

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
<p>REGION _____</p> <p>DISTRICT _____</p> <p>COUNTY _____</p> <p>SUB-COUNTY/TOWN _____</p> <p>PARISH/RC2 NAME _____</p> <p>EA NAME _____</p> <p>UDHS NUMBER.....</p> <p>URBAN/RURAL (Urban=1, Rural=2).....</p> <p>CITY/MUNICIPALITY/TOWN/COUNTRYSIDE..... (City=1, municipality=2, town=3, countryside=4)</p> <p>HOUSEHOLD NUMBER.....</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>NAME AND LINE NUMBER OF WOMAN _____</p> <p>RESIDENTIAL STATUS OF WOMAN (Resident =1, Visitor=2).</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
INTERVIEWER'S NAME				MONTH <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
RESULT*				YEAR <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
NEXT VISIT:				NAME <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
DATE TIME				RESULT <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
				TOTAL NUMBER OF VISIT <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____</p> <p> 2 NOT AT HOME 5 PARTLY COMPLETED _____</p> <p> 3 POSTPONED 6 INCAPACITATED _____ (SPECIFY)</p>				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div>
LANGUAGE USED IN INTERVIEW**.....				<div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div>
RESPONDENT'S LOCAL LANGUAGE**.....				<div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div>
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....				<div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div>
<p>** LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH</p> <p> 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER</p> <p> 3 LUGBARA 6 RUNYORO-RUTORO</p>				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____	NAME _____	_____	_____	
DATE _____	DATE _____	_____	_____	

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
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 city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in a city, in a municipality, in a town, or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
105	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	→ 114
108	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
109	What is the highest grade you completed at that level?	GRADE.....	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→ 113
111	Are you currently attending school?	YES.....1 NO.....2	→ 113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 HAD TO CARE FOR YOUNGER CHILDREN.....03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.....07 FAILED.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR.....10 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	

ENG WMN 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: <div style="display: flex; justify-content: space-around;"> <div>PRIMARY <input type="checkbox"/></div> <div>JUNIOR OR HIGHER <input type="checkbox"/></div> </div>		115
114	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116A
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116A	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	117A 117A
116B	What times do you usually listen to the radio? CIRCLE ALL TIMES MENTIONED.	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).....H DOES NOT KNOW.....Z	
116C	What day of the week do you usually like to listen to the radio? CIRCLE ALL DAYS MENTIONED.	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
117A	How often do you watch television (TV)?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	118 118
117B	What times do you usually watch TV? CIRCLE ALL TIMES MENTIONED.	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).....H DOES NOT KNOW.....Z	
117C	What day of the week do you usually like to watch television? CIRCLE ALL DAYS MENTIONED.	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	

ENG WMN 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER.....6 (SPECIFY)	
119	What is your tribe?	ACHOLI.....01 BANYORO.....17 ALUR.....02 BARULLI.....18 BAAMBA.....03 BARUNDI.....19 BACHOPE.....04 BASOGA.....20 BADAMA.....05 BATORO.....21 BAFUMBIRA.....06 BATWA.....22 BAGANDA.....07 ITESO.....23 BAGISU.....08 KAKWA.....24 BAGWE.....09 KARIMOJONG.....25 BAGWERE.....10 KUMAM.....26 BAHORORO.....11 LANGI.....27 BAKIGA.....12 LENDU.....28 BAKONJO.....13 LUGBARA.....29 BANYANKOLE.....14 MADI.....30 BANYARWANDA.....15 NUBIAM.....31 BANYOLE.....16 SAMIA.....32 SEBET.....33 OTHER.....96 (SPECIFY)	
120	CHECK RESIDENTIAL STATUS OF THE WOMAN AT COVER PAGE: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT (VISITOR) <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	201
121	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
122	In which (DISTRICT) is that located?	_____ (NAME OF THE DISTRICT)	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 →125 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT.....21 →125 PUBLIC WELL.....22 BORE HOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE/DAM.....33 GRAVITY FLOW SCHEME.....34 RAINWATER.....41 →125 BOTTLED WATER.....51 →125 OTHER.....96 (SPECIFY)	
123A	Where do you store the drinking water?	POT.....1 JERRY CAN.....2 PAN.....3 KALABASH.....4 OTHER.....6 (SPECIFY)	
124	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 IMPROVED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																									
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A video? An electric cooker?	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>ELECTRICITY.....</td><td>1</td><td>2</td></tr><tr><td>RADIO.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>TELEPHONE.....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr><tr><td>VIDEO.....</td><td>1</td><td>2</td></tr><tr><td>ELECTRIC COOKER.....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	VIDEO.....	1	2	ELECTRIC COOKER.....	1	2	
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VIDEO.....	1	2																									
ELECTRIC COOKER.....	1	2																									
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 FINISHED FLOOR PARQUET OR POLISHED WOOD.....21 VINYL OR ASPHALT STRIPS.....22 CERAMIC TILES.....23 CEMENT.....24 OTHER _____ 96 (SPECIFY)																									
128	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle (CAR, BUS, LORRY, TRACTOR)	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE.....</td><td>1</td><td>2</td></tr><tr><td>MOTOR VEHICLE.....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	MOTOR VEHICLE.....	1	2													
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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..... DAUGHTERS AT HOME.....	
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..... DAUGHTERS ELSEWHERE.....	
206	Sometimes it happens that God takes a child away too soon. This happens to many mothers here in Uganda. 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 survived only a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
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"/> <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 DEAD:	220	221
What name was given to your (first/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? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH?)
01 (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES..1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO....2 (NEXT ← BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
02	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES..1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO....2 (GO TO ← 220)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
03	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES..1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO....2 (GO TO ← 220)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
04	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES..1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO....2 (GO TO ← 220)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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ENG WMN 7

