, during another visit to a health facility or from some other source? RECORD ALL MENTIONED.	ANTENATAL VISIT ... A ANOTHER FACILITY VISIT B OTHER SOURCE _____ X (SPECIFY)		
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/AMO A</p> <p>CLINICAL</p> <p>OFFICER B</p> <p>ASST. CLINICAL</p> <p>OFFICER C</p> <p>NURSE/MIDWIFE . D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH</p> <p>WORKER F</p> <p>TRAINED BIRTH</p> <p>ATTENDANT . G</p> <p>TRADITIONAL</p> <p>BIRTH ATTEND. H</p> <p>RELATIVE/FRIEND I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/AMO A</p> <p>CLINICAL</p> <p>OFFICER B</p> <p>ASST. CLINICAL</p> <p>OFFICER C</p> <p>NURSE/MIDWIFE . D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH</p> <p>WORKER F</p> <p>TRAINED BIRTH</p> <p>ATTENDANT . G</p> <p>TRADITIONAL</p> <p>BIRTH ATTEND. H</p> <p>RELATIVE/FRIEND I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/AMO A</p> <p>CLINICAL</p> <p>OFFICER B</p> <p>ASST. CLINICAL</p> <p>OFFICER C</p> <p>NURSE/MIDWIFE . D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH</p> <p>WORKER F</p> <p>TRAINED BIRTH</p> <p>ATTENDANT . G</p> <p>TRADITIONAL</p> <p>BIRTH ATTEND. H</p> <p>RELATIVE/FRIEND I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE FACILITY PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 01</p> <p>(SKIP TO 429) ←</p> <p>OTHER HOME ... 02</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 11</p> <p>REGIONAL HOSP. 12</p> <p>DISTRICT HOSP. 13</p> <p>HEALTH CENT. 14</p> <p>DISPENSARY ... 15</p> <p>VILLAGE HEALTH</p> <p>POST 16</p> <p>CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 21</p> <p>DISTRICT HOSP. 22</p> <p>HEALTH CENT. 23</p> <p>DISPENSARY ... 24</p> <p>PRIVATE</p> <p>SPECIALISED</p> <p>HOSPITAL ... 31</p> <p>HEALTH CENT. . 32</p> <p>DISPENSARY ... 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 429) ←</p>	<p>HOME</p> <p>YOUR HOME ... 01</p> <p>(SKIP TO 429) ←</p> <p>OTHER HOME ... 02</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 11</p> <p>REGIONAL HOSP. 12</p> <p>DISTRICT HOSP. 13</p> <p>HEALTH CENT. 14</p> <p>DISPENSARY ... 15</p> <p>VILLAGE HEALTH</p> <p>POST 16</p> <p>CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 21</p> <p>DISTRICT HOSP. 22</p> <p>HEALTH CENT. 23</p> <p>DISPENSARY ... 24</p> <p>PRIVATE</p> <p>SPECIALISED</p> <p>HOSPITAL ... 31</p> <p>HEALTH CENT. . 32</p> <p>DISPENSARY ... 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 429) ←</p>	<p>HOME</p> <p>YOUR HOME ... 01</p> <p>(SKIP TO 429) ←</p> <p>OTHER HOME ... 02</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 11</p> <p>REGIONAL HOSP. 12</p> <p>DISTRICT HOSP. 13</p> <p>HEALTH CENT. 14</p> <p>DISPENSARY ... 15</p> <p>VILLAGE HEALTH</p> <p>POST 16</p> <p>CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 21</p> <p>DISTRICT HOSP. 22</p> <p>HEALTH CENT. 23</p> <p>DISPENSARY ... 24</p> <p>PRIVATE</p> <p>SPECIALISED</p> <p>HOSPITAL ... 31</p> <p>HEALTH CENT. . 32</p> <p>DISPENSARY ... 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 429) ←</p>
428	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>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
428A	After you delivered, did the health facility give you a birth notification form for the baby?	YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3	YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3	YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3				
428B	Did you get a birth notification form from any other place?	YES 1 NO 2 → 432B DON'T KNOW 3	YES 1 NO 2 → 432B DON'T KNOW 3	YES 1 NO 2 → 432B DON'T KNOW 3				
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 432A) ←	YES 1 NO 2	YES 1 NO 2				
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> WEEKS AFTER DEL 2 <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 ... 998						
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASST. CLINICAL OFFICER 13 NURSE/MIDWIFE 14 MCH AIDE 15 OTHER PERSON VILLAGE HEALTH WORKER 21 TRAINED BIRTH ATTENDANT 22 TRADITIONAL BIRTH ATTEND. 23 RELATIVE/FRIEND 24 OTHER _____ 96 (SPECIFY)						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
432	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 01</p> <p>OTHER HOME ... 02</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 11</p> <p>REGIONAL HOSP. 12</p> <p>DISTRICT HOSP. 13</p> <p>HEALTH CENT. 14</p> <p>DISPENSARY ... 15</p> <p>VILLAGE HEALTH POST 16</p> <p>CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 21</p> <p>DISTRICT HOSP. 22</p> <p>HEALTH CENT. 23</p> <p>DISPENSARY ... 24</p> <p>PRIVATE</p> <p>SPECIALISED</p> <p>HOSPITAL ... 31</p> <p>HEALTH CENT. . 32</p> <p>DISPENSARY ... 33</p> <p>OTHER _____ 96 (SPECIFY)</p>			
432A	<p>After (NAME) was born, did you get a birth notification form?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
432B	<p>Do you have a birth certificate for (NAME)?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
433	<p>In the first two months after delivery, did you receive a vitamin A dose like this?</p> <p>YES 1</p> <p>NO 2</p> <p>SHOW AMPULE/CAPSULE/ SYRUP.</p>				
434	<p>Has your period returned since the birth of (NAME)?</p> <p>YES 1 (SKIP TO 436)←</p> <p>NO 2 (SKIP TO 437)←</p>				
435	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2 (SKIP TO 439)←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 439)←</p>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> PREG- UNSURE NANT (SKIP TO 439) ↙		
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ↙		
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ↙	YES 1 NO 2 (SKIP TO 447) ↙	YES 1 NO 2 (SKIP TO 447) ↙
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ↙	YES 1 NO 2 (SKIP TO 444) ↙	YES 1 NO 2 (SKIP TO 444) ↙
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRYPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRYPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRYPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↙	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↙	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↙
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ↙ NO 2	YES 1 (SKIP TO 448) ↙ NO 2	YES 1 (SKIP TO 448) ↙ NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
447	CHECK 404: IS CHILD LIVING?	<div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> <div>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)</div> <div>(SKIP TO 450)</div>	<div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> <div>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)</div> <div>(SKIP TO 450)</div>	<div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> <div>(GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)</div> <div>(SKIP TO 450)</div>
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																									
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>						NEXT-TO-LAST BIRTH LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>						SECOND-FROM-LAST BIRTH LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>												
456	FROM 212 AND 216	NAME _____ LIVING <table border="1"><tr><td></td></tr></table> DEAD <table border="1"><tr><td></td></tr> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) ↓</table>						NAME _____ LIVING <table border="1"><tr><td></td></tr></table> DEAD <table border="1"><tr><td></td></tr> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) ↓</table>						NAME _____ LIVING <table border="1"><tr><td></td></tr></table> DEAD <table border="1"><tr><td></td></tr> (GO TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 484) ↓</table>												
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE	YES 1 NO 2 DON'T KNOW 8				YES 1 NO 2 DON'T KNOW 8				YES 1 NO 2 DON'T KNOW 8																
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3				YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3				YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3																
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) ← NO 2				YES 1 (SKIP TO 462) ← NO 2				YES 1 (SKIP TO 462) ← NO 2																
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.																									
		LAST BIRTH DAY MONTH YEAR				NEXT-TO-LAST BIRTH DAY MONTH YEAR				SECOND-FROM-LAST BIRTH DAY MONTH YEAR																
BCG		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							BCG		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							BCG		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
POLIO 0 (POLIO GIVEN AT BIRTH)		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P0		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P0		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
POLIO 1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
POLIO 2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
POLIO 3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							P3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT-HB 1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT-HB 2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT-HB 3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							DH3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT 1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D1		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT 2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D2		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
DPT 3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							D3		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
MEASLES		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							MEA		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							MEA		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
VITAMIN A (MOST RECENT)		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							VIT A		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							VIT A		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S). (2)	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations: (3)			
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? (4)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT-HP vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? (4)	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OTHER <input type="checkbox"/> OR 467 <input type="checkbox"/> ↓ (SKIP TO 475) ←	"YES" IN 466 OTHER <input type="checkbox"/> OR 467 <input type="checkbox"/> ↓ (SKIP TO 475) ←	"YES" IN 466 OTHER <input type="checkbox"/> OR 467 <input type="checkbox"/> ↓ (SKIP TO 475) ←
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER ... H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER ... H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER ... H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN "NO" OR "DK" <input type="checkbox"/> 466 IN 466 <input type="checkbox"/> ↓ (SKIP TO 475) ←	"YES" IN "NO" OR "DK" <input type="checkbox"/> 466 IN 466 <input type="checkbox"/> ↓ (SKIP TO 475) ←	"YES" IN "NO" OR "DK" <input type="checkbox"/> 466 IN 466 <input type="checkbox"/> ↓ (SKIP TO 475) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
472A	Does (NAME) have a fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472B	Has (NAME) been ill with convulsions at any time during 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
472C	CHECK 466 AND 472B HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 472B <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 OR 472B <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 OR 472B <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)
473	Was (NAME) given any drugs for the (fever/convulsions)?	YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8	YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8	YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER..... X (SPECIFY) DON'T KNOW..... Z	ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER..... X (SPECIFY) DON'T KNOW..... Z	ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER..... X (SPECIFY) DON'T KNOW..... Z
474A	Did (NAME) get any injection or suppository for the (fever/convulsions)?	INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z
474B	CHECK 474: WHICH MEDICINES?	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474F) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474F) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474F) ←
474C	How long after the (fever/convulsions) started did (NAME) first take SP?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8
474D	For how many days did (NAME) take the SP? IF 7 OR MORE DAYS, 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



