

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE

IDENTIFICATION	
REGION _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; position: relative;"> <!-- Grid representation of the cross --> </div>
DISTRICT _____	
COUNTY _____	
SUBCOUNTY/TOWN _____	
PARISH/LC2 NAME _____	
EA NAME _____	
UDHS NUMBER _____	
URBAN/RURAL (URBAN=1, RURAL=2)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				<div style="border: 1px solid black; width: 30px; height: 30px; margin: auto;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				
LANGUAGE USED IN INTERVIEW				
RESPONDENT'S LOCAL LANGUAGE				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with Uganda Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	For most of the time during the last five years, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, secondary, or post secondary?	PRIMARY 1 SECONDARY 2 POST SECONDARY 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
109A	Did you ever receive any vocational training?	NO TRAINING 1 TEACHER TRAINING 2 PARAMEDICAL TRAINING 3 OTHER TRAINING 6	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR POST SECONDARY <input type="checkbox"/>		→114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→115
114	During the last 4 weeks, did you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	During the last 4 weeks, did you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	During the last 4 weeks, did you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER 6 (SPECIFY)	
119	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→123
120	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> NONE 95	
121	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	→123
121A	CHECK 120: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE/NEVER <input type="checkbox"/>		→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> NONE/NEVER 95	
123	Have you had any kind of injection in the last 3 months?	YES 1 NO 2	→201
124	How many times did you have an injection in the last 3 months?	NUMBER OF INJECTIONS .. <input type="text"/> EVERY DAY 95	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 TRADITIONAL HEALER 2 FRIEND/RELATIVE 3 SELF 4 OTHER 6 (SPECIFY)	

SECTION 2: REPRODUCTION

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

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
09	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
10	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
11	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
12	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES 1 NO 2		
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1995, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS E.G., 01, 02 ...09. IF MONTHS ARE NOT KNOWN, RECORD 98 ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 236A
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="text"/> LAST PREGNANCY ENDED BEFORE <input type="text"/> JAN. 1995 OR LATER JAN. 1995		→ 236A
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→ 236A
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1995. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1995 which did not result in a live birth?	YES 1 NO 2	→ 236A
236	FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1995.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
236A	How old were you at the time you experienced your first menstruation?	YEARS <input type="text"/> <input type="text"/> NEVER MENSTRUATED 96 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY .. 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996																																	→238
237A	Some women experience some pains during menstruation. Did/do you experience such pains?	YES 1 NO 2 DON'T KNOW 8																																	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→240																																
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																																	
240	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL MENTIONED.	YES, CIGARETTES A YES, PIPES B YES, OTHER C _____ (SPECIFY) NO Y	→301																																
241	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																	



SECTION 3. CONTRACEPTION

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> Have you ever had an operation to avoid having any more children? YES 1 NO 2 </div> </div>
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2 </div> </div>
03	PILL Women can take a pill every day to avoid becoming pregnant.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
04	IUD/COIL Women can have a loop or coil placed inside them by a doctor or a nurse.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
13	WITHDRAWAL Men can be careful and pull out before climax.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
14	EMERGENCY CONTRACEPTION (NORLEVO) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 </div> </div>
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	<div style="display: flex; justify-content: space-between;"> <div> YES 1 (SPECIFY) (SPECIFY) NO 2 </div> <div style="text-align: right;"> YES 1 NO 2 YES 1 NO 2 </div> </div>
303	CHECK 302: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> NOT A SINGLE "YES" (NEVER USED) </div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div> AT LEAST ONE "YES" (EVER USED) </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div> <div style="text-align: right;">→ 307</div>	
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	<div style="display: flex; justify-content: space-between;"> <div> YES 1 NO 2 </div> <div style="text-align: right;">→ 329</div> </div>
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→329