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221																				
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH?)																				
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222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. YES → GO TO 223
IS THE DIFFERENCE 4 YEARS OR MORE? NO → GO TO 224

223 Have you had any live births since the birth of (NAME OF LAST BIRTH)? YES.....1
NO.....2

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

NUMBERS ARE SAME

↓

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

NUMBERS ARE DIFFERENT

 → (PROBE AND RECONCILE)

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→231
227	How many months pregnant are you?	MONTHS.....	
228	Did you see anyone for a check on this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y	
229	Since you have been pregnant, have you been given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DOES NOT KNOW.....8	
230	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	→301
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01] <input type="checkbox"/> PILL Women can take a pill every day.	1	2	3 ↓	YES.....1 NO.....2
02] <input type="checkbox"/> IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 ↓	YES.....1 NO.....2
03] <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 ↓	YES.....1 NO.....2
04] <input type="checkbox"/> IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3 ↓	YES.....1 NO.....2
05] <input type="checkbox"/> DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3 ↓	YES.....1 NO.....2
06] <input type="checkbox"/> CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3 ↓	YES.....1 NO.....2
07] <input type="checkbox"/> FEMALE STERILISATION Women can have an operation to avoid having any more children.	1	2	3 ↓	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] <input type="checkbox"/> MALE STERILISATION Men can have operation to avoid having any more children.	1	2	3 ↓	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] <input type="checkbox"/> RHYTHM, COUNTING DAYS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3 ↓	YES.....1 NO.....2
10] <input type="checkbox"/> NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	3 ↓	YES.....1 NO.....2
11] <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 ↓	YES.....1 NO.....2
12] <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3		YES.....1 NO.....2
	(SPECIFY) _____			YES.....1 NO.....2
	(SPECIFY) _____			YES.....1 NO.....2

304 CHECK 303:
☐ NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) → SKIP TO 309

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 332
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
309	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"/>	
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 313A
311	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 333
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 332
313	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.....10 WITHDRAWAL.....11 OTHER.....96 (SPECIFY)	→ 325 → 317 → 322 → 325
313A	CIRCLE '07' FOR FEMALE STERILIZATION.		
314	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2	→ 316
315	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND	BRAND NAME <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
316	If a woman is using the pill for family planning, how many times a day is she supposed to take it?	TIMES A DAY..... <input type="text"/> DOES NOT KNOW.....8	→ 325

