

UKRAINE DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN QUESTIONNAIRE

UKRAINE  
THE UKRAINIAN CENTER FOR SOCIAL REFORMS

IDENTIFICATION																									
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... OBLAST ..... RAYON .....  KIEV/LARGE CITY >1 MLN=1, SMALL CITY(50,000-1 MLN)=2, TOWN(< 50,000)=3, RURAL=4 NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																								
CHECK QUESTION 146 IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "DOMESTIC VIOLENCE" (SECTION 11 WOMAN'S Q.)? ..... (YES = 1, NO=2) <input type="checkbox"/>																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
				INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table>																					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>																					
TIME	_____	_____																							
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY) _____																									
QUESTIONNAIRE LANGUAGE: <input type="checkbox"/>		LANGUAGE OF INTERVIEW: <input type="checkbox"/>		NATIVE LANGUAGE OF RESPONDENT <input type="checkbox"/>																					
CODES: UKRAINIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)				TRANSLATOR USED (YES = 1, NO = 2) <input type="checkbox"/>																					
SUPERVISOR/FIELD EDITOR			OFFICE EDITOR	KEYED BY																					
NAME _____			<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>			<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>																			
DATE _____			<table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td></tr> </table>				<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>																		

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with  
The State Statistical Committee and The Ukrainian Center for Social Reforms.

We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MINUTES ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
101A	BLOOD PRESSURE MEASUREMENT 1 GOTO Q1135 IN SECTION 11 AT THE END OF THE QUESTIONNAIRE		
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> ALWAYS ..... 95 VISITOR ..... 96	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           ↓ 106         </div>
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
106	In what month and year were you born?	MONTH ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 115
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 PTU ..... 3 TECHNICUM/UCHILICHE ..... 4 HIGHER ..... 5	
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4			
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4			
118	What is your religion?	CHRISTIAN ORTHODOCS ..... 01 CHRISTIAN CATHOLIC ..... 02 CHRISTIAN PROTESTANT..... 03 ISLAM ..... 04 JUDAISM ..... 05 NO RELIGION ..... 06 OTHER ..... '96  _____ (SPECIFY)			
118A	In the last 12 month have you attended any religious services or any activity organized by any religious group?	YES ..... 1 NO ..... 2	→ 201		
118B	When was the last time you have attended this type of activity or service?  RECORD THE MONTHS LESS THAN ONE MONTH RECORD 00	MONTHS AGO <table border="1"><tr><td></td><td></td></tr></table>			
118C	What type of service or activity was it?	OCCASIONAL RELIGIOUS CEREMON... 1 REGULAR MASS/SERVICE ..... 2 ORGANIZED ACTIVITY ..... 3	└→ 201		
118D	What religious group did organize or hosted this activity?	CHRISTIAN ORTHODOCS ..... 01 CHRISTIAN CATHOLIC ..... 02 CHRISTIAN PROTESTANT..... 03 ISLAM ..... 04 JUDAISM ..... 05 OTHER ..... '96  _____ (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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters 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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1"><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.										
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately.  How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1"><tr><td></td><td></td></tr></table>									
209B	How many miscarriages?  IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1"><tr><td></td><td></td></tr></table>									
209C	How many stillbirths?  IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1"><tr><td></td><td></td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES OUTCOMES, RECORD '00'.	TOTAL ..... <table border="1"><tr><td></td><td></td></tr></table>									
210	CHECK 209D:  Just to make sure that I have this right: you have had in TOTAL _____ pregnancies outcomes during your life. Is that correct?  ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → 226										

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information: RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 10 PREGNANCIES USE AN ADDITIONAL QUESTIONNAIRE											
212	213	214	215	216	217	218	219	220	221	222	222A
Did your (last/next to last/etc) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	CHECK 212: RECORD SAME RESPONSE	What name was given to this child?  WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) on his/her last birthday?  RECORD AGE IN COMPLETE YEARS	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD.	IF DIED: 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 pregnancies between this and the pregnancy we were just talking about?  IF YES, ADD IT TO TABLE
01 LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ..... 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO .... 2 222	AGE IN YEARS 222	YES ... 1 NO .... 2	HH LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	
02 LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO .... 2 222	AGE IN YEARS 222	YES ... 1 NO .... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ... 2 PREGNANCY NO ... 2 NEXT ... 2 PREGNANCY
03 LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO .... 2 222	AGE IN YEARS 222	YES ... 1 NO .... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ... 2 PREGNANCY NO ... 2 NEXT ... 2 PREGNANCY
04 LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO .... 2 222	AGE IN YEARS 222	YES ... 1 NO .... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ... 2 PREGNANCY NO ... 2 NEXT ... 2 PREGNANCY
05 LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO .... 2 222	AGE IN YEARS 222	YES ... 1 NO .... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ... 2 PREGNANCY NO ... 2 NEXT ... 2 PREGNANCY

