

UGANDA MINISTRY OF HEALTH  
DEMOGRAPHIC AND HEALTH SURVEY QUESTIONNAIRE  
WOMAN'S QUESTIONNAIRE

IDENTIFICATION		ENGLISH VERSION
DISTRICT _____		
SUBCOUNTY/TOWN _____		
PARISH/WARD _____		
SUBPARISH/RC2 _____		
CLUSTER NUMBER.....		
HOUSEHOLD NUMBER.....		
LINE NUMBER OF WOMAN.....		

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				<input type="text"/> <input type="text"/>
RESULT**				<input type="text"/>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <input type="text"/>
<b>**RESULT CODES:</b> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ (SPECIFY)				

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
	_____	_____	_____	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE..... <input type="text"/> <input type="text"/>	
102	RECORD THE NUMBER OF CHILDREN AGED 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE WHO NORMALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN AGED 5 AND UNDER..... <input type="text"/> <input type="text"/>	
103	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
104	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 the village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
105	How long have you been living continuously in (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS..... <input type="text"/> <input type="text"/>	>107
106	Just before you moved here, did you live in a village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
107	In What month and year were you born? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
108	How old were you at your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
109	Have you ever attended school?	YES.....1 NO.....2	>113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO															
110	What was the highest level and grade of formal education you completed?  CIRCLE CODE FOR BOTH LEVEL AND GRADE	<table border="1"> <thead> <tr> <th></th> <th>LEVEL</th> <th>GRADE</th> </tr> </thead> <tbody> <tr> <td>PRIMARY</td> <td>1</td> <td>1 2 3 4 5 6 7</td> </tr> <tr> <td>JUNIOR</td> <td>2</td> <td>1 2 3 4 5 6 7</td> </tr> <tr> <td>SECONDARY</td> <td>3</td> <td>1 2 3 4 5 6 7</td> </tr> <tr> <td>UNIV.</td> <td>4</td> <td>1 2 3 4 5 6 7</td> </tr> </tbody> </table>		LEVEL	GRADE	PRIMARY	1	1 2 3 4 5 6 7	JUNIOR	2	1 2 3 4 5 6 7	SECONDARY	3	1 2 3 4 5 6 7	UNIV.	4	1 2 3 4 5 6 7	
	LEVEL	GRADE																
PRIMARY	1	1 2 3 4 5 6 7																
JUNIOR	2	1 2 3 4 5 6 7																
SECONDARY	3	1 2 3 4 5 6 7																
UNIV.	4	1 2 3 4 5 6 7																
111	How many years did you spend in vocational training? IF NONE, ENTER "0".	YEARS..... <input type="text"/> <input type="text"/>																
112	CHECK 110:  PRIMARY <input type="checkbox"/> JUNIOR OR HIGHER <input type="checkbox"/>		>114															
113	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3																
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2																
115	What is the major source of drinking water for members of your household?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 BOREHOLE.....04 WELL.....05 RIVER, LAKE, UNPROTECTED SPRING, SURFACE WATER.....06 PROTECTED SPRING.....07 TANKER TRUCK, OTHER VENDOR.....08 RAINWATER.....09 OTHER.....10 (SPECIFY)																
115A	How far do you have to walk to your major source of drinking water in the dry season?	< 1/4 MILE.....1 1/4 - 1/2 MILE.....2 1/2 - 1 MILE.....3 1 - 3 MILE.....4																
116	What is the major source of water for household use other than drinking (e.g., handwashing, cooking) for members of your household?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 BOREHOLE.....04 WELL.....05 RIVER, LAKE, UNPROTECTED SPRING, SURFACE WATER.....06 PROTECTED SPRING.....07 TANKER TRUCK, OTHER VENDOR.....08 RAINWATER.....09 OTHER.....10 (SPECIFY)																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
117	What kind of toilet does your household have?	FLUSH TOILET.....1 LATRINE, PIT.....2 OTHER .....3 (SPECIFY) NO FACILITIES.....8	
119	Do you have, right now, soap in your house?	YES.....1 NO.....2	
120	Does your house have:	YES NO Electricity? ELECTRICITY.....1 2 A radio? RADIO.....1 2 A hot plate/cooker? HOT PLATE/COOKER.....1 2 A charcoal iron? CHARCOAL IRON.....1 2 A television? TELEVISION.....1 2 A refrigerator? REFRIGERATOR.....1 2 A charcoal stove? CHARCOAL STOVE.....1 2	
121	Does any member of your household own:	YES NO A bicycle? BICYCLE.....1 2 A motorcycle? MOTORCYCLE.....1 2 A motor vehicle (CAR, BUS, LORRY, TRACTOR) MOTOR VEHICLE.....1 2 A canoe? CANOE.....1 2 A motor boat? MOTOR BOAT.....1 2	
122	MAIN MATERIAL OF THE FLOOR.  (RECORD OBSERVATION.)	PARQUET OR POLISHED WOOD.....1 CERAMIC TILES.....2 CEMENT.....3 COW DUNG.....4 EARTH/SAND.....5 OTHER .....6 (SPECIFY)	
130	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER .....5 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
140	What is your tribe?	ACHOLI.....01 MUKIGA.....10 ALUR.....02 MUKONJO.....11 ATESO.....03 MUNYANKOLE...12 KARIMOJONG...04 MUNYORO.....13 LANGI.....05 MUSOGA.....14 LUGBARA.....06 MUTORO.....15 MADI.....07 MWAMBA.....16 MUGANDA.....08 SAMIA.....17 MUGISU.....09 SEBEI.....18 OTHER.....19 (SPECIFY)	
150	Are you a member of any of the following organizations?		YES NO
	Mother's Union?	MOTHER'S UNION.....1	2
	YWCA?	YWCA.....1	2
	A cooperative?	COOPERATIVE.....1	2
	The Family Planning Association?	FPA.....1	2
	The RC?	RC.....1	2
	Any other?	OTHER.....1	2