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
474E	Did you have the SP at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the SP first?	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8
474F	CHECK 474: WHICH MEDICINES?	CODE 'B' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474J) ←	CODE 'B' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474J) ←	CODE 'B' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474J) ←
474G	How long after the (fever/ convulsions) started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8
474H	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, 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
474I	Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8
474J	CHECK 474: WHICH MEDICINES?	CODE 'C' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474N) ←	CODE 'C' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474N) ←	CODE 'C' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> (SKIP TO 474N) ←
474K	How long after the (fever/ convulsions) started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8
474L	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, 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
474M	Did you have the Amodiaquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
474N	CHECK 474: WHICH MEDICINES?	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474R) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474R) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 474R) ←
474O	How long after the (fever/ convulsions) started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8
474P	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
474Q	Did you have the Quinine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8
474R	Was anything else done about (NAME)'s (fever/convulsions)?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8
474S	What was done about (NAME)'s (fever/convulsions)?	CONSULTED TRAD'L HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ X (SPECIFY)	CONSULTED TRAD'L HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ X (SPECIFY)	CONSULTED TRAD'L HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
478	Was he/she given any of the following to drink: (6)	YES NO DK	YES NO DK	YES NO DK
a	A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
b	A government-recommended homemade fluid?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←
482	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1999 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		487																											
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE ... 02 THROW OUTSIDE THE DWELLING ... 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER 96 (SPECIFY)																												
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		488																											
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES 1 NO 2																												
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		490																											
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																												
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table border="1"> <thead> <tr> <th></th><th>BIG PROB-LEM</th><th>NOT A BIG PROB-LEM</th></tr> </thead> <tbody> <tr> <td>Knowing where to go.</td><td>WHERE TO GO 1</td><td>2</td></tr> <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 the health providers will be unfriendly or hostile.</td><td>UNFRIENDLY PROV ... 1</td><td>2</td></tr> </tbody> </table>		BIG PROB-LEM	NOT A BIG PROB-LEM	Knowing where to go.	WHERE TO GO 1	2	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 the health providers will be unfriendly or hostile.	UNFRIENDLY PROV ... 1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER</p>	<p>496</p>
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Bread, maize meal (ugali), porridges, millet, rice, sorghum, or any other food made from grains?</p> <p>b Pumpkin, carrots, or yellow/orange sweet potatoes?</p> <p>c Any other food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers?</p> <p>d Any dark green leafy vegetables such as amaranth, cassava, pumpkin, or sweet potato leaves, greens, spinach or other dark green leafy vegetables?</p> <p>e Mango or papaya?</p> <p>f Any other fruits and vegetables [for example, cabbage, bananas, apples, green beans, cucumber, avocados, watermelon, tomatoes]?</p> <p>g Red meat(beef, goat), poultry(chicken), fish, or eggs?</p> <p>h Any food made from legumes [for example, beans, groundnuts, sunflower, pigeon peas, or cowpeas]?</p> <p>i Cheese, milk or yoghurt?</p> <p>j Any food made with oil, fat, vegetable oil, margarine, ghee or butter?</p> <p>k Any other foods?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p> <p>k <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
496	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
497	CHECK 496: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> CODE 'A' CIRCLED  </div> <div> CODE 'A' NOT CIRCLED  </div> </div>		→ 499B
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
499B	Have you had an injection for any reason in the last six months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> NONE 00	→ 499F
499C	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> NONE 00	→ 499F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499D	The last time you had an injection from a health professional, where did you go for the injection to be given?	GOVERNMENT/PARASTATAL REFERAL/SPEC. HOSPITAL 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTRE 14 DISPENSARY 15 VILLAGE HEALTH POST (W..... 16 CBD WORKER 17 RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL 21 DISTRICT HOSPITAL 22 GOVT. HEALTH CENTRE 23 DISPENSARY 24 PRIVATE DISTRICT HOSPITAL 31 HEALTH CENTRE 32 DISPENSARY 33 OTHER PHARMACY 41 NGO 42 VCT CENTRE 43 OTHER 96 (SPECIFY)	
499E	The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
499F	Have you ever heard of female circumcision?	YES 1 NO 2	→ 499H
499G	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES 1 NO 2	→ 501
499H	Have you been circumcised?	YES 1 NO 2	→ 499N
499I	Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 499K
499J	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
499K	Was your genital area sewn?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499L	How old were you when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING INFANCY 95 DON'T KNOW 98	
499M	Who cut (or nicked) the genitals?	TRADITIONAL TRAD. "CIRCUMCISER" 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER PROF. 26 (SPECIFY) DON'T KNOW 98	
499N	CHECK 214 AND 216: HAS AT LEAST ONE <input type="checkbox"/> LIVING DAUGHTER HAS NO LIVING <input type="checkbox"/> DAUGHTER		→ 499W
499O	Has one of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED ... <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED 95	→ 499V
499P	To which of your daughters did this happen most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.	DAUGHTER'S LINE NUMBER FROM Q212 <input type="text"/> <input type="text"/>	
499Q	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q499P) at this time. Was any flesh removed from her genital area?	YES 1 NO 2 DON'T KNOW 8	→ 499S
499R	Was her genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
499S	Was her genital area sewn?	YES 1 NO 2 DON'T KNOW 8	
499T	How old was (NAME OF DAUGHTER FROM Q499P) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING INFANCY 95 DON'T KNOW 98	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	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"/> → 504
502	Have you ever been married or lived together with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 503 → 510
502A	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1999		→ 518
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 510
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER 1 STAYING ELSEWHERE 2	
505	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DK 8	<input type="checkbox"/> → 510
508	Including yourself, how many wives or other partners does your husband live with now?	NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DK 98	
509	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE In what month and year did you start living with your husband/partner? </div> <div> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time. In what month and year did you <u>first</u> marry or start living with a man as if married? </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	→ 512A
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
512A	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1999. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1999. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
513	CHECK 503: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR NOT WIDOWED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	→ 516