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>Where did the sterilisation 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>MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE".</p> <p>_____</p> <p>(NAME OF THE PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT MOBILE CLINIC.....14</p> <p>OTHER PUBLIC.....16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PRIVATE DOCTOR.....23</p> <p>PRIVATE MOBILE CLINIC.....24</p> <p>OTHER PRIVATE</p> <p>MEDICAL.....26</p> <p>(SPECIFY)</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	
320	<p>In what month and year was the sterilisation performed?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	<p>→326</p>
322	<p>Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	<p>→325</p>
323	<p>During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?</p>	<p>DURING HER PERIOD.....1</p> <p>RIGHT AFTER HER PERIOD HAS ENDED.....2</p> <p>IN THE MIDDLE OF THE CYCLE.....3</p> <p>JUST BEFORE HER PERIOD BEGINS.....4</p> <p>OTHER.....6</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>	
324	<p>How do you determine which days of your monthly cycle not to have sexual relations?</p>	<p>BASED ON CALENDAR.....1</p> <p>BASED ON BODY TEMPERATURE.....2</p> <p>BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3</p> <p>BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....4</p> <p>NO SPECIFIC SYSTEM.....5</p> <p>OTHER.....6</p> <p>(SPECIFY)</p>	
325	<p>For how many months have you been using (METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>	
326	<p>Some people use family planning because they have talked to their husband or friend, heard something on the radio or TV, or read something that encouraged them to use family planning.</p> <p>What motivated you to use family planning?</p> <p>RECORD ALL MENTIONED</p>	<p>TALKED TO HUSBAND.....A</p> <p>TALKED TO A FRIEND.....B</p> <p>TALKED TO A HEALTH WORKER.....C</p> <p>HEARD FP DRAMA ON RADIO.....D</p> <p>HEARD ADVERTISEMENT ON RADIO.....E</p> <p>HEARD SOMETHING ELSE ON RADIO.....F</p> <p>SAW SOMETHING ON TV.....G</p> <p>SAW THE YELLOW FP FLOWER (FP LOGO).....H</p> <p>READ A POSTER.....I</p> <p>READ A LEAFLET/FLYER/BROCHURE.....J</p> <p>ATTENDED A HEALTH TALK ON FP.....K</p> <p>SELF MOTIVATED.....L</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW/NO REASON.....Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	CHECK 313: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.....10 WITHDRAWAL.....11 OTHER.....96	→330A →333
329	Where did you obtain (METHOD) the last time? 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. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOV'T.DISPENSARY/HEALTH UNIT.....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE MEDICAL.....26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 (SPECIFY)	
330	Do you know another place where you could have obtained (METHOD) the last time?	YES.....1 NO.....2	→335
330A	At the time of the sterilisation operation, did you know another place where you could have received the operation?		
331	People select the place where they get family planning service for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.329 OR Q.317) instead of the other place you know about? RECORD RESPONSE AND CIRCLE CODE.	ACCESS-RELATED REASONS CLOSER TO HOME.....11 CLOSER TO MARKET/WORK.....12 AVAILABILITY OF TRANSPORT.....13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/ FRIENDLY.....21 CLEANER FACILITY.....22 OFFERS MORE PRIVACY.....23 SHORTER WAITING TIME.....24 LONGER HRS. OF OPERATION.....25 USE OTHER SERVICES AT THE FACILITY.....26 LOWER COST/CHEAPER.....31 WANTED ANONYMITY.....41 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	→335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
333	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→ 335
334	Where is that? 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. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 GOV'T.DISPENSARY/HEALTH UNIT.....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC.....16 (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/CHEMISTS.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE.....26 MEDICAL.....26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 (SPECIFY)	
335	Were you visited by a family planning program worker in the last 12 months?	YES.....1 NO.....2	
336	Have you visited a health facility in the last 12 months for any reason?	YES.....1 NO.....2	→ 338

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
338	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DOES NOT KNOW.....8	→343
339	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DOES NOT KNOW.....8	→343
340	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→343
341	Have you ever relied on breastfeeding to avoid pregnancy?	YES.....1 NO.....2	→343
342	Are you currently relying on breastfeeding to avoid pregnancy?	YES.....1 NO.....2	
343	CHECK 302 (1) HAS HEARD OF PILL (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF PILLS <input type="checkbox"/>		→345
344	You told me that you know the pill. What problems or disadvantages are there with using the pill? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER.....X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	
345	CHECK 302 (2) HAS HEARD OF IUD (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF IUD <input type="checkbox"/>		→347
346	You told me that you know the IUD. What problems or disadvantages are there with using the IUD? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER.....X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	
347	CHECK 302 (3) HAS HEARD OF INJECTION (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF INJECTION <input type="checkbox"/>		→401
348	You told me that you know the injection. What problems or disadvantages are there with using the injection? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER.....X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225:	ONE OR MORE BIRTHS SINCE JAN. 1991 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1991 <input type="checkbox"/>	→ (SKIP TO 468)
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN.1991 IN THE TABLE. ASK QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)			
403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>	
404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 (SKIP TO 407)← LATER.....2 NO MORE.....3 (SKIP TO 407)←	THEN.....1 (SKIP TO 407)← LATER.....2 NO MORE.....3 (SKIP TO 407)←	
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DOES NOT KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DOES NOT KNOW.....998	
407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)←	
408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> DOES NOT KNOW.....98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DOES NOT KNOW.....98	NO. OF TIMES..... <input type="text"/> DOES NOT KNOW.....98	
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411A)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 411A)← DOES NOT KNOW.....8	
411	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DOES NOT KNOW.....8	TIMES..... <input type="text"/> DOES NOT KNOW.....8	
411A	Did you eat special diet during this pregnancy? (DIET MEANS OTHER THAN NORMAL FOOD)	YES.....1 NO.....2	YES.....1 NO.....2	