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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 you have given birth to 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 ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→220

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.)

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
02 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
03 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
04 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
05 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
06 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2
07 _____ (NAME)	BOY   GIRL 1       2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1       2 ->(GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1       2

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/ her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2
09  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2
10  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2
11  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2
12  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2
13  (NAME)	BOY   GIRL 1   2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES   NO 1   2 ->(GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO 219)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES   NO 1   2

219 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS  
ARE SAME



NUMBERS ARE  
DIFFERENT



-> (PROBE AND RECONCILE)

INTERVIEWER: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED  
FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED  
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
220	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→225
221	For how many months have you been pregnant?	MONTHS.....	
222	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	→226
223	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY)	
224A	Since you have been pregnant, have you been given any injection in your arm?	YES.....1 NO.....2	→226
224B	Did you receive a card when you were given an injection? IF YES: May I see it please?	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3	→224D
224C	RECORD DATES OF TETANUS INJECTIONS IF ONLY ONE, WRITE "97" FOR SECOND. IF MORE THAN TWO, WRITE THE LAST TWO.	MONTH.. YEAR... MONTH.. YEAR...	
224D	Where did you go to get the (last) injection?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL OR CLINIC.....05 PHARMACY.....06 SCHOOL.....07 SHOP.....08 OTHER.....09 (SPECIFY) DK.....98	→226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
225	How long ago did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	<table><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>								
226	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?  PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....5 OTHER .....6 (SPECIFY) DK.....8									
227	PRESENCE OF OTHERS AT THIS POINT.	CHILDREN UNDER 10.....1 HUSBAND.....1 OTHER MALES.....1 OTHER FEMALES.....1	YES NO 2 2 2 2 2 2 2 2								

# SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01] PILL Women can take a pill every day.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
02] IUD Women can have a loop or coil placed inside their womb by a doctor or a nurse.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for a few months.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
04] DIAPHRAGM/FOAM/JELLY Women can place jelly, cream, tablets, or a diaphragm around the neck of the womb before intercourse.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
05] CONDOM Men can wear a rubber sheath during sexual intercourse.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
06] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
07] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
08] PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? OTHER <input type="text"/>	OTHER <input type="text"/>
09] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1→ YES.....1 YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	OTHER <input type="text"/>	OTHER <input type="text"/>
10] ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1→ YES.....1 NO.....3  ASK 303-305 FOR EACH METHOD AS APPROPRIATE	YES.....1 NO.....2	CODES FOR 304 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 FPAU CLINIC 04 MOBILE CLINIC 05 FIELD WORKER 06 PRIVATE DOCTOR 07 PRIVATE HOSP OR CLINIC 08 PHARMACY/SHOP 09 CHURCH 10 FRIENDS/RELATIVES 11 TRADITIONAL HEALER 12 OTHER (SPECIFY) 13 NOWHERE 98 DK	CODES FOR 305 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 HEALTH CONCERNS 05 ACCESS/AVAILABILITY 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 09 METHOD PERMANENT 11 OTHER (SPECIFY) 12 NONE 98 DK