514	CHECK 510. MARRIED MORE THAN ONCE <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/>	→ 518
515	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3	→ 518
516	Who did most of your late husband's property go to?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 6 (SPECIFY) NO PROPERTY 7	→ 518
517	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
518	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
519	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> 1ST TIME WHEN STARTED LIVING WITH (1ST) HUSBAND/PARTNER ... 95	→ 521 → 521
520	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	→ 545
521	CHECK 106: 15-24 YEARS OLD <input type="checkbox"/>	25-49 YEARS OLD <input type="checkbox"/>	→ 526
522	The first time you had sexual intercourse, did either of you use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
523	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 526
524	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 526
525	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	
526	When was the <u>last</u> time you had sexual intercourse? IF 12 MONTHS OR MORE, ANSWER MUST BE CONVERTED AND RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 541

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																				
527	The last time you had sexual intercourse with this (second/third) person, was a condom used? (2)	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←																																				
528	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
529	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←																																				
530	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																																				
531	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND 01 (SKIP TO 537) ← LIVE-IN PARTNEF... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER 96 (SPECIFY)	HUSBAND 01 (SKIP TO 537) ← LIVE-IN PARTNEF... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER 96 (SPECIFY)	HUSBAND 01 (SKIP TO 538) ← LIVE-IN PARTNEF... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER 96 (SPECIFY)																																				
532	For how long (have you had/did you have) sexual relations with this 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></table> MONTHS . 2 <table border="1"><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></table>													DAYS ... 1 <table border="1"><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></table> YEARS... 3 <table border="1"><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></table> MONTHS . 2 <table border="1"><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></table>												
533	CHECK 106:	15-24 25-49 Y. OLD Y. OLD <table border="1"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 537) ←			15-24 25-49 Y. OLD Y. OLD <table border="1"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 537) ←			15-24 25-49 Y. OLD Y. OLD <table border="1"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 538) ←																																
534	How old is this person?	AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> (SKIP TO 537) ← DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> (SKIP TO 537) ← DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> (SKIP TO 538) ← DON'T KNOW 98																																
535	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 538) ←																																				
536	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3																																				
537	In addition to [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 527 IN NEXT COLUMN) NO 2 (SKIP TO 541) ←	YES 1 (GO BACK TO 527 IN NEXT COLUMN) NO 2 (SKIP TO 541) ←																																					

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 614
602	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE 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 AND NOT PREGNANT OR UNSURE 5	→ 604 → 614 → 610 → 608
603	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE 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 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 609 → 614 → 609
604	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING		→ 608
606	CHECK 603: NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS OR 00-01 YEAR		→ 610

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/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	→ 614
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	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)	→ 616 → 616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	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)	
616	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616A	If you wanted to get information on family planning, who would you like to talk to most:	CBD WORKER 01 CLINIC STAFF 02 TBA 03 HUSBAND/PARTNER 04 FRIEND 05 RELATIVE 06 RELIGIOUS LEADERS 07 OTHER 96 (SPECIFY)	
616B	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
617	In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER 1 2 BILLBOARD 1 2 COMMUNITY EVENT 1 2 DRAMA 1 2 DOCTOR/NURSE 1 2 HEALTH WORKER 1 2	
618	In the past six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: In the last 6 months, have you listened to: a) Zinduka? b) Twende na Wakati? c) Other?	YES SPO- YES NTA- PRO- NEOUS BED NO ZINDUKA 1 2 3 TWENDE NA WAKATI 1 2 3 OTHER 1 2 3	
618A	CHECK 618: LISTENED TO ZINDUKA (CODE '1' OR 2' CIRCLED) <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA (CODE '3' CIRCLED) <input type="checkbox"/> → 618E		
618B	How often do you listen to Zinduka?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DON'T KNOW 8	
618C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES 1 NO 2 DON'T KNOW 8 → 618E	
618D	What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED.	TALKED TO PARTNER A TALKED TO A HEALTH WORKER ... B TALKED TO SOMEONE ELSE C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD ... E CONTINUED USING A MOD. METH. ... F OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618E	CHECK 618: LISTENED TO TWENDA NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDA NA WAKATI <input type="checkbox"/>		619
618F	How often do you listen to Twenda na Wakati?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	621
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER(S) F SON(S) G MOTHER(S)-IN-LAW H FRIENDS/NEIGHBORS I OTHER X (SPECIFY)	
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		628
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		624
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
626	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: a) She knows her husband has a sexually transmitted disease? b) She knows her husband has sex with women other than c) his wife or wives? d) She has recently given birth? e) She is tired or not in the mood?	<div>YES NO DK</div> HAS STD 1 2 8 OTHER WOMEN 1 2 8 RECENT BIRTH 1 2 8 TIRED/NOT IN MOOD 1 2 8	
629	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
630	CHECK 501: CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> OR IN UNION <input type="checkbox"/>		701
631	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
632	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	