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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH UNIT.....23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH UNIT.....23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER.....96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y
414	At the time of the birth of (NAME), did you have any of the following problems: Long labour, that is, did the strong and regular contractions last more than 12 hours? Excessive bleeding that so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOUR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 HIGH FEVER WITH BAD VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2	YES NO LABOUR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 HIGH FEVER WITH BAD VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	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 DOES NOT KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DOES NOT KNOW.....8
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 420)←
418	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"/> DOES NOT 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"/> DOES NOT KNOW.....99998

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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 433)← NO.....2	YES.....1 (SKIP TO 433)← NO.....2
430	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
431	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD STOPPED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD STOPPED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)
432	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)
433	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"/>
434	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"/>
435	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
436	At any time yesterday or last night, was (NAME) given any of the following:	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> Plain water? PLAIN WATER.....1 2 8 Juice? JUICE.....1 2 8 Baby formula? BABY FORMULA.....1 2 8 Any milk? ANY MILK.....1 2 8 Any other liquids? OTHER LIQUIDS.....1 2 8 Food made from millet/sorghum/maize? FOOD MADE FROM MILLET/SORGAM.....1 2 8 Food made from potato/cassava/yam/matooke? FOOD MADE FROM POTATO/CASSAVA.....1 2 8 Eggs, fish, or poultry? EGGS/FISH/POULTRY...1 2 8 Meat? MEAT.....1 2 8 Any other solid or semi-solid foods? OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> Plain water? PLAIN WATER.....1 2 8 Juice? JUICE.....1 2 8 Baby formula? BABY FORMULA.....1 2 8 Any milk? ANY MILK.....1 2 8 Any other liquids? OTHER LIQUIDS.....1 2 8 Food made from millet/sorghum/maize? FOOD MADE FROM MILLET/SORGAM.....1 2 8 Food made from potato/cassava/yam/matooke? FOOD MADE FROM POTATO/CASSAVA.....1 2 8 Eggs, fish, or poultry? EGGS/FISH/POULTRY...1 2 8 Meat? MEAT.....1 2 8 Any other solid or semi-solid foods? OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
437	CHECK 436: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE <input type="checkbox"/> OR MORE ↓ (SKIP TO 441)	"NO/DK" TO ALL <input type="checkbox"/> ↓ (SKIP TO 441)
440	(Aside from breastfeeding,) how many times did (NAME) eat yesterday? MEALS ONLY IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/> DOES NOT KNOW.....8	NUMBER OF TIMES..... <input type="checkbox"/> DOES NOT KNOW.....8
441	On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Any other liquids? Food made from millet/sorghum/maize? Food made from potato/cassava/yam/matooke? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM MILLET/SORGAM/MAIZE.. <input type="checkbox"/> FOOD MADE FROM POTATO/CASSAVA..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI- SOLID FOODS..... <input type="checkbox"/>	RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM MILLET/SORGAM/MAIZE.. <input type="checkbox"/> FOOD MADE FROM POTATO/CASSAVA..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI- SOLID FOODS..... <input type="checkbox"/>
442		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.

SECTION 4B. IMMUNISATION AND HEALTH

443	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.)																																																																																		
444	LINE NUMBER FROM Q212	LAST BIRTH LINE.....	NEXT-TO-LAST BIRTH LINE.....																																																																																
445	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 444 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 468.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 444 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 468.)																																																																																
446	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 448) ← YES, NOT SEEN.....2 (SKIP TO 450) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 448) ← YES, NOT SEEN.....2 (SKIP TO 450) ← NO CARD.....3																																																																																
447	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 450) ← NO.....2	YES.....1 (SKIP TO 450) ← NO.....2																																																																																
448	(1) COPY VACCINATION DATES 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. BCG Polio 0 (at birth) Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Measles	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>DPT1...</td><td></td><td></td><td></td></tr> <tr><td>DPT2...</td><td></td><td></td><td></td></tr> <tr><td>DPT3...</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				DPT1...				DPT2...				DPT3...				MEA....				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>DPT1...</td><td></td><td></td><td></td></tr> <tr><td>DPT2...</td><td></td><td></td><td></td></tr> <tr><td>DPT3...</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				DPT1...				DPT2...				DPT3...				MEA....			
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449	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) ← NO.....2 DOES NOT KNOW.....8 (SKIP TO 452) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) ← NO.....2 DOES NOT KNOW.....8 (SKIP TO 452) ←																																																																																
450	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 452) ← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 452) ← DOES NOT KNOW.....8																																																																																

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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
451	Please tell me if (NAME) received any of the following vaccinations		
451A	A BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that left a scar?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
451B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 451E)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 451E)← DOES NOT KNOW.....8
451C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
451D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
451E	DPT vaccination, that is, an injection, usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 451G)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 451G)← DOES NOT KNOW.....8
451F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
451G	An injection to prevent measles?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
452	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
453	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 457)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 457)← DOES NOT KNOW.....8
454	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
455	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 457)←	YES.....1 NO.....2 (SKIP TO 457)←
456	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH UNIT.....C GOV'T.MOBILE CLINIC...D COMM. HEALTH WORKER...E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER.....X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH UNIT.....C GOV'T.MOBILE CLINIC...D COMM. HEALTH WORKER...E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER.....X (SPECIFY)