212	Did your (last/next to last/etc) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	213	Was this a single or multiple birth?	214	In what month and year was this child born / did this pregnancy end?	215	CHECK 212: RECORD SAME RESPONSE	216	What name was given to this child? WRITE 'BABY 1' BABY 2' ETC. IF NO NAME WAS GIVEN TO A CHILD	217	Is (NAME) a boy or girl?	218	Is (NAME) still alive?	219	IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	220	IF ALIVE: Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD.  RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222	IF DIED: 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.	222A	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE
06	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD PREGNANCY NO ... 2 NEXT PREGNANCY											
07	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD PREGNANCY NO ... 2 NEXT PREGNANCY											
08	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD PREGNANCY NO ... 2 NEXT PREGNANCY											
09	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD PREGNANCY NO ... 2 NEXT PREGNANCY											
10	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	LIVE BIRTH ..... 1 STILL BIRTH ..... 2 MISCARRIAGE ... 3 ABORTION ..... 4 GOTO 222A	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	HH LINE NO.: GOTO 222A	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD PREGNANCY NO ... 2 NEXT PREGNANCY											

222B	<p>Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth?          IF YES, RECORD PREGNANCIES IN TABLE ABOVE.</p>	YES ..... 1 NO ..... 2
222C	<p>RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES</p> <p>TOTAL NUMBER OF PREGNANCIES OUTCOMES <input type="text"/> <input type="text"/></p> <p>SAME AS NUMBER IN 209D <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>TOTAL NUMBER OF LIVE BIRTH <input type="text"/> <input type="text"/></p> <p>SAME AS NUMBER IN 208 <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>TOTAL NUMBER OF ABORTIONS <input type="text"/> <input type="text"/></p> <p>SAME AS NUMBER IN 209A <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p>	
222D	<p>COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES OUTCOMES IN PREGNANCY HISTORY AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214)</p> <p>FOR EACH LIVE BIRTH SINCE JANUARY 2002, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214)</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 218, 219)</p> <p>FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 218, 222).</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222).</p> <div style="float: right;"> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </div>	

223A	CHECK 212 AND 214: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>            ONE OR MORE ABORTIONS            SINCE JANUARY 2002            OR LATER         </div> <div style="text-align: center;"> <input type="checkbox"/>            NO            ABORTIONS            IN 2002            OR LATER         </div> <div style="text-align: right;">           → 223E         </div> </div>		
NO.	QUESTIONS AND FILTER	LAST ABORTION	
223B	PREGNANCY № FROM 212	PREGNANCY № <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
223C	Where was this last abortion performed?	PUBLIC SECTOR HOSPITAL/MATERNITY HOME ..... 11 POLICLINIC/AMBULATORY ..... 12 WOMEN'S HEALTH CONSULT CTR 13 FAMILY PLANNING CENTER/CAB 14 MEDICAL DIAGNOSTIC CENTER . 15 FAP/RURAL HEALTH POST ..... 16 OTHER PUBLIC ..... 26  (SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME ..... 31 POLICLINIC/AMBULATORY ..... 32 WOMEN'S HEALTH CONSULT CTR 33 FAMILY PLANNING CENTER/CAB 34 MEDICAL DIAGNOSTIC CENTER . 35 FAP/RURAL HEALTH POST ..... 36 NGO ..... 38 OTHER PRIVATE ..... 46  (SPECIFY) RESPONDENT'S HOME ..... 61 NOT A MEDICAL FACILITY ..... 62 OTHER ..... 96 (SPECIFY)	
223D	In addition to the abortion we just have talked about, in the last five years have you been taking any facilitating abortion tablets or medications with an abortive effect?		YES ..... 1 (SKIP TO 223F) ← NO ..... 2 (SKIP TO 224) ←
223E	In the last five years have you been taking any facilitating abortion tablets or medications with an abortive effect?		YES ..... 1 NO ..... 2 (SKIP TO 224) ←
223F	For how many cases of experienced menstruation delays in total have you been taking this medication during the last five years?		<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
223G	The last time you have used this medication, what was the brand name of the medication?		CYTOTEC/MISOPROSTOL ..... 1 RU486/MIFEPRISTONE/MIFEPREX .. 2 OTHER ..... 6 (SPECIFY)
223H	CHECK 223F <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>            223F=1 OR MORE         </div> <div style="text-align: center;"> <input type="checkbox"/>            223F= 00         </div> <div style="text-align: right;">           → 224         </div> </div> <p>FOR EACH EPISODE SINCE JANUARY 2002 OR LATER OF USING ABORTIVE TABLETS OR ANY MEDICATION          WITH AN ABORTIVE EFFECT TO FACILITATE RESUMPTION OF MENSTRUATION, RECORD "M"          IN THE CALENDAR IN COLUMN "3" IN THE MONTH OF TAKING THE MEDICATION/TABLETS</p>		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224	CHECK 212 AND 214: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2002 OR LATER. IF NONE, RECORD '0'	<input type="text"/>	
225	FOR EACH PREGNANCY SINCE JANUARY 2002 OR LATER, IN THE CALENDAR COLUMN 1 ENTER THE CODE OF PREGNANCY OUTCOME IN THE MONTH OF WHEN PREGNANCY ENDED:  <ul style="list-style-type: none"> <li>• 'B' FOR LIVE BIRTH,</li> <li>• 'T' FOR INDUCED ABORTION, MISCARRIAGE, STILLBIRTH</li> </ul> <p>FOR EACH LIVE BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH <u>PREGNANCY TERMINATION</u> (ABORTION, MISCARRIAGE OR STILLBIRTH), ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<div> <div></div> <div>→ 237</div> </div>
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
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 not want to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
237	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996	<div> <div></div> <div>→ 301</div> </div>
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	<div> <div></div> <div>→ 301</div> </div>
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	



SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> <p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2</p>	<p>YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 307</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 9995 DON'T KNOW ..... 9998	→ 319A
316	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME ..... 11 POLICLINIC/AMBULATORY ..... 12 WOMEN'S HEALTH CONSULT CTR. .... 13 FAMILY PLANNING CENTER/CAB ..... 14 MEDICAL DIAGNOSTIC CENTER ... .. 15 FAP/RURAL HEALTH POST ..... 16 OTHER PUBLIC ..... 26 _____ (SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME ..... 31 POLICLINIC/AMBULATORY ..... 32 WOMEN'S HEALTH CONSULT CTR. .... 33 FAMILY PLANNING CENTER/CAB ..... 34 MEDICAL DIAGNOSTIC CENTER ... .. 35 FAP/RURAL HEALTH POST ..... 36 NGO ..... 38 OTHER PRIVATE ..... 46 _____ (SPECIFY) OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	
317	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             CODE 'A' CIRCLED <input type="checkbox"/> ↓              Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?           </div> <div style="text-align: center;">             CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓              Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?           </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 9995 DON'T KNOW ..... 9998	
319	In what month and year was the sterilization performed?		
319A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 319/319A, 214: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	
321	CHECK 319/319A: YEAR IS 2002 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR COL.1 AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2001 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR COL.1 AND EACH MONTH BACK TO JANUARY 2002. THEN SKIP TO → 331	
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1 ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul> <p><b>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.</b></p> <p>NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2:</p> <ul style="list-style-type: none"> <li>* Why did you stop using the (METHOD)?</li> <li>* Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</li> </ul> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> <li>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</li> </ul>		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10  RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 333 → 326 → 335  → 324A → 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLICLINIC/AMBULATORY 12 WOMEN'S HEALTH CONSULT CTR. 13 FAMILY PLANNING CENTER/CAB 14 MEDICAL DIAGNOSTIC CENTER 15 FAP/RURAL HEALTH POST 16 PHARMACY 17 OTHER PUBLIC 26 _____ (SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME 31 POLICLINIC/AMBULATORY 32 WOMEN'S HEALTH CONSULT CTR. 33 FAMILY PLANNING CENTER/CAB 34 MEDICAL DIAGNOSTIC CENTER 35 FAP/RURAL HEALTH POST 36 PHARMACY 37 NGO 38 OTHER PRIVATE 46 _____ (SPECIFY) OTHER SOURCE SHOP/MARKET 51 FRIEND/RELATIVE/NEIGHBOR/HUSB 52 OTHER 96 _____ (SPECIFY)	
324A	Where did you learn how to use the rhythm method?  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	(SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME 31 POLICLINIC/AMBULATORY 32 WOMEN'S HEALTH CONSULT CTR. 33 FAMILY PLANNING CENTER/CAB 34 MEDICAL DIAGNOSTIC CENTER 35 FAP/RURAL HEALTH POST 36 PHARMACY 37 NGO 38 OTHER PRIVATE 46 _____ (SPECIFY) OTHER SOURCE SHOP/MARKET 51 FRIEND/RELATIVE/NEIGHBOR/HUSB 52 OTHER 96 _____ (SPECIFY)	
325	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12	→ 332 → 329 → 329 → 329 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 326:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             CODE '1' CIRCLED   </div> <div style="text-align: center;">             CODE '1' NOT CIRCLED   </div> </div> <div style="display: flex; justify-content: space-around;"> <div>At that time, were you told about other methods of family planning that you could use?</div> <div>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</div> </div>	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
331	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96	→ 335           → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY HOME 11</p> <p>POLICLINIC/AMBULATORY ..... 12</p> <p>WOMEN'S HEALTH CONSULT CTR. 13</p> <p>FAMILY PLANNING CENTER/CAB 14</p> <p>MEDICAL DIAGNOSTIC CENTER... 15</p> <p>FAP/RURAL HEALTH POST ..... 16</p> <p>PHARMACY ..... 17</p> <p>OTHER PUBLIC ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/MATERNITY HOME 31</p> <p>POLICLINIC/AMBULATORY ..... 32</p> <p>WOMEN'S HEALTH CONSULT CTR. 33</p> <p>FAMILY PLANNING CENTER/CAB 34</p> <p>MEDICAL DIAGNOSTIC CENTER... 35</p> <p>FAP/RURAL HEALTH POST ..... 36</p> <p>PHARMACY ..... 37</p> <p>NGO ..... 38</p> <p>OTHER PRIVATE ..... 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ..... 51</p> <p>FRIEND/RELATIVE/NEIGHBOR/HUSB/ 52</p> <p>OTHER ..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY HOME A</p> <p>POLICLINIC/AMBULATORY ..... B</p> <p>WOMEN'S HEALTH CONSULT CTR. C</p> <p>FAMILY PLANNING CENTER/CAB D</p> <p>MEDICAL DIAGNOSTIC CENTER... E</p> <p>FAP/RURAL HEALTH POST ..... F</p> <p>PHARMACY ..... G</p> <p>OTHER PUBLIC ..... H</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/MATERNITY HOME I</p> <p>POLICLINIC/AMBULATORY ..... J</p> <p>WOMEN'S HEALTH CONSULT CTR. K</p> <p>FAMILY PLANNING CENTER/CAB L</p> <p>MEDICAL DIAGNOSTIC CENTER... M</p> <p>FAP/RURAL HEALTH POST ..... N</p> <p>PHARMACY ..... O</p> <p>NGO ..... P</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... R</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ..... S</p> <p>FRIEND/RELATIVE/</p> <p>NEIGHBOR/HUSBAND ..... T</p> <p>OTHER ..... X</p> <p>_____</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE.