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


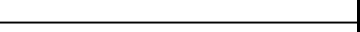

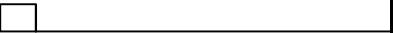
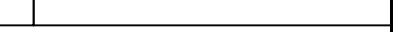
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>		<p>→ 703</p> <p>→ 707</p>
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 706
704	What was the highest level of school he attended: primary, secondary, or higher?	PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5 DON'T KNOW 8	→ 706
705	What was the highest (standard/form/year) he completed at that level?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
706	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> <input type="text"/> _____ _____ _____	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→ 710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 718A
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> _____ _____ _____	
711	CHECK 710: <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 718A
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED . 6	
718A	Now, I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women. Do you yourself control the money needed to buy the following?	YES NO DK a) Vegetables or fruits VEGETABLES/FRUIT. . 1 2 8 b) Clothes for yourself? CLOTHES 1 2 8 c) Any kind of medicine for yourself? MEDICINE..... 1 2 8 c) Toiletries for yourself like(soap, shampoo.....) TOILETRIES 1 2 8	
718B	Please tell me if you alone, or jointly with your husband or someone else own.....	DOES'NT OWN OWN OWN JOINTLY ALONE a) Land? 1 ↘ 2 ↘ 3 → b) The house/dwelling you live in? 1 ↘ 2 ↘ 3 → c) Any other house, apartment, or dwelling? 1 ↘ 2 ↘ 3 → d) Jewelry or gems? 1 ↘ 2 ↘ 3 → f) Livestock such as (cattle, goats, sheep etc) 1 ↘ 2 ↘ 3 →	718C If you ever need to, can you sell (ASSET) without anyone else's permission YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8
718E	Do you have a bank account or an account in other savings institution in your own name or jointly with someone else? RECORD ALL MENTIONED	YES, IN OWN NAME A YES, JOINT ACCOUNT B NO C	→ 718G
718F	Do you operate the account, that is, sign checks or deposit and withdraw money?	YES 1 NO 2	
718G	Do you know of any programs in this area that give loans to women so they can start or expand a business of their owns?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718H	Have you yourself ever taken out or been given a loan either in cash or in kind to start or expand business?	YES 1 NO 2	
719	Who in your family usually has the final say on the following decisions: a) Your own health care? b) Making large household purchases? c) Making household purchases for daily needs? d) Visits to family or relatives? e) What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 844
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
803 (1)	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
804	By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
805 (1)	Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether?	YES 1 NO 2 DON'T KNOW 8	
807 (1)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
808	What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NOTHING ELSE Y DON'T KNOW Z	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
811	Is it possible for a child to be infected by the AIDS virus: During pregnancy? During delivery? By breastfeeding?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
812	CHECK 811: AT LEAST <input type="checkbox"/> ONE 'YES'  OTHER <input type="checkbox"/> 		→ 814																
813	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
814	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
815	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 (2)  NO BIRTHS <input type="checkbox"/>  LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 (2) 		→ 824 → 824																
816	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2	→ 824												
YES	1																		
NO	2																		
817	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR AIDS .</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO .	1	2	8	TESTED FOR AIDS .	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO .	1	2	8																
TESTED FOR AIDS .	1	2	8																
818	Were you offered a test for the AIDS virus as part of your antenatal care?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2													
YES	1																		
NO	2																		
819	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2	→ 824												
YES	1																		
NO	2																		
820	I don't want to know the results, but did you get the results of the test?	<table> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2													
YES	1																		
NO	2																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	<p>Where was the test done? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (V. . . . 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
822	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 825
823	When was the last time you were tested for the AIDS virus?	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	→ 831
824	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<p>YES 1</p> <p>NO 2</p>	→ 829
825	When was the last time you were tested?	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	
826	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	<p>ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p>	
827	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	
828	<p>Where was the test done? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (V. . . . 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 831

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
829	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 831
830	<p>Where is that? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F VILLAGE HEALTH POST (V) G CBD WORKER H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL I DISTRICT HOSPITAL J GOVT. HEALTH CENTRE K DISPENSARY L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL M HEALTH CENTRE N DISPENSARY O</p> <p>OTHER</p> <p>NGO Q VCT CENTRE R</p> <p>OTHER X (SPECIFY)</p>	
831	If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her?	YES 1 NO 2 DON'T KNOW 8	
831A	And if she/he is sick?	YES 1 NO 2 DON'T KNOW 8	
832	If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
834	In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching?	SHOULD CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
834A	In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching?	SHOULD CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
835	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 3 DON'T KNOW 8	→ 840

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
836	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
837	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
838	CHECK 835, 836, AND 837: OTHER <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 840		
839	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES 1 NO 2	
840	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
841	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
842	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
843	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
844	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
845	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
846	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
847	Do you think that most men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
848	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
849	Do you think that most women you know have sex only with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
850	<p>CHECK 801:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES 1 NO 2	→ 853
851	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER W (SPECIFY) OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
852	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER W (SPECIFY) OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
853	CHECK 519: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 901
854	CHECK 850: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 856
855	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	
856	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	
857	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	
858	CHECK 855, 856, AND 857: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 901
859	The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 901
860	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	GOVERNMENT/PARASTATAL REFERRAL/SPEC. HOSPITAL B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F VILLAGE HEALTH POST (V..... G CBD WORKER H RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSPITAL I DISTRICT HOSPITAL J GOVT. HEALTH CENTRE K DISPENSARY L PRIVATE DISTRICT HOSPITAL M HEALTH CENTRE N DISPENSARY O OTHER PHARMACY P NGO Q VCT CENTRE R OTHER X (SPECIFY)	

- (1) If 803, 805 and/or 807 do not apply to the local context, replace the question using a specific local misconception.
At least two questions related to misconceptions are needed.
- (2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
902	CHECK 901: <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 915 TWO OR MORE BIRTHS <input type="checkbox"/>							
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (7)	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (13)	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	<p>CHECK Q910, 911 AND 912 FOR ALL SISTERS</p> <p> <input type="checkbox"/> ANY YES <input type="checkbox"/> ALL NO OR BLANK </p> <p> Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, CONTINUE TO 915. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 915. </p>		915
915	RECORD THE TIME.	<p>HOUR</p> <p>MINUTES</p>	

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K LACTATIONAL AMENORRHEA METHOD
L PERIODIC ABSTINENCE
M WITHDRAWAL
X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- GOVERNMENT/PARASTATAL
1 REFERRAL/SPEC. HOSPITAL
2 REGIONAL HOSPITAL
3 DISTRICT HOSPITAL
4 HEALTH CENTRE
5 DISPENSARY
6 VILLAGE HEALTH POST (WORKER)
7 CBD WORKER
RELIGIOUS/VOLUNTARY
8 REFERRAL/SPEC. HOSPITAL
9 DISTRICT (DESIG.) HOSPITAL
A HEALTH CENTRE
B DISPENSARY
PRIVATE
C SPECIALIZED HOSPITAL
D HEALTH CENTRE
E DISPENSARY
OTHER
F PHARMACY
G NGO
H VCT CENTRE
I SHOP/KIOSK
J BAR
K GUEST HOUSE/HOTEL
L FRIEND/RELATIVE/NEIGHBOUR
X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
0 NOT IN UNION