311	Which method are you using?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD/COIL D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→313 →316A →312A →316A →312B →316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION. DO NOT PROMPT IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
312	What brand of pill are you currently using?	PILPLAN 1 MICROGYNON 2 EUGYEN 3 LOFEMINAL 4 OVRETTE 5 OTHER 6 DON'T KNOW 8	→316A
312A	What brand of injections are you currently using?	INJECTAPLAN 1 DEPO-PROVERA 2 DON'T KNOW 8	→316A
312B	What brand of condom are you currently using?	PROTECTOR 1 ENGABU 2 LIFE GUARD 3 ROUGH RIDER 4 PLEASURE 5 OTHER 6 DON'T KNOW 8	→316A
313	In what facility did the sterilization take place? 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) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR'S OFFICE 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 311:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
316	In what month and year was the sterilization performed?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
316A	<p>When did you start using (CURRENT METHOD) without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>		
317	<p>CHECK 316/316A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 1995 OR LATER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YEAR IS 1994 OR EARLIER</p> <input type="checkbox"/> </div> </div>		→327
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01 →322</p> <p>MALE STERILIZATION 02 →331</p> <p>PILL 03</p> <p>IUD/COIL 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11 →320A</p> <p>PERIODIC ABSTINENCE 12 →331</p> <p>WITHDRAWAL 13 →331</p> <p>OTHER METHOD 96 →331</p>	
320	Where did you obtain (CURRENT METHOD) when you started using it?	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OUTREACH 14</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR 15</p> <p>OTHER PUBLIC 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/DRUG SHOP 22</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE 23</p> <p>OUTREACH 24</p> <p>NGO COMMUNITY BASED DISTRIBUTOR 25</p> <p>OTHER PRIVATE MEDICAL 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>RELIGIOUS INSTITUTION 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	
320A	<p>Where did you learn to use the lactational amenorrhea method?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL 03 →328</p> <p>IUD/COIL 04 →325</p> <p>INJECTIONS 05 →325</p> <p>IMPLANTS 06 →325</p> <p>CONDOM 07 →325</p> <p>FEMALE CONDOM 08 →325</p> <p>DIAPHRAGM 09 →325</p> <p>FOAM/JELLY 10 →325</p> <p>LACTATIONAL AMEN. METHOD 11 →325</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→325
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
325	CHECK 322: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning which you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning which you could use?</p>	YES 1 NO 2	→327
326	Were you ever told by a health or family planning worker about other methods of family planning which you could use?	YES 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/COIL 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96	→331 →331 →331 →331 →331 →331 →331 →331 →331 →331 →331 →331
328	Where did you obtain (CURRENT METHOD) the last time? 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 GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUTREACH 14 GOV'T COMMUNITY BASED DISTRIBUTOR 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/DRUG SHOP 22 PRIVATE DOCTOR/NURSE/MIDWIFE 23 OUTREACH 24 NGO COMMUNITY BASED DISTRIBUTOR 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS INSTITUTION 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY)	→331
329	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
331	In the last 12 months, were you visited by a field worker who talked to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES 1</p> <p>NO 2</p>	→401
333	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1995 OR LATER <input type="checkbox"/> →484	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	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 <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E OTHER X (SPECIFY) NO ONE Y (SKIP TO 415) ←	
408	How many months pregnant were you when you FIRST received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
410	CHECK 407:	CODE A, B, C OR D CIRCLED CODE E, X OR Y CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 412)	
410A	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE MORE THAN ONCE OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 411)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410B	Where did you see the (HEALTH PROFESSIONAL MENTIONED IN 407) for antenatal care?	PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																			
411	How many months pregnant were you the LAST time you received antenatal care?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98																			
411A	Where did you see the (HEALTH PROFESSIONAL MENTIONED IN 407) the LAST time you saw someone for antenatal care?	PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																			
412	When you were pregnant with (NAME), were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE ...	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BLOOD PRESSURE ...	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
413	Sometimes a pregnancy can have complications that lead to miscarriage or even death. Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← DON'T REMEMBER 8																			
413A	What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HOURS E CONVULSIONS F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Y																			
414	Were you told where to go or what to do if you had any of these signs?	YES 1 NO 2 DON'T REMEMBER 8																			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