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO 309



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	Where did you obtain (METHOD) the last time?	GOVERNMENT HOSPITAL.....01	}319
		GOVERNMENT HEALTH CENTER.....02	
		FPAU CLINIC.....03	
		MOBILE CLINIC.....04	
315A	Where did the sterilization take place?	FIELD WORKER.....05	
		PRIVATE DOCTOR.....06	
		PRIVATE HOSPITAL OR CLINIC.....07	
		PHARMACY/SHOP.....08	
315B	Where did you obtain instructions for this method?	CHURCH.....09	
		FREINDS/RELATIVES.....10	
		TRADITIONAL HEALER.....11	
		OTHER _____ 12	
		OTHER (SPECIFY)	
		NOWHERE.....13	
		DK.....98	
316	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1	}319
		NO.....2	
		DK.....8	
317	Which method would you prefer to use?	PILL.....01	}
		IUD.....02	
		INJECTIONS.....03	
		DIAPHRAGM/FOAM/JELLY.....04	
		CONDOM.....05	
		FEMALE STERILIZATION.....06	
		MALE STERILIZATION.....07	
		PERIODIC ABSTINENCE.....08	
		WITHDRAWAL.....09	
		OTHER _____ 10	
		(SPECIFY)	
		UNSURE.....98	
318	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1	}
		NO.....2	
		DK.....8	
319	Is it acceptable or not acceptable to you that family planning information is provided on radio or in newspapers?	ACCEPTABLE.....1	}
		NOT ACCEPTABLE.....2	
		DK.....8	
319A	Is it acceptable or not acceptable to you that family planning be taught in schools?	ACCEPTABLE.....1	}
		NOT ACCEPABLE.....2	
		DK.....8	

## SECTION 4. HEALTH AND BREASTFEEDING

401 CHECK 214:

ONE OR MORE LIVE BIRTHS  
SINCE JAN. 1983 ☐NO LIVE BIRTHS  
SINCE JAN. 1983 ☐

(SKIP TO 501)

402 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THE BIRTHS.

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/>	SECOND-FROM-LAST NAME <input type="text"/>	THIRD-FROM-LAST NAME <input type="text"/>
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5
405 Who assisted with the delivery of (NAME)?  PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6
406 Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 407)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2
406A Why did you never feed (NAME) at the breast?	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (SKIP TO 409)< NO (OR DEAD).....2			
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<

408A Why did you stop breastfeeding (NAME)?	INCONVENIENT.....01	INCONVENIENT.....01	INCONVENIENT.....01	INCONVENIENT.....01
	HAD TO WORK.....02	HAD TO WORK.....02	HAD TO WORK.....02	HAD TO WORK.....02
	INSUFFICNT MILK..03	INSUFFICNT MILK..03	INSUFFICNT MILK..03	INSUFFICNT MILK..03
	BABY REFUSED.....04	BABY REFUSED.....04	BABY REFUSED.....04	BABY REFUSED.....04
	CHILD DIED.....05	CHILD DIED.....05	CHILD DIED.....05	CHILD DIED.....05
	CHILD SICK.....06	CHILD SICK.....06	CHILD SICK.....06	CHILD SICK.....06
	CH HAD DIARRHEA..07	CH HAD DIARRHEA..07	CH HAD DIARRHEA..07	CH HAD DIARRHEA..07
	CH WEANING AGE...08	CH WEANING AGE...08	CH WEANING AGE...08	CH WEANING AGE...08
	BECAME PREGNANT..09	BECAME PREGNANT..09	BECAME PREGNANT..09	BECAME PREGNANT..09
	OTHER.....10	OTHER.....10	OTHER.....10	OTHER.....10
	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)

409 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
	NOT RETURNED.....96	NEVER RETURNED...96	NEVER RETURNED...96	NEVER RETURNED...96

410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1			
	NO.....2 (GO TO NEXT COL)<			

411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
	(GO TO NEXT COLUMN)	(GO TO NEXT COLUMN)	(GO TO NEXT COLUMN)	(GO TO 412)