			1	2	3	4			
2	04	APR 09					09	APR	2
0	03	MAR 10					10	MAR	0
0	02	FEB 11					11	FEB	0
5	01	JAN 12					12	JAN	5
<hr/>									
	12	DEC 13					13	DEC	
	11	NOV 14					14	NOV	
	10	OCT 15					15	OCT	
	09	SEP 16					16	SEP	
2	08	AUG 17					17	AUG	2
0	07	JUL 18					18	JUL	0
0	06	JUN 19					19	JUN	0
4	05	MAY 20					20	MAY	4
	04	APR 21					21	APR	
	03	MAR 22					22	MAR	
	02	FEB 23					23	FEB	
	01	JAN 24					24	JAN	
<hr/>									
	12	DEC 25					25	DEC	
	11	NOV 26					26	NOV	
	10	OCT 27					27	OCT	
	09	SEP 28					28	SEP	
2	08	AUG 29					29	AUG	2
0	07	JUL 30					30	JUL	0
0	06	JUN 31					31	JUN	0
3	05	MAY 32					32	MAY	3
	04	APR 33					33	APR	
	03	MAR 34					34	MAR	
	02	FEB 35					35	FEB	
	01	JAN 36					36	JAN	
<hr/>									
	12	DEC 37					37	DEC	
	11	NOV 38					38	NOV	
	10	OCT 39					39	OCT	
	09	SEP 40					40	SEP	
2	08	AUG 41					41	AUG	2
0	07	JUL 42					42	JUL	0
0	06	JUN 43					43	JUN	0
2	05	MAY 44					44	MAY	2
	04	APR 45					45	APR	
	03	MAR 46					46	MAR	
	02	FEB 47					47	FEB	
	01	JAN 48					48	JAN	
<hr/>									
	12	DEC 49					49	DEC	
	11	NOV 50					50	NOV	
	10	OCT 51					51	OCT	
	09	SEP 52					52	SEP	
2	08	AUG 53					53	AUG	2
0	07	JUL 54					54	JUL	0
0	06	JUN 55					55	JUN	0
1	05	MAY 56					56	MAY	1
	04	APR 57					57	APR	
	03	MAR 58					58	MAR	
	02	FEB 59					59	FEB	
	01	JAN 60					60	JAN	
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	12	DEC 61					61	DEC	
	11	NOV 62					62	NOV	
	10	OCT 63					63	OCT	
	09	SEP 64					64	SEP	
2	08	AUG 65					65	AUG	2
0	07	JUL 66					66	JUL	0
0	06	JUN 67					67	JUN	0
0	05	MAY 68					68	MAY	0
	04	APR 69					69	APR	
	03	MAR 70					70	MAR	
	02	FEB 71					71	FEB	
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	12	DEC 61					61	DEC	
	11	NOV 62					62	NOV	
	10	OCT 63					63	OCT	
	09	SEP 64					64	SEP	
1	08	AUG 65					65	AUG	1
9	07	JUL 66					66	JUL	9
9	06	JUN 67					67	JUN	9
9	05	MAY 68					68	MAY	9
	04	APR 69					69	APR	
	03	MAR 70					70	MAR	
	02	FEB 71					71	FEB	
	01	JAN 72					72	JAN	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
MAN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION	
REGION _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WARD	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ENUMERATION AREA	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HEAD OF HOUSEHOLD _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TDHS NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF MAN _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	YEAR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	INT. CODE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TIME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	RESULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TOTAL NUMBER OF VISITS	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

*RESULT CODES:

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____	DATE _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. **(1)**

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 style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> MINUTES <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 105
104	Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY ... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> NONE 00	<input type="checkbox"/> → 107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
107	In what month and year were you born?	MONTH <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW YEAR 9998	
108	How old are you in complete years? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Have you ever attended school?	YES 1 NO 2	→ 113
110	What is the highest level of school you attended: primary, secondary, or higher? (2)	PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5	
111	What is the highest (grade/form/year) you completed at that level? (2)	GRADE <input type="text"/> <input type="text"/>	
112	CHECK 110: PRIMARY <input type="text"/> SECONDARY OR HIGHER <input type="text"/> ↓		→ 116
113	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. (3) 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	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? (4)	YES 1 NO 2	
115	CHECK 113: CODE '2', '3' OR '4' <input type="text"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="text"/>		→ 117
116	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	
117	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	
118	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	
119	Are you currently working?	YES 1 NO 2	→ 122
120	Have you done any work in the last 12 months?	YES 1 NO 2	→ 122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK, ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER 6 (SPECIFY)	→ 129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	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-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
123	CHECK 122: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 125
124	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	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
126	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	→ 129
127	Who mainly decides how the money you earn will be used?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6	
129	What is your religion?	MOSLEM 1 CATHOLIC 2 PROTESTANT 3 NONE 4 OTHER 6 (SPECIFY)	

¹ Wording of this paragraph should be modified in countries where participation is legally required.

² Revise according to the local education system.

³ Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children", "Farming is hard work", "The child is reading a book", "Children work hard at school"). Cards should be prepared for every language in which respondents are likely to be literate.

⁴ In countries with an interest in measuring participation across a number of literacy programs, an additional multiple-response question may be included for men who participated in a literacy program (for example, "What type of literacy programs have you participated in? PROBE: Any other programs?")

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 only in the children that are biologically yours. 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" 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 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" 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 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" 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	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? NO <input type="checkbox"/> TO BOTH OTHER <input type="checkbox"/> → PROBE AND CORRECT 201-207 AS NECESSARY.										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
210	CHECK 209: 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"/> →		→ 213 → 301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 213								
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

SECTION 3. CONTRACEPTION

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2		
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2		
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2		
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2		
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2		
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2		
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2		
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES 1 NO 2		
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2		
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2 DON'T KNOW 8	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2	
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2		
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <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>→ 305</p>																
304	<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>																	
305	<p>Do you think that a woman who is breastfeeding her baby can become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS 3</p> <p>DON'T KNOW 8</p>																	
306	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p> <p>c) A woman is the one who gets pregnant so she should be the one to use contraception.</p>	<table border="0"> <thead> <tr> <th></th><th>AGREE</th><th>DISAGREE</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	
	AGREE	DISAGREE	DK																
a)	1	2	8																
b)	1	2	8																
c)	1	2	8																
307	<p>CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION (1)</p> <p>HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 401</p>																
308	<p>Once you have had all the children you want, would you yourself ever consider getting sterilized? (1)</p>	<p>WOULD CONSIDER 1</p> <p>WOULD NOT CONSIDER 2</p> <p>UNSURE/DEPENDS 3</p> <p>WIFE ALREADY STERILIZED 4</p>	<p>→ 401</p> <p>→ 401</p>																
309	<p>Why would you never consider getting sterilized? (1)</p> <p>PROBE: Any other reasons?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>AGAINST RELIGION A</p> <p>BAD FOR MAN'S HEALTH B</p> <p>OPERATION NOT SAFE C</p> <p>LESS INTRUSIVE WAYS AVAILABLE D</p> <p>MAY WANT MORE CHILDREN /MAY WANT TO REPLACE CHILD WHO DIED E</p> <p>MAY REMARRY SOME DAY F</p> <p>LOSS OF WAGES G</p> <p>LOSS OF SEXUAL FUNCTION H</p> <p>LOSS OF MANLINESS I</p> <p>OTHER X</p> <p>(SPECIFY)</p>																	

¹ Question may be deleted in countries where male sterilization is not widely known, used, or promoted.