415	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 417) ← DON'T KNOW 8	
416	When you were pregnant with (NAME), how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	When you were pregnant with (NAME), were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	When you were pregnant with (NAME), did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	When you were pregnant with (NAME), did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	When you were pregnant with (NAME), did you take any drugs in order to prevent you from malaria?	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B METAKELFIN C CAMAQUINE D QUININE E DON'T KNOW F OTHER _____ X (SPECIFY)	
422A	CHECK 407:	CODE "Y" CODE "Y" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↳ (SKIP TO 423) ▼	
422B	Did you get these medicines during an antenatal visit, another health facility visit or from some other source?	ANTENATAL VISIT 1 ANOTHER VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)	
423	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KILOGRAMS FROM CARD 1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	KILOGRAMS FROM CARD 1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
425A	Has (NAME) been registered?	YES 1 NO 2 (SKIP TO 426) ◀ _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ◀ _____ DON'T KNOW 8
425B	Does (NAME) have a birth certificate? IF YES: May I see it, please?	SEEN, SHORT CERTIFICATE. . . 1 SEEN, LONG CERTIFICATE. . . 2 SEEN, BOTH CERTIFICATES. . . 3 NOT SEEN 4	SEEN, SHORT CERTIFICATE. . . 1 SEEN, LONG CERTIFICATE. . . 2 SEEN, BOTH CERTIFICATES. . . 3 NOT SEEN 4
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO ASSISTED.	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 429) ◀ _____ TBA'S HOME 12 OTHER HOME 13 (SKIP TO 429) ◀ _____ PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ◀ _____	HOME YOUR HOME 11 (SKIP TO 429) ◀ _____ TBA'S HOME 12 OTHER HOME 13 (SKIP TO 429) ◀ _____ PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ◀ _____
428	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433) ◀ _____ NO 2	YES 1 (SKIP TO 435) ◀ _____ NO 2
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ◀ _____	YES 1 NO 2
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL . . . 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL . . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	Who checked on your health at the time of the first check? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 11 MIDWIFE/NURSE 12 MEDICAL ASSISTANT/ CLINICAL OFFICER 13 NURSING AIDE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	
432	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 TBA'S HOME 13 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	
432A	Within the first six weeks after delivery, how many times did you have a check up?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
433	In the first two months after delivery, did you receive a vitamin A dose like this one? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?	YES 1 NO 2 (SKIP TO 439) ←	
436	For how many months after the birth of (NAME) did you NOT have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
437	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you NOT have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
442	Within the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446) ←
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2	
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
446A	After how many months did you start giving (NAME) fluids including water? IF NOT YET, RECORD '90'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
446B	After how many months did you start giving (NAME) solid foods, including porridge? IF NOT YET, RECORD '90'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450A) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450A) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise (i.e., between going to bed and waking up)? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
450	Did you give (NAME) anything other than breast milk yesterday or last night?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8	
450A	What did you use to give (NAME) something yesterday or last night?	CUP WITH SPOUT A BOTTLE WITH NIPPLE B SPOON C HAND D DON'T KNOW E OTHER X (SPECIFY)	CUP WITH SPOUT A BOTTLE WITH NIPPLE B SPOON C HAND D DON'T KNOW E OTHER X (SPECIFY)
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many times did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																					
455	LINE NUMBER FROM 212		LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>		NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																																																																																																																	
456	FROM 212 AND 216		NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="margin-left: 100px;">↓</div> (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)		NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="margin-left: 100px;">↓</div> (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484)																																																																																																																																																																	
457	Did (NAME) receive a Vitamin A dose like this one during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8																																																																																																																																																																	