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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
457	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 467)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 467)← DOES NOT KNOW.....8
458	Was there any blood in the stools?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
459	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> DOES NOT KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> DOES NOT KNOW.....98
460	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8
461	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8
462	Was (NAME) given a fluid made from a special packet called dalozi to drink?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
463	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 465)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 465)← DOES NOT KNOW.....8
464	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)
465	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 467)←	YES.....1 NO.....2 (SKIP TO 467)←
466	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH POST.....C GOVT. MOBILE CLINIC...D COMM. HEALTH WORKER...E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER...N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH POST.....C GOVT. MOBILE CLINIC...D COMM. HEALTH WORKER...E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER...N OTHER _____ X (SPECIFY)
467		GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	When a child has diarrhoea, should he/she be given less fluids than usual, about the same amount, or more than usual.	LESS FLUIDS.....1 ABOUT SAME AMOUNT OF FLUIDS.....2 MORE FLUIDS.....3 DOES NOT KNOW.....8	
469	When a child has diarrhoea, should he/she be given less food than usual about the same amount, or more than usual?	LESS FOOD.....1 ABOUT SAME AMOUNT OF FOOD.....2 MORE FOOD.....3 DOES NOT KNOW.....8	
470	When should a child who is sick with diarrhoea be taken to a health worker or health facility? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL.....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
471	When should a child who is sick with a cough be taken to a health worker or health facility? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
472	CHECK 462, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>		475
473	Have you ever heard of a special product called dalozi you can get for the treatment of diarrhea?	YES.....1 NO.....2	475
474	Have you ever seen a packet like this before? (SHOW PACKET).	YES.....1 NO.....2	
475	How many times in your whole life did you receive an injection in the arm to prevent tetanus?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> NEVER.....00	501
476	In what month and year was your last tetanus injection given?	MONTH.....1 <input type="text"/> <input type="text"/> YEAR.....2 <input type="text"/> <input type="text"/>	

SECTION 5. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3	→505															
503	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512															
504	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→509															
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2																
506	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→509															
507	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	→509															
508	Are you the first, second,.....wife?	RANK..... <input type="text"/> <input type="text"/>																
509	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																
510	CHECK 509: <table> <tr> <td> MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner? </td> <td> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </td> </tr> </table>	MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner?	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	→512													
MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner?	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?																	
511	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>																
512	Do you have a regular partner (apart from your husband)? I mean someone with whom you have been having sex for about a year or more?	YES.....1 NO.....2	→514															
513	How many regular partners do you have (aside from your husband)?	NUMBER..... <input type="text"/> <input type="text"/>																

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	CHECK 502 AND 512 MARRIED OR LIVING WITH A MAN OR HAS A REGULAR PARTNER <input type="checkbox"/>	NOT MARRIED AND NO REGULAR PARTNER <input type="checkbox"/>	517
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with your (husband/regular partner)? IF RESPONDENT HAS BOTH HUSBAND AND REGULAR PARTNER, ASK WHEN SHE LAST HAD SEX WITH EITHER.	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	517
516	For that sexual intercourse, was a condom used?	YES.....1 NO.....2	
517	Have you had sexual intercourse with anyone (else) in the last 6 months? (I mean, with someone other than your husband or regular partner that you mentioned earlier)	YES.....1 NO.....2	520
518	With how many different people have you had sexual intercourse in the last 6 months (apart from your husband or regular partners)?	NUMBER.....	
519	Was a condom used with any of these men?	YES, EACH PERSON.....1 YES, SOME PERSON.....2 NO, WITH NO ONE.....3	
520	When was the last time you had sexual intercourse (apart from your husband/regular partner)?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	527
521	For that last sexual intercourse, did you receive money, gifts or favours in return for sex?	CASH/MONEY.....1 GIFT.....2 BOTH CASH AND GIFT.....3 NONE.....4	
522	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
523	Was a condom used for that last sexual intercourse?	YES.....1 NO.....2	524A
524	What was the main reason that you did not use a condom that time?	NO KNOWLEDGE ABOUT CONDOM.....01 CONDOMS NOT AVAILABLE.....02 CONDOM TOO COSTLY.....03 WANTED MORE CHILDREN.....04 TRUST EACH OTHER.....05 PARTNER DOES NOT APPROVE.....06 CONDOM USE IS CUMBERSOME.....07 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524A	CHECK 515 AND 520: HAD SEX IN LAST 4 WEEKS <input type="checkbox"/> NO SEX IN LAST 4 WEEKS <input type="checkbox"/>		527
525	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... DOES NOT KNOW.....98	
526	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
527	Who did you have sex with the last time you had sexual intercourse? Was it with (your husband / the man you are living with) or was it with someone else?	HUSBAND.....1 REGULAR PARTNER.....2 SOMEONE ELSE.....3 NO ONE/NEVER HAD SEX.....4	
528	CHECK 303: DID NOT USE CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/> USED CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/>		531
529	Do you know where you can get condoms?	YES.....1 NO.....2	532
530	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 DISPENSARY/HEALTH UNIT.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE MEDICAL.....26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 (SPECIFY)	
531	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	
532	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOMS.....1 DON'T LIKE MEN TO USE CONDOMS.....2 DOES NOT MATTER.....3 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8	
533	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	