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY (1)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 406
401A	Is your wife/partner living with you now or is she staying elsewhere?	LIVING TOGETHER 1 STAYING ELSEWHERE 2	
401B	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/>		→ 404
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
403	Are there any other women with whom you live as if married?	YES 1 NO 2	→ 405
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners? IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→ 409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all? IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY 1 YES, LIVED WITH A WOMAN ONLY 2 YES, BOTH 3 NO 4	→ 411 → 416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																				
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)																																							
410	<p>CHECK: 402 AND 404</p> <p>SUM OF 402 AND 404 = 1 <input type="checkbox"/></p> <p>Sum of 402 and 404 > 1 <input type="checkbox"/></p> <p>Please tell me the name of your wife/partner.</p> <p>Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.</p> <table border="1"> <thead> <tr> <th>WIFE/ PARTNER NUMBER</th><th>NAME</th><th>LINE NUMBER IN HHOLD. QUEST.</th><th>STATUS: WIFE</th><th>PART- NER</th><th>410A How old was your wife/partner on her last birthday? AGE</th></tr> </thead> <tbody> <tr> <td>1</td><td>_____</td><td><input type="text"/><input type="text"/></td><td>1</td><td>2</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>2</td><td>_____</td><td><input type="text"/><input type="text"/></td><td>1</td><td>2</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>3</td><td>_____</td><td><input type="text"/><input type="text"/></td><td>1</td><td>2</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>4</td><td>_____</td><td><input type="text"/><input type="text"/></td><td>1</td><td>2</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>5</td><td>_____</td><td><input type="text"/><input type="text"/></td><td>1</td><td>2</td><td><input type="text"/><input type="text"/></td></tr> </tbody> </table>	WIFE/ PARTNER NUMBER	NAME	LINE NUMBER IN HHOLD. QUEST.	STATUS: WIFE	PART- NER	410A How old was your wife/partner on her last birthday? AGE	1	_____	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	2	_____	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	3	_____	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	4	_____	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	5	_____	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>			
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410B	<p>CHECK 410:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p>			→ 412																																				
411	Have you been married or lived with a woman only once or more than once?	ONCE 1	→ 414																																					
		MORE THAN ONCE 2	→ 413																																					
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES 1	→ 414																																					
		NO 2																																						
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>																																						
414	<p>CHECK 410 AND 411:</p> <p>ONLY ONE WIFE/PARTNER AND 411=1 <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/><input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 416																																					
415	How old were you when you started living with her?	AGE <input type="text"/> <input type="text"/>																																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ... 95</p>	→ 416B
416A	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 440
416B	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/></p> <p>↓</p>		→ 417
416C	The first time you had sexual intercourse, was a condom used? (1)	<p>YES 1</p> <p>NO 2</p>	
416D	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
417	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 437A

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
418	The last time you had sexual intercourse with this (second/third) person, was a condom used? (2)	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←
419	What was the main reason you used a condom on that occasion?	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98
420	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
421	CHECK 302(2):	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ←	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ←	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ←
422	The last time you had sexual intercourse with this person, did you or she do something else or use any other method besides a condom to avoid a pregnancy?	YES 1 NO 2 → 425 DK 8 → 426	YES 1 NO 2 → 425 DK 8 → 426	YES 1 NO 2 → 425 DK 8 → 426
423	What method was used?	FEMALE STER . 01 PILL 02 IUD 03 INJECTABLES 04 IMPLANTS 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER 96 (SPECIFY) DON'T KNOW ... 98	FEMALE STER . 01 PILL 02 IUD 03 INJECTABLES 04 IMPLANTS 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER 96 (SPECIFY) DON'T KNOW ... 98	FEMALE STER . 01 PILL 02 IUD 03 INJECTABLES 04 IMPLANTS 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER 96 (SPECIFY) DON'T KNOW ... 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND 24 WIFE/PARTNER WAS PREGNANT 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT 31 WIFE/PARTNER 32 OTHERS 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS /TOO FAR 53 COST TOO MUCH . . 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND 24 WIFE/PARTNER WAS PREGNANT 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT 31 WIFE/PARTNER 32 OTHERS 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS /TOO FAR 53 COST TOO MUCH . . 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND 24 WIFE/PARTNER WAS PREGNANT 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT 31 WIFE/PARTNER 32 OTHERS 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS /TOO FAR 53 COST TOO MUCH . . 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
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 428) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
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	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE 01 (SKIP TO 434) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 434) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 435) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)
429	For how long (have you had/did you have) sexual relations 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"/> YEARS .. 4 <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"/> YEARS .. 4 <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"/> YEARS .. 4 <input type="text"/> <input type="text"/>
431	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
434	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 418 ← IN NEXT COLUMN) NO 2 (SKIP TO 436A) ←	YES 1 (GO BACK TO 418 ← IN NEXT COLUMN) NO 2 (SKIP TO 436A) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	<p>In total, with how many different people have you had sex in the last 12 months?</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 ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
436A	In the last 12 months, did you pay anyone in exchange for sex?	<p>YES 1</p> <p>NO 2</p>	→ 437A
436B	The last time you paid for someone in exchange for sex, was a condom used?	<p>YES 1</p> <p>NO 2</p>	→ 438
436C	Did you use a condom every time you paid someone to have sexual intercourse in the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	→ 438
437A	Have you ever paid for sex?	<p>YES 1</p> <p>NO 2</p>	→ 438
437B	How long ago was the last time you paid for sex?	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	
437C	The last time that you paid for sex, was a condom used on that occasion?	<p>YES 1</p> <p>NO 2</p>	
438	<p>In total, with how many different people have you had sex 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 ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>If someone needs a condom, where can they get it?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>VILLAGE HEALTH POST (W) G</p> <p>CBD WORKER H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>GOVT. HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER</p> <p>PHARMACY P</p> <p>NGO Q</p> <p>VCT CENTER R</p> <p>SHOP/KIOSK S</p> <p>BAR T</p> <p>GUEST HOUSE/HOTEL U</p> <p>FRIEND/RELATIVE/NEIGHBOUR V</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 442</p>
441	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
442	<p>CHECK 302(07), 416C, 418, AND 436B</p> <p>USE OF CONDOMS</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/></p>		→ 447
443	How old were you when you used a condom for the first time?	<p>AGE AT FIRST USE <input type="text"/> <input type="text"/></p> <p>DOES NOT REMEMBER 98</p>	
444	<p>Why did you use a condom that first time?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>TO AVOID PREGNANCY A</p> <p>TO AVOID GETTING AIDS/HIV B</p> <p>TO AVOID GETTING AN STD C</p> <p>TO AVOID INFECTING PARTNER D</p> <p>TO EXPERIMENT/TRY A CONDOM E</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
445	<p>Have you ever experienced any problems with using condoms?</p> <p>IF YES: What problems have you experienced?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>DIFFICULT TO DISPOSE OF A</p> <p>DIFFICULT TO PUT ON/TAKE OFF B</p> <p>SPOILS THE MOOD C</p> <p>DIMINISHES PLEASURE D</p> <p>WIFE PARTNER OBJECTS/DOES NOT LIKE E</p> <p>WIFE/PARTNER GOT PREGNANT F</p> <p>INCONVENIENT TO USE/MESSY G</p> <p>CONDOM BROKE H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO PROBLEM Y</p>	