412 CHECK 407 FOR LAST BIRTH:	<input type="checkbox"/>	ALL OTHERS <input type="checkbox"/>	418
LAST CHILD STILL BREASTFED			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
413	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																			
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																			
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following:  Plain water? Juice? Powdered milk? Cow's milk? Any other liquid, mushy food or solid?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW'S MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID, MUSHY FOOD OR SOLID.....</td> <td>1</td> <td>2</td> </tr> </table> (SPECIFY)		YES	NO	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW'S MILK.....	1	2	ANY OTHER LIQUID, MUSHY FOOD OR SOLID.....	1	2	
	YES	NO																			
PLAIN WATER.....	1	2																			
JUICE.....	1	2																			
POWDERED MILK.....	1	2																			
COW'S MILK.....	1	2																			
ANY OTHER LIQUID, MUSHY FOOD OR SOLID.....	1	2																			

416 CHECK 415: WAS GIVEN FOOD OR LIQUID ☐ NO FOODS OR LIQUID GIVEN ☐ >418

417 Were any of these given in a bottle with a nipple? YES.....1 NO.....2 >418

417A Why did you use a bottle with a nipple instead of breastfeeding the child? CONVENIENT.....1 HAD TO WORK.....2 INSUFFICIENT BREASTMILK.....3 BOTTLE BETTER THAN BREAST.....4 OTHER .....5 (SPECIFY)

418 At the time you became pregnant with (NAME OF LAST BIRTH), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all? THEN.....1 LATER .....2 NO MORE.....3

419 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST	THIRD-FROM-LAST
	NAME	NAME	NAME	NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
420 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<.....3 NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<.....3 NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<.....3 NO CARD.....3	(GO TO 428) YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<.....3 NO CARD.....3

421 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.

	NOT GIVEN	DA	MO	YR
BCG	1			
POLIO 1	1			
DPT 1	1			
MEASLES	1			
POLIO 2	1			
DPT 2	1			
POLIO 3	1			
DPT 3	1			

(SKIP TO 422A)



422 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
422A CHECK ON CHILD'S ARM FOR A BCG SCAR AND MARK IF PRESENT OR ABSENT	SCAR PRESENT.....1 SCAR ABSENT.....2 CHILD NOT SEEN.....9	SCAR PRESENT.....1 SCAR ABSENT.....2 CHILD NOT SEEN.....9 (SKIP TO 423)	SCAR PRESENT.....1 SCAR ABSENT.....2 CHILD NOT SEEN.....9 (SKIP TO 423)	SCAR PRESENT.....1 SCAR ABSENT.....2 CHILD NOT SEEN.....0 (SKIP TO 423)
422B Where can you go if you want to get a vaccination for your child?	GOVT HOSPITAL.....01 GOVT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSP/CLIN.....05 PHARMACY.....06 SCHOOL.....07 SPECIAL CAMP.....08 TRADITIONAL DOCTOR.....09 OTHER.....10 (SPECIFY) DK.....98			
423 Now I have some questions about (NAME'S) last episode of diarrhea. Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 424A)<— NO.....2 DK.....8 (GO TO NEXT COL)<—	YES.....1 (SKIP TO 424A)<— NO.....2 DK.....8 (GO TO NEXT COL)<—	YES.....1 (SKIP TO 424A)<— NO.....2 DK.....8 (GO TO NEXT COL)<—	YES.....1 (SKIP TO 424A)<— NO.....2 DK.....8 (GO TO NEXT COL)<—
424 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 NO.....2 (SKIP TO 428)<— DK.....8
424A How many days ago did the diarrhea start?	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
424B Was the episode of diarrhea mild moderate or severe?	MILD.....1 MODERATE.....2 SEVERE.....3	MILD.....1 MODERATE.....2 SEVERE.....3 (SKIP TO 424E)	MILD.....1 MODERATE.....2 SEVERE.....3 (SKIP TO 424E)	MILD.....1 MODERATE.....2 SEVERE.....3 (SKIP TO 424E)
424C CHECK 412: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 424E)			
424D Did you breastfeed (NAME) when he/she had diarrhea then?	YES.....1 NO.....2			
424E When (NAME) had diarrhea, did you give more, fewer, or the same amount of fluids?	MORE.....1 FEWER.....2 SAME.....3 DK.....8	MORE.....1 FEWER.....2 SAME.....3 DK.....8	MORE.....1 FEWER.....2 SAME.....3 DK.....8	MORE.....1 FEWER.....2 SAME.....3 DK.....8
424F Did you give (NAME) any special fluids when he/she had diarrhea?	YES.....1 NO.....2 (SKIP TO 424L)<—	YES.....1 NO.....2 (SKIP TO 424L)<—	YES.....1 NO.....2 (SKIP TO 424L)<—	YES.....1 NO.....2 (SKIP TO 424L)<—