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SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 313: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		613
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child you are expecting, 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/DOES NOT KNOW.....8	606 604
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> How long would you like to wait after the birth of the child you are expecting 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) DOES NOT KNOW.....998	606
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 312: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		613
607	Do you think you will use a family planning method in the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	609
608	Do you think you will use a method of family planning at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM/COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.....10 WITHDRAWAL.....11 OTHER.....96 (SPECIFY) UNSURE.....98	613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	NOT HAVING SEX.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
613	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> HAS LIVING CHILDREN If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="text-align: center;"> <input type="checkbox"/> NO LIVING CHILDREN If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→615
614	How many of these children would you like to be boys and how many would you like to be girls?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> BOYS NUMBER....<input type="text"/><input type="text"/> </div> <div style="text-align: center;"> GIRLS <input type="text"/><input type="text"/> </div> <div style="text-align: center;"> EITHER <input type="text"/><input type="text"/> </div> </div> OTHER _____ 969696 (SPECIFY)	
615	Would you say that you approve of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	→617
616	Have you ever recommended family planning to a friend, relative or anyone else?	YES.....1 NO.....2	
617	Is it acceptable or not acceptable to you for information on family planning to be provided:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ACCEPT- ABLE RADIO.....1 TELEVISION.....1 </div> <div style="text-align: center;"> NOT ACCEPT- ABLE 2 2 </div> <div style="text-align: center;"> DOES NOT KNOW 8 8 </div> </div> On the radio? On the television?	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<div style="text-align: right;">YES NO</div> RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
618A	CHECK 618: YES, HEARD FAMILY PLANNING PROGRAM ON THE RADIO <input type="checkbox"/> DID NOT HEAR PROGRAM ON RADIO <input type="checkbox"/>		620
619	Which program or message have you heard? Any others? ON THE RADIO AND TELEVISION.	KONOWEEKA.....A ADVERTISEMENT FOR CONDOM/PILL.....B OTHER _____ X (SPECIFY)	
620	In the last few months have you discussed the practice of family planning with your friends or relatives?	YES.....1 NO.....2	622
621	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS.....H OTHER _____ X (SPECIFY)	
622	Do you think most, some, or none of the women you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DOES NOT KNOW.....8	
623	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		626A
624	Spouses/partners do not always agree on everything. 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 method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
625	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
626	Do you think your husband/partner wants the same number of children that you want, or does he want more fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626A	Do you think that using family planning will make a woman more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
626B	Do you think that using family planning will make a man more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
626C	What do you understand by the term "family planning"? RECORD ALL MENTIONED	ADVICE ON PRODUCING CHILDREN.....A NOT TO HAVE MANY CHILDREN.....B SPACING CHILDREN TO HAVE A MANAGEABLE FAMILY.....C PLANING A BRIGHT FUTURE.....D PRODUCE FEW CHILDREN, EDUCATE AND FEED THEM.....E OTHER _____ X (SPECIFY) DOES NOT KNOW.....2	
626D	In a relationship, who do you think should have the major role using family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
626E	Who should be responsible in getting information about family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
626F	Have you seen or heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 627
626G	Can you describe it?	YELLOW FLOWER IN A CIRCLE.....1 SMALL FAMILY INSIDE THE FLOWER.....2 A MAN, WOMAN, AND TWO CHILDREN.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
626H	What does it mean?	FP SERVICES ARE AVAILABLE.....1 HIGH QUALITY SERVICES ARE AVAILABL.....2 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
627	CHECK 527: HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 701
628	Sometimes a woman becomes pregnant when she does not want to be. Have you ever become pregnant when you did not want to be?	YES.....1 NO.....2	→ 701
629	How long ago was the last time that you became pregnant when you did not want to be?	YEARS AGO..... <input type="text"/>	
630	When that happened to you, what did you do about it?	STOPPED THE PREGNANCY.....01 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED.....02 HAD A MISCARRIAGE.....03 NOTHING/CONTINUED THE PREGNANCY.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	→ 633 → 637