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?		YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3		YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3																																																																																																																																																																	
459	Did you ever have a vaccination card for (NAME)?		YES 1 (SKIP TO 462) ← NO 2		YES 1 (SKIP TO 462) ← NO 2																																																																																																																																																																	
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.		DAY MONTH YEAR BCG ... <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										P0								P1								P2								P3								D1								D2								D3								MEA								VIT. A								DAY MONTH YEAR BCG .. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										P0								P1								P2								P3								D1								D2								D3								MEA								VIT. A							
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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received during the National Immunization Day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO, DPT, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 IF THE BOXES ARE BLANK) _____ (SKIP TO 464) _____ NO 2 (SKIP TO 464) _____ DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 IF THE BOXES ARE BLANK) _____ (SKIP TO 464) _____ NO 2 (SKIP TO 464) _____ DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) _____ DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) _____ DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) _____ DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles ?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a National Immunization Day campaign?	YES 1 NO 2 (SKIP TO 466) _____ NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) _____ DON'T KNOW 8 (SKIP TO 466) _____	YES 1 NO 2 (SKIP TO 466) _____ NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) _____ DON'T KNOW 8 (SKIP TO 466) _____
465	At which National Immunization Day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	POLIO (AUG/SEPT 1998) A POLIO (AUG/SEPT 1999) B MEASLES (MAR/APR 2000) C POLIO (AUG/SEP/OCT 2000) D	POLIO (AUG/SEPT 1998) A POLIO (AUG/SEPT 1999) B MEASLES (MAR/APR 2000) C POLIO (AUG/SEP/OCT 2000) .. D
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) _____ DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OTHER <input type="checkbox"/> OR 467 <input type="checkbox"/> (SKIP TO 474)	"YES" IN 466 OTHER <input type="checkbox"/> OR 467 <input type="checkbox"/> (SKIP TO 474)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. AID POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L HOME M OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. AID POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L HOME M OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 474)	"YES" IN 466 "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 474)
473	Does (NAME) have a fever now?	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8
473A	Was (NAME) given any medicines for the fever?	YES 1 NO 2 (SKIP 474) ← DON'T KNOW 8	YES 1 NO 2 (SKIP 474) ← DON'T KNOW 8
473B	In the past 2 weeks, which medicines were given to (NAME)? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. RECORD ALL MENTIONED	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B CAMAQUINE C QUININE D OTHER DRUGS ASPIRIN E PANADOL F TRADITIONAL HERBS G OTHER X (SPECIFY) DON'T KNOW Z	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B CAMAQUINE C QUININE D OTHER DRUGS ASPIRIN E PANADOL F TRADITIONAL HERBS G OTHER X (SPECIFY) DON'T KNOW Z
473C	CHECK 473B: WHICH MEDICINES?	CODE "A" CIRCLED CODE "A" NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473G)	CODE "A" CIRCLED CODE "A" NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473G)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
473D	How long after the fever started did (NAME) first take Chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8
473E	For how many days did (NAME) take Chloroquine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
473F	Where did you get the Chloroquine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
473G	CHECK 473B: WHICH MEDICINES?	CODE "B" CODE "B" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473K) ▼	CODE "B" CODE "B" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473K) ▼
473H	How long after the fever started did (NAME) first take Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8
473I	For how many days did (NAME) take Fansidar for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
473J	Where did you get the Fansidar for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
473K	CHECK 473B: WHICH MEDICINES?	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473O) ▼	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 473O) ▼
473L	How long after the fever started did (NAME) first take Camaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
473M	For how many days did (NAME) take Camaquine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8		DAYS <input type="text"/> DON'T KNOW 8	
473N	Where did you get the Camaquine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z		PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	
473O	CHECK 473B: WHICH MEDICINES?	CODE "D" CIRCLED <input type="checkbox"/>	CODE "D" NOT CIRCLED <input type="checkbox"/> (SKIP TO 474)	CODE "D" CIRCLED <input type="checkbox"/>	CODE "D" NOT CIRCLED <input type="checkbox"/> (SKIP TO 474)
473P	How long after the fever started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8		SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	
473Q	For how many days did (NAME) take Quinine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8		DAYS <input type="text"/> DON'T KNOW 8	