424G What fluids did you give?	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 (SKIP TO 424I)< FRUIT JUICE.....3 TEA OR SOUP.....4 SYRUPS.....5 OTHER.....6 (SPECIFY) (SKIP TO 424M)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 (SKIP TO 424I)< FRUIT JUICE.....3 TEA OR SOUP.....4 SYRUPS.....5 OTHER.....6 (SPECIFY) (SKIP TO 424M)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 (SKIP TO 424I)< FRUIT JUICE.....3 TEA OR SOUP.....4 SYRUPS.....5 OTHER.....6 (SPECIFY) (SKIP TO 424M)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 (SKIP TO 424I)< FRUIT JUICE.....3 TEA OR SOUP.....4 SYRUPS.....5 OTHER.....6 (SPECIFY) (SKIP TO 424M)<
424H Where did you learn how to prepare the salt, sugar, and water solution?	GOVT HOSPITAL.....01 GOVT HEALTH CENTER.02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSP/CLIN..05 PHARMACY.....06 TRADITIONAL DOCTOR.07 OTHER.....08 (SPECIFY) DK.....98	GOVT HOSPITAL.....01 GOVT HEALTH CENTER.02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSP/CLIN..05 PHARMACY.....06 TRADITIONAL DOCTOR.07 OTHER.....08 (SPECIFY) DK.....98	GOVT HOSPITAL.....01 GOVT HEALTH CENTER.02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSP/CLIN..05 PHARMACY.....06 TRADITIONAL DOCTOR.07 OTHER.....08 (SPECIFY) DK.....98	GOVT HOSPITAL.....01 GOVT HEALTH CENTER.02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSP/CLIN..05 PHARMACY.....06 TRADITIONAL DOCTOR.07 OTHER.....08 (SPECIFY) DK.....98
424I When you gave (ORS OR HOME SOLUTION) to (NAME), did he/she get better, worse, or was there no change?	BETTER.....01 WORSE.....02 NO CHANGE.....03	BETTER.....01 WORSE.....02 NO CHANGE.....03	BETTER.....01 WORSE.....02 NO CHANGE.....03	BETTER.....01 WORSE.....02 NO CHANGE.....03
424J How much of the (ORS OR HOME SOLUTION) did you give (NAME) each day when he/she had diarrhea?	ONE LITRE EVERY 24 HOURS.....01 OTHER.....02 (SPECIFY)	ONE LITRE EVERY 24 HOURS.....01 OTHER.....02 (SPECIFY)	ONE LITRE EVERY 24 HOURS.....01 OTHER.....02 (SPECIFY)	ONE LITRE EVERY 24 HOURS.....01 OTHER.....02 (SPECIFY)
424K For how many days did you give (NAME) (ORS OR HOME SOLUTION)?	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
424L How would you prepare a home solution of ORS? **	ANSWER CORRECT.....1 ANSWER WRONG.....2 DK.....8	ANSWER CORRECT.....1 ANSWER WRONG.....2 DK.....8	ANSWER CORRECT.....1 ANSWER WRONG.....2 DK.....8	ANSWER CORRECT.....1 ANSWER WRONG.....2 DK.....8
424M When (NAME) had diarrhea, did you give more, fewer, or the same amount of foods you gave before he/she had diarrhea?	MORE.....1 FEWER.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 FEWER.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 FEWER.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 FEWER.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8
425 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional doctor, or any other place during the last episode of diarrhea? IF YES: Where was he/she taken?	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 427)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 427)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 427)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 427)<

\*\* CORRECT RECIPE FOR SALT AND SUGAR SOLUTION IS: ONE LITRE OF BOILED WATER, ONE LEVEL TEASPOON OF SALT, AND 8 LEVEL TEASPOONS OF SUGAR. FRUIT JUICE'S SUCH AS ORANGE OR PINEAPPLE MAY BE ADDED TO THE BASIC INGREDIENTS.