401	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>ONE OR MORE BIRTHS IN 2002 OR LATER</p> <input type="checkbox"/> </div> <div> <p>NO BIRTHS IN 2002 OR LATER</p> <input type="checkbox"/> </div> </div> <p style="text-align: right;">→ 577</p>			
402	<p>CHECK 214: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p>			
403	<p>LINE NUMBER FROM 212</p>	<p>LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>
404	<p>FROM 216 AND 218</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>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?</p>	<p>THEN ..... 1 (SKIP TO 407) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 407) ←</p>	<p>THEN ..... 1 (SKIP TO 432) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 432) ←</p>	<p>THEN ..... 1 (SKIP TO 432) ←</p> <p>LATER ..... 2</p> <p>NOT AT ALL ..... 3 (SKIP TO 432) ←</p>
406	<p>How much longer would you have liked to wait?</p>	<p>MONTHS ..1 <input type="text"/> <input type="text"/></p> <p>YEARS ..2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS ..1 <input type="text"/> <input type="text"/></p> <p>YEARS ..2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS ..1 <input type="text"/> <input type="text"/></p> <p>YEARS ..2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>
407	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY/VILLAGE HEALTH WORKER ... E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y (SKIP TO 421) ←</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR HOSPITAL/MATER- NITY HOME .... C POLICLINIC/ AMBULATORY .. D WOMAN'S CONSULT. .... E FAM. PLAN. CTR .. F MED DIAGN CTR .. G FAP/RHP .. H OTHER PUBLIC _____ (SPECIFY)</p> <p>PRIVATE SECTOR HOSPITAL/MATER- NITY HOME .... J POLICLINIC/ AMBULATORY .. K WOMEN'S CONSULT. ... L FAM. PLAN. CTR .. M MED DIAGN CTR .. N FAP/RHP ... O NGO..... P OTHER PRIVATE MED. .... R (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
410	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>YES NO</p> <p>Were you weighed? WEIGHT ... 1 2</p> <p>Was your blood pressure measured? BP ..... 1 2</p> <p>Did you give a urine sample? URINE ..... 1 2</p> <p>Did you give a blood sample? BLOOD ... 1 2</p>			
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p>YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8</p>			
413	<p>Were you told where to go if you had any of these complications?</p> <p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
425	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
433	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8
434	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>
435A	Was (NAME)'s father with you while you were delivering (NAME)?	<p>YES ..... 1 (SKIP TO 436) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 436) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 436) ←</p> <p>NO ..... 2</p>
435B	Did you wish he was there?	<p>YES ..... 1 NO ..... 2 NOT SURE ..... 8</p>	<p>YES ..... 1 NO ..... 2 NOT SURE ..... 8</p>	<p>YES ..... 1 NO ..... 2 NOT SURE ..... 8</p>
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR HOSPITAL/MATER-NITY HOME .... 13 POLICLINIC/AMBULATORY .. 14 WOMAN'S CONSULT. .... 15 FAM. PLAN. CTR .. 16 MED DIAGN CTR .. 17 FAP/RHP .. 18 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR HOSPITAL/MATER-NITY HOME .... 31 POLICLINIC/AMBULATORY .. 32 WOMEN'S CONSULT. .. 33 FAM. PLAN. CTR .. 34 MED DIAGN CTR .. 35 FAP/RHP .. 36 NGO..... 38 OTHER PRIVATE MED. .... 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR HOSPITAL/MATER-NITY HOME .... 13 POLICLINIC/AMBULATORY .. 14 WOMAN'S CONSULT. .... 15 FAM. PLAN. CTR .. 16 MED DIAGN CTR .. 17 FAP/RHP .. 18 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR HOSPITAL/MATER-NITY HOME .... 31 POLICLINIC/AMBULATORY .. 32 WOMEN'S CONSULT. .. 33 FAM. PLAN. CTR .. 34 MED DIAGN CTR .. 35 FAP/RHP .. 36 NGO..... 38 OTHER PRIVATE MED. .... 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR HOSPITAL/MATER-NITY HOME .... 13 POLICLINIC/AMBULATORY .. 14 WOMAN'S CONSULT. .... 15 FAM. PLAN. CTR .. 16 MED DIAGN CTR .. 17 FAP/RHP .. 18 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR HOSPITAL/MATER-NITY HOME .... 31 POLICLINIC/AMBULATORY .. 32 WOMEN'S CONSULT. .. 33 FAM. PLAN. CTR .. 34 MED DIAGN CTR .. 35 FAP/RHP .. 36 NGO..... 38 OTHER PRIVATE MED. .... 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
437	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998												
438	Was (NAME) delivered by caesarean section?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 442) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 (SKIP TO 455) ← NO ..... 2																																				
440	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																																						
441	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12  OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←																																						
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 (SKIP TO 445) ← NO ..... 2 (SKIP TO 453) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 (SKIP TO 455) ← NO ..... 2																																				
443	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION . . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER _____ X (SPECIFY)																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																		
445	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" 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></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
446	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12  OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY)																				
447	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR HOSPITAL/MATER-NITY HOME .... 13 POLICLINIC/AMBULATORY .. 14 WOMAN'S CONSULT. .... 15 FAM. PLAN. CTR .. 16 MED DIAGN CTR .. 17 FAP/RHP .. 18 OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE SECTOR HOSPITAL/MATER-NITY HOME .... 31 POLICLINIC/AMBULATORY .. 32 WOMEN'S CONSULT. .. 33 FAM. PLAN. CTR .. 34 MED DIAGN CTR .. 35 FAP/RHP .. 36 NGO..... 38 OTHER PRIVATE MED. _____ 46 (SPECIFY)  OTHER _____ 96 (SPECIFY)																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
448	CHECK 442:	YES      NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 453)      ↓														
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 453) ← DON'T KNOW ..... 8														
450	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
451	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12  OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/MATER-NITY HOME .... 13</p> <p>POLICLINIC/AMBULATORY .. 14</p> <p>WOMAN'S CONSULT. .... 15</p> <p>FAM. PLAN. CTR .. 16</p> <p>MED DIAGN CTR .. 17</p> <p>FAP/RHP .. 18</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/MATER-NITY HOME .... 31</p> <p>POLICLINIC/AMBULATORY .. 32</p> <p>WOMEN'S CONSULT. .. 33</p> <p>FAM. PLAN. CTR .. 34</p> <p>MED DIAGN CTR .. 35</p> <p>FAP/RHP .. 36</p> <p>NGO..... 38</p> <p>OTHER PRIVATE MED. .... 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1</p> <p>(SKIP TO 456) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 457) ←</p>		
455	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>			
456	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←				
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←				
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98			MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467) ←			YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>				
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←				
463	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . E FRUIT JUICE . . . . F INFANT FORMULA . . G TEA/INFUSIONS . . . H HONEY . . . . . I  OTHER _____ X (SPECIFY)				
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←				
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2				