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
631	What was done to stop the pregnancy?	BITTER DRINKS (HERBS).....01 TABLETS.....02 HARD MASSAGE/SQUEEZING ABDOMEN...03 CATHETER/OBJECT IN WOMB.....04 INJECTION.....05 SUCTION.....06 CURETAGE.....07 STRENUOUS WORK.....08 SCRUBBING FLOORS.....09 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
632	Who provided the methods for you? Anyone else?	DOCTOR.....A TRAINED NURSE/MIDWIFE.....B TRADITIONAL HEALER.....C TRAINED BIRTH ATTENDANT.....D UNTRAINED BIRTH ATTENDANT.....E PHARMACIST.....F RELATIVE/FRIEND.....G OTHER.....X (SPECIFY) NO ONE.....Y	→634
633	What do you think caused you to have a miscarriage?	BITTER DRINKS (HERBS).....01 TABLETS.....02 HARD MASSAGE/SQUEEZING ABDOMEN...03 CATHETER/OBJECT IN WOMB.....04 INJECTION.....05 SUCTION.....06 CURETAGE.....07 STRENUOUS WORK.....08 SCRUBBING FLOORS.....09 SOMETHING WRONG WITH BABY.....10 HAD A FIGHT.....11 HAD AN ACCIDENT.....12 WAS SICK.....13 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
634	Did you have any health problems as a result?	YES.....1 NO.....2	→637
635	Was it necessary for you to be hospitalized?	YES.....1 NO.....2	→637
636	How many nights did you spend in the hospital? IF NO NIGHTS, RECORD '00'.	NIGHTS IN HOSPITAL..... <input type="text"/> <input type="text"/>	
637	Did you ever have an earlier unwanted pregnancy that you or someone else stopped?	YES.....1 NO.....2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 503: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT ASKED <input type="checkbox"/></div> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div>ASK QUESTIONS ABOUT CURRENT HUSBAND/PARTNER</div> <div>ASK QUESTIONS ABOUT MOST RECENT HUSBAND/PARTNER</div> </div>		→ 708
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	→ 705
703	What was the highest level of school he attended: primary, junior, secondary or university?	PRIMARY1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4 DOES NOT KNOW.....8	→ 705
704	What was the highest grade he completed at that level?	GRADE..... <input type="text"/> DOES NOT KNOW.....8	
705	What is (was) your (last) husband/partner's main occupation? That is, what kind of work does (did) he mainly do?	<div style="border: 1px solid black; width: 100px; height: 40px; 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>	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 708
707	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	→ 711
709	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	→ 711
710	Have you done any work in the last 12 months?	YES.....1 NO.....2	→ 801
711	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
712	CHECK 711: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 714
713	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	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	
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	717 718
716	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>	
717	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <input type="text"/>	719
718	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>	
719	On a typical working day, how many hours do you spend working?	NUMBER OF HOURS..... <input type="text"/> DOES NOT KNOW.....98	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR...1 <input type="text"/> PER DAY....2 <input type="text"/> PER WEEK...3 <input type="text"/> PER MONTH...4 <input type="text"/> PER YEAR...5 <input type="text"/> OTHER.....99999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else? NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		801
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH...11 OTHER.....96 (SPECIFY)	

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about disease that can be transmitted through sex?	YES.....1 NO.....2	→806
802	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C GENITAL WARTS/CONDYLOMATA.....D OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
803	CHECK 527 HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→806
804	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	→806
805	Which? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C GENITAL WARTS/CONDYLOMATA.....D OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
806	During the last 12 months, did you have a vaginal discharge?	YES.....1 NO.....2 DON'T KNOW.....8	
807	During the last 12 months, did you have a sore or ulcer on your genitals?	YES.....1 NO.....2 DON'T KNOW.....8	
808	CHECK 805, 806, AND 807 HAD ONE OR MORE DISEASES <input type="checkbox"/> NONE OF THE DISEASES <input type="checkbox"/>		→814
809	When you had this disease (DISEASE FROM 805, 806 AND 807) did you take advice or treatment?	ADVICE/TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....8	→810A
810	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	→810B

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810A	Why did not you seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER.....6 (SPECIFY)	
810B	CHECK 527		
	HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		814
811	When you had this disease (DISEASE FROM 805, 806 AND 807) did you inform your partner?	YES.....1 NO.....2	
812	When you had (DISEASE FROM 805A AND 805B) did you do something so as not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	814
813	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOM.....B TOOK MEDICINES.....C OTHER.....X (SPECIFY)	
814	CHECK 802:		
	DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		816
815	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	901
816	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
817	How can a person get AIDS? Any other ways? RECORD ALL RESPONSES	SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E UNSTERILISED EQUIPMENT.....F MOTHER TO CHILD (AT BIRTH).....G BREASTFEEDING.....H KISSING.....I MOSQUITO BITES.....J OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
818	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	820