473R	Where did you get the Quinine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z		PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	
474	Do you have any mosquito nets in your house?	YES 1 NO 2 (SKIP TO 475) ←		CHECK FIRST COLUMN: HAS DOES NOT MOSQUITO HAVE NETS MOSQUITO NETS <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 475)	
474A	Does (NAME) usually sleep under a mosquito net?	YES 1 NO 2		YES 1 NO 2	
474B	Did (NAME) sleep under a mosquito net last night?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
474C	CHECK 474A AND 474B:	CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/> (SKIP TO 475)	CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/> (SKIP TO 475)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474D	How long ago was the mosquito net bought or obtained? IF LESS THAN 1 MONTH, RECORD '00'. IF MORE THAN 84 MONTHS, RECORD '84'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
474E	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8
474F	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'. IF MORE THAN 84 MONTHS, RECORD '84'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
475	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
476	How much was (NAME) given to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was he/she given any of the following to drink a A fluid made from a special packet called [LOCAL NAME]? b A government-recommended home-made fluid?	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOME-MADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT . 1 2 8 HOME-MADE FLUID . . . 1 2 8
479	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER X (SPECIFY)	TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER X (SPECIFY)
481	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	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 CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY)
		PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUGSHOP H PRIVATE DOCTOR I MOBILE CLINIC J OTHER PRIVATE MEDICAL _____ K (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUGSHOP H PRIVATE DOCTOR I MOBILE CLINIC J OTHER PRIVATE MEDICAL _____ K (SPECIFY)
		OTHER SOURCE SHOP L TRAD. PRACTITIONER M HOME N OTHER _____ X (SPECIFY)	OTHER SOURCE SHOP L TRAD. PRACTITIONER M HOME N OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 456, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 OR LATER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487
485	What is usually done to dispose of (NAME OF CHILD/YOUNGEST CHILD)'s stools when he/she does not use any toilet facility?	CHILD ALWAYS USES TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE . . . 02 THROW OUTSIDE THE DWELLING . . 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 OTHER _____ 96 (SPECIFY)	
486	CHECK 478 a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhoea?	YES 1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→494
489	When (your child/one of your children) is seriously ill, who decides whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	RESPONDENT 1 RESPONDENT AND OTHER PERSON(S) 2 OTHER PERSON(S) 3	
489B	Sometimes children have severe illnesses and should be taken immediately to a health facility. What type of symptoms would cause you to take your child to a health facility right away? RECORD ALL SYMPTOMS MENTIONED.	CHILD NOT ABLE TO EAT OR DRINK OR BREASTFEED A CHILD BECOMES SICKER B CHILD DEVELOPS A FEVER C CHILD HAS DIFFICULTY IN BREATHING D CHILD HAS BLOOD IN STOOL E CHILD DRINKS POORLY F OTHER _____ G (SPECIFY) OTHER _____ H (SPECIFY) OTHER _____ I (SPECIFY)	
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		→494

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Cerelac or any other infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids such as sugar water, tea, coffee, soda, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains: such as rice, posho, porridge, bread, chapati, pasta/ macaroni or pizza? Matooke?</p> <p>b Pumpkins, white or purple yams, carrots, or yellow sweet potatoes?</p> <p>c Any other food made from roots or tubers such as Irish potatoes or cassava?</p> <p>d Any green leafy vegetables such as dodo, nakati, bugga, sungsa, jjobyo, sukumawee or marakwang?</p> <p>e Mango or paw-paw?</p> <p>f Any other fruits and vegetables: oranges, bananas, apples, guavas, jack fruit, water melon, berries, avocados, tomatoes, green beans, or cabbage?</p> <p>g Meat (beef, pork or goat/mutton), poultry (chicken, duck or other birds), fish, insects (such as ants and grasshoppers), or eggs?</p> <p>h Any food made from legumes: lentils, beans, soybeans, cow peas, pidgeon peas (nkolimbo or lapena) or groundnuts? Simsim (sesame seeds)?</p> <p>i Milk and other dairy products such as cheese, yoghurt/sour milk/curdled milk?</p> <p>j Any food made with oil, fat, butter or ghee?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
494	CHECK 474 OR 474 NOT ASKED HAS MOSQUITO NET <input type="checkbox"/> DOES NOT HAVE MOSQUITO NET <input type="checkbox"/>		→ 495																		
494A	Do you always sleep under a mosquito net?	YES 1 NO 2																			
494B	Did you sleep under a mosquito net last night?	YES 1 NO 2																			
494C	CHECK 494A AND 494B: CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/>	→ 495																		
494D	How long ago was the mosquito net bought or obtained? IF LESS THAN 1 MONTH, RECORD '00' IF MORE THAN 84 MONTHS, RECORD '84'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
494E	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 DON'T KNOW 8	→ 495																		
494F	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00' IF MORE THAN 84 MONTHS, RECORD '84'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3																			