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98
467	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 470)  DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 577)	LIVING <input type="checkbox"/> ↓ (SKIP TO 470)  DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 577)	LIVING <input type="checkbox"/> ↓ (SKIP TO 470)  DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 577)
468	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 577.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 577.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 577.

## SECTION 5 CHILD'S NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
577	<p>CHECK 214 AND 220, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578)</p> <p>_____</p> <p>(NAME)</p>		582																																				
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water?</p> <p>Milk such as tinned, powdered, or fresh animal milk?</p> <p>Any other liquids?</p> <p>Commercially produced infant formula?</p> <p>Milk kitchen produced infant formula?</p> <p>Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]? (1)</p> <p>Any (other) porridge or gruel?</p> <p>Any other solid or semi-solid food?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MILK .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER LIQUID .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FORMULA .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MILK KITCHEN FORMULA ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BABY CEREAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER PORRIDGE/GRUEL..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SOLID SEMI-SOLID FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	PLAIN WATER .....	1	2	8	MILK .....	1	2	8	OTHER LIQUID .....	1	2	8	FORMULA .....	1	2	8	MILK KITCHEN FORMULA ...	1	2	8	BABY CEREAL .....	1	2	8	OTHER PORRIDGE/GRUEL..	1	2	8	SOLID SEMI-SOLID FOOD	1	2	8	
	YES	NO	DK																																				
PLAIN WATER .....	1	2	8																																				
MILK .....	1	2	8																																				
OTHER LIQUID .....	1	2	8																																				
FORMULA .....	1	2	8																																				
MILK KITCHEN FORMULA ...	1	2	8																																				
BABY CEREAL .....	1	2	8																																				
OTHER PORRIDGE/GRUEL..	1	2	8																																				
SOLID SEMI-SOLID FOOD	1	2	8																																				
580	<p>CHECK 578 (LAST 3 CATEGORIES: BABY CEREAL, OR OTHER PORRIDGE/GRUEL, OTHER SOLID OR SEMI-SOLID FOOD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/></p>		582																																				
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="checkbox"/></p> <p>DON'T KNOW ..... 8</p>																																					
582	BLOOD PRESSURE MESUREMENT 2 GOTO Q1136 IN SECTION 11	AT THE END OF THE QUESTIONNAIRE																																					

<sup>1</sup> In the case of fortified foods, the interviewer should ask to see the package and/or brand label (if available), to confirm that the food is fortified.

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
615	CHECK 609:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 617
616	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 621  → 621
619	CHECK 107:      AGE <input type="text"/> 15-24      AGE <input type="text"/> 25-49		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	<input type="checkbox"/> → 641
621	CHECK 107:      AGE <input type="text"/> 15-24      AGE <input type="text"/> 25-49		→ 626
622	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			→ 626						
624	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	<table border="1"><tr><td></td><td></td></tr></table> → 626								
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH ..... 3									
626	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> → 640								

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	Do you know of a place where a person can get condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 701
642	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY HOME ..... A</p> <p>POLICLINIC/AMBULATORY ..... B</p> <p>WOMEN'S HEALTH CONSULT CTR. .... C</p> <p>FAMILY PLANNING CENTER/CAB ..... D</p> <p>MEDICAL DIAGNOSTIC CENTER ... E</p> <p>FAP/RURAL HEALTH POST ..... F</p> <p>PHARMACY ..... G</p> <p>OTHER PUBLIC ..... H</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/MATERNITY HOME ..... I</p> <p>POLICLINIC/AMBULATORY ..... J</p> <p>WOMEN'S HEALTH CONSULT CTR. .... K</p> <p>FAMILY PLANNING CENTER/CAB ..... L</p> <p>MEDICAL DIAGNOSTIC CENTER ... M</p> <p>FAP/RURAL HEALTH POST ..... N</p> <p>PHARMACY ..... O</p> <p>NGO ..... P</p> <p>OTHER PRIVATE ..... R</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET ..... S</p> <p>FRIEND/RELATIVE/NEIGHBOR</p> <p>/HUSBAND/SEX PARTNER .. T</p> <p>OTHER ..... X</p> <p>_____</p> <p>(SPECIFY)</p>	
643	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