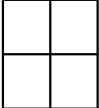
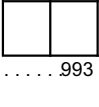






NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
447	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>a) Condoms diminish a man's sexual pleasure.</p> <p>b) A condom is very inconvenient to use.</p> <p>c) A condom can be reused.</p> <p>d) A condom protects against disease.</p> <p>e) Buying condoms is embarrassing.</p> <p>f) A woman has no right to ask a man to use a condom.</p>	<table> <tr> <th></th><th>AGREE</th><th>DISAGREE</th><th>DK</th></tr> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>8</td></tr> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	
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449	<p>If someone needs a female condom, where can they get it?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>VILLAGE HEALTH POST (W) G</p> <p>CBD WORKER H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>GOVT. HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER</p> <p>PHARMACY P</p> <p>NGO Q</p> <p>VCT CENTER R</p> <p>SHOP/KIOSK S</p> <p>BAR T</p> <p>GUEST HOUSE/HOTEL U</p> <p>FRIEND/RELATIVE/NEIGHBOUR V</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 501</p>																												
460	<p>If you wanted to, could you yourself get a female condom? (3)</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>																													

¹ In countries with an active female condom program, a question should be added on use of a female condom.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

³ Question may be deleted in countries where female condoms are not actively promoted.

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 410:</p> <div> <div>HAS ONE WIFE/ PARTNER</div> <div></div> </div> <div> <div>HAS MORE THAN ONE WIFE/ PARTNER</div> <div></div> </div>	<p>QUESTION SKIPPED </p>	→ 505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 3</p>	
503	<p>CHECK 502:</p> <div> <div>YES, WIFE/WIVES/ PREGNANT</div> <div></div> </div> <div> <div>NO WIFE/PARTNER PREGNANT OR UNSURE</div> <div></div> </div> <p>Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p>	<p>HAVE A/ANOTHER CHILD 1</p> <p>NO MORE/NONE 2</p> <p>WIFE/WIVES INFECUND/ STERILIZED 3</p> <p>UNDECIDED/DON'T KNOW 8</p>	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	<p>MONTHS 1 </p> <p>YEARS 2 </p> <p>SOON/NOW 993</p> <p>AFTER MARRIAGE 995</p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
505	<p>CHECK 203 AND 205:</p> <div> <div>HAS LIVING CHILDREN</div> <div></div> </div> <div> <div>NO LIVING CHILDREN</div> <div></div> </div> <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>NONE 00</p> <p>NUMBER </p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 507</p> <p>→ 507</p>
506	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>BOYS GIRLS EITHER</p> <p>NUM-   </p> <p>BER</p> <p>OTHER (SPECIFY)</p>	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW/UNSURE 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Is it acceptable or not acceptable to you for information on family planning to be provided: a) On the radio? b) On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
508A	In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER 1 2 BILLBOARD 1 2 COMMUNITY EVENT 1 2 DRAMA 1 2 DOCTOR/NURSE 1 2 HEALTH WORKER 1 2	
509	In the past six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: In the last 6 months, have you listened to: a) Zinduka? b) Twende na Wakati? c) Other?	YES SPO- YES NTA- PRO- NEOUS BED NO ZINDUKA 1 2 3 TWEDE NA WAKATI 1 2 3 OTHER 1 2 3	
509A	CHECK 509: LISTENED TO ZINDUKA <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA <input type="checkbox"/>		→ 509E
509B	How often do you listen to Zinduka?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DON'T KNOW 8	
509C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES 1 NO 2 DON'T KNOW 8	→ 509E
509D	What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED.	TALKED TO PARTNER A TALKED TO A HEALTH WORKER ... B TALKED TO SOMEONE ELSE C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD ... E CONTINUED USING A MOD. METH. ... F OTHER X (SPECIFY)	
509E	CHECK 509: LISTENED TO TWENDA NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDA NA WAKATI <input type="checkbox"/>		→ 510
509F	How often do you listen to Twenda na Wakati?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 512
511	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER(S)-IN-LAW H FATHER(S)-IN-LAW I FRIENDS/NEIGHBORS J OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2 DON'T KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER	LINE NUMBER IN HHD. QUEST <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 1997 (1) OR LATER <input type="checkbox"/> (LAST) CHILD BORN IN 1996 (2) OR EARLIER <input type="checkbox"/>		→ 617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/> OTHER LINE NUMBER <input type="checkbox"/>		→ 610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE 08 OTHER 96 (SPECIFY) _____	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
610	ASK QUESTIONS 610-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.				
	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	<p>PREGNANCY</p> <p>610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 612) ←</p> <p>DK 8</p> <p>(GO TO 610B IN NEXT COLUMN) ←</p>	<p>DELIVERY</p> <p>610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 612) ←</p> <p>DK 8</p> <p>(GO TO 610C IN NEXT COLUMN) ←</p>	<p>SIX WEEKS AFTER DELIVERY</p> <p>610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 612) ←</p> <p>DK 8</p> <p>(SKIP TO 613) ←</p>	
611	Who mainly provided the money or goods or services to pay for this care?	<p>FREE 01</p> <p>INSURANCE 02</p> <p>RESPONDENT 03</p> <p>CHILD'S MOTHER 04</p> <p>RESPONDENT AND CHILD'S MOTHER 05</p> <p>RESPONDENT'S FAMILY 06</p> <p>CHILD'S MOTHER'S FAMILY 07</p> <p>OTHER 96</p> <p>(SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>FREE 01</p> <p>INSURANCE 02</p> <p>RESPONDENT 03</p> <p>CHILD'S MOTHER 04</p> <p>RESPONDENT AND CHILD'S MOTHER 05</p> <p>RESPONDENT'S FAMILY 06</p> <p>CHILD'S MOTHER'S FAMILY 07</p> <p>OTHER 96</p> <p>(SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>FREE 01</p> <p>INSURANCE 02</p> <p>RESPONDENT 03</p> <p>CHILD'S MOTHER 04</p> <p>RESPONDENT AND CHILD'S MOTHER 05</p> <p>RESPONDENT'S FAMILY 06</p> <p>CHILD'S MOTHER'S FAMILY 07</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 613) ←</p>	
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	<p>NOT NECESSARY 01</p> <p>NOT CUSTOMARY 02</p> <p>RESPONDENT DIDN'T ALLOW 03</p> <p>TOO COSTLY 04</p> <p>TOO FAR/NO TRANSPORT 05</p> <p>POOR SERVICE 06</p> <p>LACK OF KNOWLEDGE 07</p> <p>OTHER 96</p> <p>(SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01</p> <p>NOT CUSTOMARY 02</p> <p>RESPONDENT DIDN'T ALLOW 03</p> <p>TOO COSTLY 04</p> <p>TOO FAR/NO TRANSPORT 05</p> <p>POOR SERVICE 06</p> <p>LACK OF KNOWLEDGE 07</p> <p>OTHER 96</p> <p>(SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01</p> <p>NOT CUSTOMARY 02</p> <p>RESPONDENT DIDN'T ALLOW 03</p> <p>TOO COSTLY 04</p> <p>TOO FAR/NO TRANSPORT 05</p> <p>POOR SERVICE 06</p> <p>LACK OF KNOWLEDGE 07</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 613) ←</p>	
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	<p>YES 1</p> <p>NO 2</p>			
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/> → 617				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	→ 617
616	In your household who usually decides what to do if the (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET ... D DIFFICULT LABOR FOR MORE THAN 12 HOURS E CONVULSIONS F OTHER X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	NOTHING 1 LESS 2 ABOUT THE SAME 3 MORE 4 DON'T KNOW 8	
619	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES 1 NO 2	
619A	Have you ever heard of female circumcision?	YES 1 NO 2	→ 619C
619B	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES 1 NO 2	→ 620
619C	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? (3) IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
621	CHECK 620: CODE 'A' <input type="checkbox"/> CIRCLED CODE 'A' NOT <input type="checkbox"/> CIRCLED		→ 623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	<p>Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections did you have?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 627</p>	
624	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 627</p>	
625	<p>The last time you had an injection, where did you go for the injection to be given?</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (W/..... 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTER 43</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
626	<p>The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
627	<p>Some ethnic groups circumcise their males and some ethnic groups do not.</p> <p>Are you circumcised?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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	→ 744
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
703 (1)	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
705 (1)	Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether?	YES 1 NO 2 DON'T KNOW 8	
707 (1)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
708	What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NOTHING ELSE Y DON'T KNOW Z	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
711	Is it possible for a child to be infected by the AIDS virus: During pregnancy? During delivery? By breastfeeding?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
712	CHECK 711: AT LEAST <input type="checkbox"/> ONE 'YES' 	OTHER <input type="checkbox"/> 	→ 714																
713	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
714	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
724	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 729																
725	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
726	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
727	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
728	Where was the test done? (3) IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERAL/SPEC. HOSPITAL 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTRE 14 DISPENSARY 15 VILLAGE HEALTH POST (V..... 16 CBD WORKER 17 RELIGIOUS/VOLUNTARY DISTRICT HOSPITAL 22 GOVT. HEALTH CENTRE 23 DISPENSARY 24 PRIVATE DISTRICT HOSPITAL 31 HEALTH CENTRE 32 DISPENSARY 33 OTHER NGO 42 VCT CENTER 43 OTHER _____ 96 (SPECIFY)	→ 731																
729	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 731																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	<p>Where is that? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL..... B</p> <p>REGIONAL HOSPITAL..... C</p> <p>DISTRICT HOSPITAL..... D</p> <p>HEALTH CENTRE..... E</p> <p>DISPENSARY..... F</p> <p>VILLAGE HEALTH POST (V..... G</p> <p>CBD WORKER..... H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL..... I</p> <p>DISTRICT HOSPITAL..... J</p> <p>GOVT. HEALTH CENTRE..... K</p> <p>DISPENSARY..... L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL..... M</p> <p>HEALTH CENTRE..... N</p> <p>DISPENSARY..... O</p> <p>OTHER</p> <p>NGO..... Q</p> <p>VCT CENTER..... R</p> <p>OTHER..... X</p> <p>(SPECIFY)</p>	
731	If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	
731A	And if she/he is sick?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	
732	If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret?	<p>YES, REMAIN A SECRET..... 1</p> <p>NO..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
733	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
734	In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching?	<p>SHOULD CONTINUE..... 1</p> <p>SHOULD NOT CONTINUE..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
734A	In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching?	<p>SHOULD CONTINUE..... 1</p> <p>SHOULD NOT CONTINUE..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
735	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK ANYONE WITH AIDS..... 3</p> <p>DON'T KNOW..... 8</p>	→ 740
736	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
737	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
738	CHECK 735, 736, AND 737: OTHER <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 740		
739	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES 1 NO 2	
740	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
741	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
742	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
743	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
744	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
745	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
746	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
747	Do you think that most men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
747	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
749	Do you think that most women you know have sex only with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
750	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 753