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES....C DON'T HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS.....E HAVE ONE FAITHFUL PARTNER (ZERO GRAZING).....F AVOID BLOOD TRANSFUSIONS.....G AVOID UNSTERILISED EQUIPMENT.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K DO NOT DRINK TOO MUCH ALCOHOL.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
820	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
821	Is AIDS a fatal disease, that is, do all people with AIDS die from the disease?	YES.....1 NO.....2 DOES NOT KNOW.....8	
822	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
823	Can AIDS be transmitted through breastfeeding?	YES.....1 NO.....2 DOES NOT KNOW.....8	
824	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→825
824A	What relationship to you?	SPOUSE.....A SIBLINGS.....B FRIENDS/RELATIVES.....C NEIGHBOURS.....D OTHERS _____ X (SPECIFY)	
825	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4	→827
826	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF PARTNERS.....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	→828
827	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
828	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	830
829	What did you do? Anything else? RECORD ALL MENTIONED	RESTRICTED SEX TO ONE PARTNER.....A STARTED USING CONDOMS.....B REDUCED NUMBER OF PARTNERS.....C STOPPED ALL SEX.....D OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
830	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever heard of this?	YES.....1 NO.....2	832
830A	CHECK 527: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		832
831	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
832	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	836
833	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
834	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	836
835	Where could you go?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
836	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)	
837	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 OTHER.....6 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	

SECTION 9. MATERNAL MORTALITY

901	<p>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.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
902	<p>CHECK 901: TWO OR MORE BIRTHS <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> → SKIP TO 916</p>
903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>

	[1]	[2]	[3]	[4]	[5]	[6]
904 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
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"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]
908 In what year did (NAME) die?	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7] =====
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914<] NO.....2	YES.....1 GO TO 914<] NO.....2	YES.....1 GO TO 914<] NO.....2	YES.....1 GO TO 914<] NO.....2	YES.....1 GO TO 914<] NO.....2	YES.....1 GO TO 914<] NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915<] NO.....2	YES.....1 GO TO 915<] NO.....2	YES.....1 GO TO 915<] NO.....2	YES.....1 GO TO 915<] NO.....2	YES.....1 GO TO 915<] NO.....2	YES.....1 GO TO 915<] NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915<]	YES.....1 NO.....2 GO TO 915<]	YES.....1 NO.....2 GO TO 915<]	YES.....1 NO.....2 GO TO 915<]	YES.....1 NO.....2 GO TO 915<]	YES.....1 NO.....2 GO TO 915<]
914 Was her death due to complications of 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
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	[7]	[8]	[9]	[10]	[11]	[12]
904 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
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"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
908 In what year did (NAME) die?	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12] =====	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13] =====
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914< NO.....2	YES.....1 GO TO 914< NO.....2	YES.....1 GO TO 914< NO.....2	YES.....1 GO TO 914< NO.....2	YES.....1 GO TO 914< NO.....2	YES.....1 GO TO 914< NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915< NO.....2	YES.....1 GO TO 915< NO.....2	YES.....1 GO TO 915< NO.....2	YES.....1 GO TO 915< NO.....2	YES.....1 GO TO 915< NO.....2	YES.....1 GO TO 915< NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915<	YES.....1 NO.....2 GO TO 915<	YES.....1 NO.....2 GO TO 915<	YES.....1 NO.....2 GO TO 915<	YES.....1 NO.....2 GO TO 915<	YES.....1 NO.....2 GO TO 915<
914 Was her death due to complications of 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
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
916 RECORD THE TIME.	HOUR..... MINUTES.....					<input type="text"/> <input type="text"/>

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SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1991	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1991	<input type="checkbox"/> → END
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INTERVIEWER: IN 1002 (COLUMNS 2-3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1991, USE ADDITIONAL FORMS).

	[1] RESPONDENT	[2] YOUNGEST LIVING CHILD	[3] NEXT-TO-YOUNGEST LIVING CHILD
1002	LINE NO. FROM Q.212	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
1003	NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)
1004	DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <small>DATE OF BIRTH</small> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> MONTH..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
1005	BCG SCAR ON TOP OF LEFT SHOULDER	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <small>BCG SCAR</small> </div>	SCAR SEEN.....1 NO SCAR.....2
1006	HEIGHT (in centimeters)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <small>MEASUREMENT</small> </div>	LYING.....1 STANDING.....2
1008	WEIGHT (in kilograms)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
1009	DATE WEIGHED AND MEASURED	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> MONTH..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> MONTH..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
1010	RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 (SPECIFY)
1011	NAME OF MEASURER:	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	NAME OF ASSISTANT: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

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 Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____