SECTION 7. FERTILITY PREFERENCES


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708 → 708
704	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <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.</p> <p>Can you tell me why you are not using a method?</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.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ..... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <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>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 711</p> <p>→ 713</p>
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	CHECK 218: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	→ 715  → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601:  <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>		→ 722A
718	CHECK 311/311A:  <div style="display: flex; justify-content: space-between;"> <div>CODE B, G, OR L CIRCLED <input type="checkbox"/></div> <div>→ 720</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO CODE CIRCLED <input type="checkbox"/></div> <div>→ 722</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER <input type="checkbox"/></div> <div></div> </div>		
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
721	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 722A
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	
722A	Are there any circumstances under which a woman should not get pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 722E
722B	Under which circumstances?	TOO YOUNG ..... A TOO OLD ..... B ALREADY TOO MANY CHILDREN ..... C HAS A TRANSMISSIBLE INFECTION ..... D PHYSICALLY IMPAIRED/SICK ..... E MENTALLY IMPAIRED ..... F DOES NOT HAVE WORK/POOR ..... G NOT MARRIED ..... H SEXUALLY ABUSED ..... I ABNORMAL FETUS ..... J DOES NOT WANT A CHILD ..... K THREAT TO WOMAN'S LIFE ..... L HOMELESS ..... M ALCOHOLISM/NARCOMANIA/ASOCIAL/ CRIMINAL BEHAVIOUR ..... N OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722C	If a woman got pregnant under the circumstances that you mentioned, what do you think that she should do about her pregnancy?	KEEP THE PREGNANCY ..... 01 TERMINATE PREGNANCY/ABORTION ..... 02 WOMAN'S PERSONAL DECISION ..... 03  OTHER ..... 96 (SPECIFY)  DON'T KNOW ..... '98	
722D	If a woman got pregnant under the circumstances that you mentioned and finally gave birth, what do you think that she should do about the child?	KEEP THE CHILD ..... 01 GIVE THE CHILD UP FOR ADOPTION ..... 02 GIVE THE CHILD UP TO FOSTER FAMILY ..... 03 GIVE THE CHILD TO AN ORPHANAGE ..... 04 SEEK HELP FROM A FAMILY MEMBER TO CARE FOR THE CHILD ..... 05 WOMAN'S PERSONAL DECISION ..... 06  OTHER ..... 96 (SPECIFY)  DON'T KNOW ..... '98	
722E	Would you ever consider adopting a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	 722G
722F	Under which circumstances would you consider adopting a child?  PROBE: Any other?  RECORD ALL MENTIONED.	WANT(ANOTHER) CHILD ..... A AVOID PREGNANCY ..... B UNMARRIED/NO PARTNER TO GET PREGNANT ..... C TOO OLD TO HAVE BIOLOGICAL CHILD ..... D SPOUSE INFERTILITY ..... E OWN INFERTILITY ..... F IF CHILD IS A FAMILY MEMBER ..... G IF CHILD IS A CHILD OF FRIENDS ..... H COMPASSION TO AN ABUSED/ OR STREET CHILD ..... I COMPASSION TO CHILD FROM ORPHANAGE ..... J IF I HAD MONEY TO AFFORD IT ..... K OTHER ..... X (SPECIFY)	
722G	Would you support a decision made by your neighbor, friend, or family member to adopt a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
722H	If a neighbor, friend, or family member adopted a child, would you encourage him or her to keep it secret, to tell only their close family, to tell only their friends, or not to keep it secret at all?	KEPT SECRET ..... 1 OPEN TO FAMILY ONLY ..... 2 OPEN TO FRIENDS ONLY ..... 3 OPEN TO FAMILY/FRIENDS BOTH ..... 4 OPEN TO ANYONE ..... 5 OTHER ..... 6 (SPECIFY) IT IS THEIR BUSINESS ..... 7 DON'T KNOW ..... 8	
722I	When parents are no more able to take care properly of their child, in your opinion, what is better for the child? To seek help from family members to care for the child, to give the child up for adoption, to place the child with a foster family, or to place the child in an orphanage?	GIVEN TO A FAMILY MEMBER ..... 1 ADOPTION ..... 2 FOSTER FAMILY ..... 3 ORPHANAGE ..... 4  OTHER ..... 6 (SPECIFY)  DON'T KNOW ..... 8	
722J	In your opinion should parents who adopt a child tell the child that he or she is adopted?	TELL THE CHILD(SOON/LATER) ..... 1 DO NOT TELL THE CHILD ..... 2 OTHER ..... 6 (SPECIFY)  DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>→ 803</span> <span>→ 807</span> </div>	
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 PTU ..... 3 TECHNICUM/UCHILICHE ..... 4 HIGHER ..... 5 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
806	CHECK 801:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <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>	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <input type="text"/> <input type="text"/> </div> </div>	
812	CHECK 811:  <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> <div>PRES./ LISTEN.</div> <div>PRES./ NOT LISTEN.</div> <div>NOT PRES.</div> </div> CHILDREN < 10 ..... 1 2 3 HUSBAND ..... 1 2 3 OTHER MALES ..... 1 2 3 OTHER FEMALES ... 1 2 3	
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> GOES OUT ..... 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES ..... 1 2 8 REFUSES SEX ..... 1 2 8 BURNS FOOD ..... 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