496	A number of factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not for you? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. Negative attitude of health provider.	<table border="0"> <thead> <tr> <th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
BIG PROBLEM	NOT A BIG PROBLEM																				
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SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	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
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. NAME _____ LINE NO. <input type="text"/> <input type="text"/>		
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2 DON'T KNOW 8	→510 →510
508	How many other wives does he have?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	
510	Have you been married or lived with a man only once, or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="text"/> In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="text"/> Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED 95	→524 →515
514A	Did that partner become your husband or did you go ahead to live with him?	YES 1 NO 2	
514B	At the time you first had sex, how old was your partner?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 96	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→516 →516 →524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
515A	In the last one week, how many times did you have sexual intercourse with any man?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 96									
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→516B								
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	→517								
516B	What was the main reason for not using a condom?	RESPONDENT WANTED TO BECOME PREGNANT 01 TRUSTED PARTNER 02 PARTNER INSISTED 03 OTHER 96 (SPECIFY) DON'T KNOW 98									
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→519								
518	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524								
520	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2	→521								
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
521	<p>What is your relationship to this man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523																
522	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
522A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES 1 NO 2	→524																
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→522D																
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																	
522D	<p>What is your relationship to this other man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523																
522E	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
523	In total, how many different men have you had sex with in the last 12 months?	NUMBER OF PARTNERS . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
523B	When having sex with a non-regular partner, how often do you use a condom?	NO NON-REGULAR PARTNER 1 NEVER USED 2 LESS OFTEN 3 OFTEN 4 ALWAYS 5																	
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→527																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIENDS/RELATIVES O</p> <p>STREET VENDOR P</p> <p>LODGE Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
526	If you wanted to, could you yourself obtain a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
526A	If you had a condom, could you convince your partner to use it?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
527	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→601
528	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIENDS/RELATIVES O</p> <p>STREET VENDOR P</p> <p>LODGE Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
529	If you wanted to, could you yourself obtain a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: <div> NEITHER STERILIZED <input type="checkbox"/> </div> <div> HE OR SHE STERILIZED <input type="checkbox"/> </div>		→614
602	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <div> 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? </div> <div> Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? </div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→604 →614 →610 →608
603	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <div> How long would you like to wait from now before the birth of (a/another) child? </div> <div> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div>	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→609 →614 →609
604	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div>		→610
605	CHECK 310: USING A METHOD? <div> NOT ASKED <input type="checkbox"/> </div> <div> NOT CURRENTLY USING <input type="checkbox"/> </div> <div> CURRENTLY USING <input type="checkbox"/> </div>		→608
606	CHECK 603: <div> NOT ASKED <input type="checkbox"/> </div> <div> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> </div> <div> 00-23 MONTHS OR 01 YEAR <input type="checkbox"/> </div>		→610

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last six months have you heard/read about family planning: On the radio? On the television? In a newspaper or magazine? Billboards? Community meeting/church? Mobile van?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 BILLBOARDS 1 2 COMMUNITY MEETING 1 2 MOBILE VAN 1 2	
619	In the last six months, have you discussed the practice of family planning with your husband, partner, friends, neighbours, or relatives?	YES 1 NO 2	→621
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBOURS I OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	CHECK 501: <div style="display: flex; justify-content: space-around;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>NO, NOT IN UNION <input type="checkbox"/></div> </div>		→628