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
751	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
752	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
753	CHECK 416: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 801
754	CHECK 750: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 756
755	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	
756	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	
757	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
758	CHECK 755, 756, AND 757: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 801
759	The last time you had (PROBLEM FROM 755/756/757), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 801
760	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	GOVERNMENT/PARASTATAL REFERRAL/SPEC. HOSPITAL B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F VILLAGE HEALTH POST (V..... G CBD WORKER H RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSPITAL I DISTRICT HOSPITAL J GOVT. HEALTH CENTRE K DISPENSARY L PRIVATE DISTRICT HOSPITAL M HEALTH CENTRE N DISPENSARY O OTHER PHARMACY P NGO Q VCT CENTER R OTHER X (SPECIFY)	

(1) If 703, 705 and/or 707 do not apply to the local context, replace the question using a specific local misconception.

At least two questions related to misconceptions are needed.

(2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.

(3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP								
801	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:	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS									
	a) making large household purchases?	a) 1	2	3	8									
	b) making small daily household purchases?	b) 1	2	3	8									
	c) deciding when to visit family, friends or relatives?	c) 1	2	3	8									
	d) deciding what to do with the money she earns for her work?	d) 1	2	3	8									
	e) deciding how many children to have and when to have them?	e) 1	2	3	8									
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	YES	NO		DON'T KNOW, DEPENDS									
	a) If she goes out without telling him?	a) 1	2		8									
	b) If she neglects the children?	b) 1	2		8									
	c) If she argues with him?	c) 1	2		8									
	d) If she refuses to have sex with him?	d) 1	2		8									
	e) If she burns the food?	e) 1	2		8									
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES 1 NO 2 DON'T KNOW 8												
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES	NO		DON'T KNOW, DEPENDS									
	a) She is tired and not in the mood?	a) 1	2		8									
	b) She has recently given birth?	b) 1	2		8									
	c) She knows her husband has sex with other women? ⁽¹⁾	c) 1	2		8									
	d) She knows her husband has a sexually transmitted disease?	d) 1	2		8									
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES	NO		DON'T KNOW, DEPENDS									
	a) Get angry and reprimand her?	a) 1	2		8									
	b) Refuse to give her money or other means of financial support?	b) 1	2		8									
	c) Use force and have sex with her even if she doesn't want to?	c) 1	2		8									
	d) Go and have sex with another woman?	d) 1	2		8									
806	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>												

¹ In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives.'