905	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907	Can people get the AIDS virus because of kissing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907A	Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907B	Can people get the AIDS virus by joint usage public toilet, sauna or swimming-pool?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
909	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
910	CHECK 909: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 912																
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
912	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
913	CHECK 208 AND 214:  LAST BIRTH SINCE JANUARY 2004 (3) <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2004 (3) <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→ 922																
914	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 922																
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
915	During any of the antenatal visits for your last birth, did anyone talk to you about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2																	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 922
918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 923
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
925	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
932A	In your opinion, if a child has the AIDS virus but is not sick, should this child be allowed to continue attending the regular school or kindergartens together with not infected children?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
932B	In your opinion, if a child has the AIDS virus but is not sick, should this child be allowed to continue attending health care institutions together with not infected children?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DK/NO OPINION/DEPENDS ..... 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DK/NO OPINION/DEPENDS ..... 8	
940	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
940A	In your opinion, should HIV-infected children continue to be raised in families?	YES ..... 1 NO ..... 2	
940B	In your opinion, should children with the AIDS virus and deprived of parental care be given up for adoption, be placed in a foster family, or to be locked in an institution?	ORPHANAGE/INSTITUTION ..... 1 FOSTER FAMILY ..... 2 ADOPTION ..... 3 DK/NOT SURE/DEPENDS ..... 8	→ 941
940C	In your opinion, can children with the AIDS virus be placed in institution with other children or an isolated in specialized institution/ orphanages where they can receive proper health care services?	WITH OTHER CHILDREN ..... 1 ISOLATED ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
941	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
942	CHECK 901: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES ..... 1 NO ..... 2	
943	CHECK 618: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> </div>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> </div>		→ 946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
948	CHECK 945, 946, AND 947: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD AN INFECTION (ANY "YES") <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div> </div>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
955	CHECK 601: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NOT IN UNION <input type="checkbox"/></p> </div> </div>		→ 958
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
958	Do you believe that young men should wait until they are married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
959	Do you think that most young men you know wait until they are married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
960	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
961	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
962	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
963	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
964	Do you believe that young women should wait until they are married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
965	Do you think that most young women you know wait until they are married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
966	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
967	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
968	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
969	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1005
1001A	What signs or symptoms would lead you to think that a person has tuberculosis?  PROBE: Any other?  RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING FOR SEVERAL WEEKS ..... C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHTSWEATING ..... G PAIN IN CHEST ..... H TIREDNESS/FATIGUE ..... I WEIGHT LOSS ..... J LETHARGY ..... K  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	→ 1002
1001B	What are the symptoms of tuberculosis that would convince you to seek medical assistance?  PROBE: Any other?  RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING FOR SEVERAL WEEKS ..... C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHTSWEATING ..... G PAIN IN CHEST ..... H TIREDNESS/FATIGUE ..... I WEIGHT LOSS ..... J LETHARGY ..... K  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1002	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1003	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1004A	Have you ever been told by a doctor or other health professional that you had tuberculosis?	YES ..... 1 NO ..... 2	→ 1005