622	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div>ANY CODE CIRCLED <input type="checkbox"/></div> <div>NO CODE CIRCLED <input type="checkbox"/></div> </div>		→624
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
626	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→628
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: <div style="margin-left: 40px;"> She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood? </div>	<div style="text-align: right; margin-bottom: 10px;">YES NO DK</div> <div style="display: flex; justify-content: space-between;"> <div>HAS STD</div> <div>1 2 8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER WOMEN</div> <div>1 2 8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RECENT BIRTH</div> <div>1 2 8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TIRED/MOOD</div> <div>1 2 8</div> </div>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> →703 →707 </div>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: primary, secondary, or post secondary?	PRIMARY 1 SECONDARY 2 POST SECONDARY 3 DON'T KNOW 8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
706	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
707	Aside from your own housework, during the past 7 days did you do any other work?	YES 1 NO 2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
711	CHECK 710: <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 PUBLIC LAND 5 COMMUNAL LAND 6	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6	
719	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 <div> <div>Your own health care?</div> <div>123456</div> </div> <div> <div>Children's health care?</div> <div>123456</div> </div> <div> <div>Making large household purchases?</div> <div>123456</div> </div> <div> <div>Making household purchases for daily needs?</div> <div>123456</div> </div> <div> <div>Visits to family or relatives?</div> <div>123456</div> </div> <div> <div>What food should be cooked each day?</div> <div>123456</div> </div>	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<div> PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRS </div> CHILDREN <10 128 HUSBAND 128 OTHER MALES 128 OTHER FEMALES .. 128	
721	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<div> YES NO DK </div> <div> If she goes out without telling him? GOES OUT 128 </div> <div> If she neglects the children? NEGL. CHILDREN .. 128 </div> <div> If she argues with him? ARGUES 128 </div> <div> If she refuses to have sex with him? REFUSES SEX 128 </div> <div> If she burns the food? BURNS FOOD 128 </div>	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→809
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL PRACTITIONER M AVOID SKIN PIERCING/CUTTING INSTRUMENTS N SHARING SYRINGE O SHARING A TOILET P AVOID TOUCHING A PERSON WITH AIDS Q AVOID SHARING FOOD R OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
810	Do you know someone personally (relative, friend or colleague) who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→813
812	When can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELIVERY .. 1 2 8 BREASTFEEDING .. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→815												
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2													
815	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8													
815A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	<table border="0"> <tr> <td></td><td></td><td>NOT ACCEPT- ACCEPT- ABLE ABLE</td></tr> <tr> <td>ON THE RADIO</td><td>.... 1</td><td>2</td></tr> <tr> <td>ON THE TV</td><td>..... 1</td><td>2</td></tr> <tr> <td>IN NEWSPAPERS</td><td>.. 1</td><td>2</td></tr> </table>			NOT ACCEPT- ACCEPT- ABLE ABLE	ON THE RADIO 1	2	ON THE TV 1	2	IN NEWSPAPERS	.. 1	2	
		NOT ACCEPT- ACCEPT- ABLE ABLE													
ON THE RADIO 1	2													
ON THE TV 1	2													
IN NEWSPAPERS	.. 1	2													
816	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8													
817	If a female teacher has the AIDS virus, should she/he be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8													
817A	Should children aged 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8													
817B	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→817E												
817C	Where did you go for the test the last time?	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY)													
817D	Did you get the result? DO NOT ASK FOR THE RESULT	YES 1 NO 2	→818												
817E	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→818												
817F	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817G	<p>Where can you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
818	<p>(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	→901
818A	<p>What infections do you know?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS A</p> <p>GONORRHEA B</p> <p>GENITAL WARTS/CONDYLOMATA C</p> <p>CHANCROID D</p> <p>CHLAMYDIA E</p> <p>CANDIDA F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
818B	<p>Infections that are transmitted through sexual contact can cause problems if left untreated. What are some of these problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>INFERTILITY A</p> <p>MISCARRIAGE/STILLBIRTH B</p> <p>EASIER TO GET HIV C</p> <p>BABY BORN SICK D</p> <p>MADNESS E</p> <p>OTHER X</p> <p>DON'T KNOW Y</p>	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN</p> <p>GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/ HAVE A CHILD L</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
819A	<p>If a man has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCY/STERILITY L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SIGNS/SYMPTOMS Y</p> <p>DON'T KNOW Z</p>																			