NO. |

426 What treatment did (NAME) receive there?  (CIRCLE ALL TREATMENTS MENTIONED.)	INJECTION.....1 IV (INTRA VENOUS)...1 TABLETS OR PILLS...1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRA VENOUS)...1 TABLETS OR PILLS...1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRA VENOUS)...1 TABLETS OR PILLS...1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRA VENOUS)...1 TABLETS OR PILLS...1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO 428)<
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427 Why was child not taken somewhere for treatment during the last episode of diarrhea?	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 NO FACILITIES AVAILABLE.....4 HOME TREATMENT SUFFICIENT.....5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 NO FACILITIES AVAILABLE.....4 HOME TREATMENT SUFFICIENT.....5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 NO FACILITIES AVAILABLE.....4 HOME TREATMENT SUFFICIENT.....5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 NO FACILITIES AVAILABLE.....4 HOME TREATMENT SUFFICIENT.....5 OTHER.....6 (SPECIFY) (ALL GO TO 428)<
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
428	Have you ever heard of a special product called (DALOZI) you can get for the treatment of diarrhea?	YES.....1 NO.....2	
428A	Have you ever seen a packet like this before? (SHOW PACKET.)	YES.....1 NO.....2	>429
428B	Do you think this packet is used to cure the diarrhea, or that it is used to prevent the child from drying out?	CURE DIARRHEA.....1 PREVENT DRYING OUT.....2 BOTH.....3 OTHER.....4 (SPECIFY) DK.....8	
428C	Have you ever used one of these packets for yourself or someone else?	YES.....1 NO.....2	>428F
428D	How do you prepare the medicine in the packet?  (CIRCLE ALL CODES MENTIONED.)	USE ONE LITRE OF WATER.....1 USE CLEAN CONTAINER.....1 USE CLEANEST WATER.....1 ADD PACKET TO WATER.....1 USE WITHIN ONE DAY THEN DISCARD LEFTOVER SOLUTION.....1 OTHER.....1 (SPECIFY) DK.....1	
428E	How much water do you use to prepare the packet?	ONE LITRE.....1 OTHER.....2 (SPECIFY) DK.....8	
428F	Where can you get these packets?  PROBE: Anywhere else  CIRCLE ALL PLACES MENTIONED	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 FIELD WORKER.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL/CLINIC.....1 PHARMACY.....1 SHOP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY) DK.....8	

428G	How much do (you think) the packets cost?	COST..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> FREE.....96 DK.....98
428H	Do you have one of these packets in your house now?	YES.....1 NO.....2→429
428I	Can I see the packet?	SHOWS PACKET.....1 DOES NOT SHOW PACKET.....2

ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH.  
429 THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 419.  
ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
430 Has (NAME) had fever in the last four weeks?	YES.....1 NO.....2 (SKIP TO 433)← DK.....8	YES.....1 NO.....2 (SKIP TO 433)← DK.....8	YES.....1 NO.....2 (SKIP TO 433)← DK.....8	(GO TO 501) YES.....1 NO.....2 (SKIP TO 433)← DK.....8
431 Did you take (NAME) to a private doctor or to a hospital or clinic, traditional doctor or any other place to treat the fever. IF YES: Where taken?	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5
432 Was there anything (else) you or somebody did to treat the fever? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.**	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1
433 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES.....1 NO.....2 (GO TO NEXT COL) ← DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) ← DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) ← DK.....8	YES.....1 NO.....2 (SKIP TO 501)← DK.....8
434 Did you take (NAME) to a private doctor, a hospital or clinic, a traditional doctor, or any other place to treat the problem? IF YES: Where was he/she taken?	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5	DOCTOR.....1 HOSPITAL/CLINIC....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN....5
435 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO 501)

## SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→519												
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NOT NOW LIVING TOGETHER.....5	→507												
503	Does your husband/partner live with you or is he now staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2													
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507												
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507												
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>													
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2													
508	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input type="text"/> <input type="text"/> DK.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	→510												
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>													
510	Are your mother and father still alive?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WOMAN'S MOTHER.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	WOMAN'S MOTHER.....1		2	8	WOMAN'S FATHER.....1		2	8	
	YES	NO	DK												
WOMAN'S MOTHER.....1		2	8												
WOMAN'S FATHER.....1		2	8												
511	Are your (first) husband's/partner's mother and father still alive?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>FIRST HUSBAND'S MOTHER.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	FIRST HUSBAND'S MOTHER.....1		2	8	FIRST HUSBAND'S FATHER.....1		2	8	
	YES	NO	DK												
FIRST HUSBAND'S MOTHER.....1		2	8												
FIRST HUSBAND'S FATHER.....1		2	8												
512	CHECK 510 AND 511:  AT LEAST ONE PARENT NOT LIVING OR DK <input type="checkbox"/> ALL ALIVE <input type="checkbox"/>		→515												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
513	Was (MENTION PARENTS NOT ALIVE NOW OR DK) alive at the time you began living together with your (first) husband or partner?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WOMAN'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	FIRST HUSBAND'S MOTHER.....	1	2	8	FIRST HUSBAND'S FATHER.....	1	2	8	
	YES	NO	DK																				
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FIRST HUSBAND'S MOTHER.....	1	2	8																				
FIRST HUSBAND'S FATHER.....	1	2	8																				
514	CHECK 513:  SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/>		→518																				
515	At the time you began living together, did you and your (first) husband/partner live with any of these parents for at least six months?	YES.....1 NO.....2	→517																				
516	For about how many years did you live together with a parent at that time?	YEARS..... UP TO THE PRESENT.....96	→518																				
517	Are you now living either with your parents or your husband's parents?	YES.....1 NO.....2																					
518	In how many localities have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF LOCALITIES.....	→520																				
519	Have you ever had sexual intercourse? IF SHE HAS HAD CHILDREN, CIRCLE YES WITHOUT ASKING 519 AND PROCEED TO 520	YES.....1 NO.....2	→528																				
520	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility.  How old were you when you first had sexual intercourse?	AGE.....																					
521	Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	→523																				
522	How many times?	TIMES.....																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
523	When was the last time you had sexual intercourse?  IF THE ANSWER TO 521 IS YES 523 IS ONE MONTH AGO CORRECT AND MAKE CONSISTENT	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4  BEFORE LAST BIRTH.....996	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> →528
524	CHECK 220:  NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→528
525	CHECK 313:  NOT USING <input type="checkbox"/> USING <input type="checkbox"/>		→528
526	If you become pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	→528
527	What is the main reason that you are not using a method to avoid pregnancy?	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER .....14 (SPECIFY) DK.....98	
528	PRESENCE OF OTHERS AT THIS POINT.	<div style="display: flex; justify-content: space-between;"> <span>YES</span> <span>NO</span> </div> CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

## SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		>609
602	CHECK 220 AND MARK BOX. Now I have some questions about the future. NOT PREGNANT OR UNSURE <input type="checkbox"/> Would you like to have a (another) child or would you prefer not to have any (more) children?  PREGNANT <input type="checkbox"/> After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE ANOTHER.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	>605
603	How long would you want to wait from now before the birth of a (another) child?	DURATION: MONTHS.....1 YEARS.....2 DK.....998	>605
604	CHECK 215: How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.	AGE OF YOUNGEST YEARS..... NO LIVING CHILDREN.....96 DK.....98	
605	For how long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	
606	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
607	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
608	How often have you talked to your husband/partner about this subject in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
609	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	
610	CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be?  HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER.....  OTHER ANSWER..... (SPECIFY)	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
701	CHECK 501:  EVER MARRIED OR LIVED WITH A MAN <input type="checkbox"/> ↓ ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.	ALL OTHERS <input type="checkbox"/>	>714																		
702	Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES.....1 NO.....2	>706																		
703	What was the highest level and grade of formal education your husband completed?  CIRCLE CODE FOR BOTH LEVEL AND GRADE	<table border="1"> <thead> <tr> <th></th> <th>LEVEL</th> <th>GRADE</th> </tr> </thead> <tbody> <tr> <td>PRIMARY</td> <td>1</td> <td>1 2 3 4 5 6 7</td> </tr> <tr> <td>JUNIOR</td> <td>2</td> <td>1 2 3</td> </tr> <tr> <td>SECONDARY</td> <td>3</td> <td>1 2 3 4 5 6</td> </tr> <tr> <td>UNIV.</td> <td>4</td> <td>1 2 3 4 5 6</td> </tr> <tr> <td>DK.....</td> <td></td> <td>98</td> </tr> </tbody> </table>		LEVEL	GRADE	PRIMARY	1	1 2 3 4 5 6 7	JUNIOR	2	1 2 3	SECONDARY	3	1 2 3 4 5 6	UNIV.	4	1 2 3 4 5 6	DK.....		98	
	LEVEL	GRADE																			
PRIMARY	1	1 2 3 4 5 6 7																			
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SECONDARY	3	1 2 3 4 5 6																			
UNIV.	4	1 2 3 4 5 6																			
DK.....		98																			
705	CHECK 703:  PRIMARY <input type="checkbox"/> ↓ SECONDARY OR HIGHER <input type="checkbox"/>		>707																		
706	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3																			
707	What kind of work does (did) your husband/partner mainly do?	FARMING .....01 FISHING .....02 MANUFACTURING .....03 BUILDING & CONSTRUCTION .....04 RETAILING .....05 SERVICES.....06 UNPAID FAMILY WORKER IN FARMING.....07 OTHER UNPAID FAMILY WORKERS....08 GOVT./PARASTATAL EMPLOYEE.....09 HOME MAKER.....10 STUDENT.....11 ECONOMICALLY NON-ACTIVE (AGED, SICK, DEFORMED ETC).....12																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
708	CHECK 707:  DOES (DID) NOT WORK ON THE LAND <input type="checkbox"/> WORKS (WORKED) ON THE LAND <input type="checkbox"/>		>710								
709	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	>712								
710	Does (did) your husband/partner work mainly on his family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	>712								
711	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2									
712	Before you married your (first) husband, did you yourself ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2									
713	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	>715								
714	Have you ever worked regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	>716								
715	Are you now working to earn money on a farm or in a business run by your family?	YES.....1 NO.....2									
716	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>									
717	MAIN MATERIAL OF THE ROOF (RECORD OBSERVATION)	THATCH.....1 PAPYRUS.....2 TINS.....3 IRON SHEETS.....4 ASBESTOS.....5 TILES.....6 CONCRETE.....7 OTHERS.....8									
718	MAIN MATERIAL OF THE WALLS (RECORD OBSERVATION OR ASK)	THATCH.....1 MUD AND POLES.....2 EARTH BRICKS.....3 CLAY BRICKS.....4 CEMENT BLOCKS.....5 CONCRETE.....6 STONES.....7 OTHER.....8									

# SECTION 8. WEIGHT AND LENGTH

INTERVIEWER: IN 801-803, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1983 STARTING WITH THE YOUNGEST CHILD. CHECK AGE IN 804 TO IDENTIFY CHILDREN 0-60 MONTHS OF AGE. RECORD WEIGHT AND LENGTH IN 805 AND 806.

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD	4 THIRD-TO-YOUNGEST LIVING CHILD
801 LINE NO. FROM Q.212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
802 NAME FROM Q.212	(NAME)	(NAME)	(NAME)	(NAME)
803 DATE OF BIRTH FROM Q.214	MONTH.... YEAR.....	MONTH.... YEAR.....	MONTH.... YEAR.....	MONTH.... YEAR.....
804 CHECK AGE: 0-60 MONTHS ***	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> GO TO NEXT PAGE
805 WEIGHT (in kgs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
806 LENGTH (in cms)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
807 STATE REASON IF UNABLE TO RECORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
808 NAME OF MEASURER:	NAME OF ASSISTANT:			

CODES FOR 807

1. CHILD AT HOME BUT VERY SICK
2. CHILD PRESENT DURING PRECEEDING NIGHT BUT NOW ELSEWHERE WITH RELATIVE
3. CHILD IN DISTANT HOSPITAL
4. PARENT/RELATIVE REFUSED
5. MEASURING BOARD SPOILT
6. SCALE SPOILT
7. OTHER (SPECIFY)

\*\*\* If unable to determine due to missing information, measure child.

**INTERVIEWER'S OBSERVATIONS**  
(To be filled in after completing interview.)

Person Interviewed: \_\_\_\_\_

Specific questions: \_\_\_\_\_

Language of interview: \_\_\_\_\_

Native language of respondent: \_\_\_\_\_

Translator used ? (tick correct answer):      YES ☐                      NO ☐

Other aspects: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Keyer: \_\_\_\_\_ Date: \_\_\_\_\_