820	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→901																		
820A	<p>Now I would like to ask you some questions about your health in the last 12 months.</p> <p>During the last 12 months, have you had a sexually-transmitted disease?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→820C																		
820B	<p>Which one?</p> <p>Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS A</p> <p>GONORRHEA B</p> <p>GENITAL WARTS/CONDYLOMATA C</p> <p>CHANCROID D</p> <p>CHLAMYDIA E</p> <p>CANDIDA F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																			
820C	<p>During the last 12 months, have you had a genital discharge (abnormal, itchy, smelly)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
820D	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
820E	<p>CHECK 820B/820C/820D :</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→901																		
820F	<p>The last time you had (INFECTION FROM 820B/820C/820D) did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→820I																		
820G	<p>The last time you had (INFECTION FROM 820B/820C/820D), did you do any of the following? Did you....</p> <p>Seek advice from a health worker in a clinic or hospital?</p> <p>Seek advice or medicine from a traditional healer?</p> <p>Seek advice or buy medicine in a drug shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p> <p>Do self medication?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td><td>1</td><td>2</td></tr> <tr> <td>TRADITIONAL HEALER</td><td>1</td><td>2</td></tr> <tr> <td>DRUG SHOP/PHARMACY</td><td>1</td><td>2</td></tr> <tr> <td>FRIENDS/RELATIVES</td><td>1</td><td>2</td></tr> <tr> <td>SELF MEDICATION</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	DRUG SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	SELF MEDICATION	1	2	
	YES	NO																			
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FRIENDS/RELATIVES	1	2																			
SELF MEDICATION	1	2																			

820H	When you had (INFECTION FROM 820B/820C/820D), did you inform the person(s) (spouse/ regular partner/ casual partner) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3	
820I	When you had (INFECTION FROM 820B/820C/820D), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED . 3	<input type="checkbox"/> → 901
820J	What did you do to avoid infecting your partner(s)? Did you....	YES NO	
	Stop having sex?	STOP SEX 1 2	
	Use a condom when having sex?	USE CONDOM 1 2	
	Take medicine?	TAKE MEDICINE 1 2	
	Advise him to have medical consultation?	ADVISE TO CONSULT 1 2	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH <input type="checkbox"/> _____ (RESPONDENT ONLY)							→916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	Is (NAME) male or female?	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	
906	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [2]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [3]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [4]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [5]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [6]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> 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?	<input type="text"/> GO TO 910↙ DK 9998	<input type="text"/> GO TO 910↙ DK 9998	<input type="text"/> GO TO 910↙ DK 9998	<input type="text"/> GO TO 910↙ DK 9998	<input type="text"/> GO TO 910↙ DK 9998	<input type="text"/> GO TO 910↙ DK 9998	
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 he/she 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 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	
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 2 months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
915	How many children did (NAME) give birth to during her lifetime?	<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]	
IF NO MORE BROTHERS OR SISTERS, GO TO 916								

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2
906	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [8]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [9]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [10]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [11]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [12]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [13]
907	How old is (NAME)?	<div> </div> <div> </div> GO TO [8]	<div> </div> <div> </div> GO TO [9]	<div> </div> <div> </div> GO TO [10]	<div> </div> <div> </div> GO TO [11]	<div> </div> <div> </div> GO TO [12]	<div> </div> <div> </div> GO TO [13]
908	In what year did (NAME) die?	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998	<div> </div> <div> </div> <div> </div> <div> </div> GO TO 910↙ DK 9998
909	How many years ago did (NAME) die?	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>
910	How old was (NAME) when he/she died?	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<div> </div> <div> </div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
911	Was (NAME) pregnant when she died?	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
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	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?	<div> </div> <div> </div> GO TO [8]	<div> </div> <div> </div> GO TO [9]	<div> </div> <div> </div> GO TO [10]	<div> </div> <div> </div> GO TO [11]	<div> </div> <div> </div> GO TO [12]	<div> </div> <div> </div> GO TO [13]
IF NO MORE BROTHERS OR SISTERS, GO TO 916							
916	RECORD THE TIME.				HOURS <div> </div> <div> </div>		
					MINUTES <div> </div> <div> </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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES
B BIRTHS
P PREGNANCIES
T TERMINATIONS

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