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004B	About how long ago has it been since a doctor or health professional last told you that you have tuberculosis?	LESS THAN 6 MONTHS ..... 1 6-11 MONTHS ..... 2 1-5 YEARS ..... 3 MORE THAN 5 YEARS ..... 4 DON'T KNOW ..... 8	
1004C	Have you been treated for your tuberculosis?	YES ..... 1 NO ..... 2	→ 1005
1004D	Are you still under treatment?	YES ..... 1 NO ..... 2	
1004E	Were you ever hospitalized because of your tuberculosis?	YES ..... 1 NO ..... 2	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1008A
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1008A
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection?   PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER   OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME ..... 11 POLICLINIC/AMBULATORY ..... 12 WOMEN'S HEALTH CONSULT CTR. .... 13 FAMILY PLANNING CENTER/CAB ..... 14 MEDICAL DIAGNOSTIC CENTER ... .. 15 FAP/RURAL HEALTH POST ..... 16 PHARMACY ..... 17 OTHER PUBLIC ..... 26  _____ (SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME ..... 31 POLICLINIC/AMBULATORY ..... 32 WOMEN'S HEALTH CONSULT CTR. .... 33 FAMILY PLANNING CENTER/CAB ..... 34 MEDICAL DIAGNOSTIC CENTER ... .. 35 FAP/RURAL HEALTH POST ..... 36 PHARMACY ..... 37 NGO ..... 38 OTHER PRIVATE ..... 46  _____ (SPECIFY) OTHER SOURCE   OTHER ..... 96  _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1008A	Have you ever smoked cigarettes or smoke or use another type of tobacco?	YES ..... 1 NO ..... 2	→ 1012B
1008B	How old were you when you started smoking cigarettes?	AGE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1009	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 1012
1011A	CHECK 1009 IF YES, CODE "1" CIRCLED _____ IF NO, CODE "2" CIRCLED _____		→ 1012A → 1012B
1012	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CIGAR ..... B CHEWING TOBACCO ..... C SNUFF ..... D WATER PIPE/CALYAN ..... E  OTHER _____ X (SPECIFY)	
1012A	Do you smoke inside your house?	YES ..... 1 NO ..... 2	
1012B	Does anyone (else) smoke inside your house?	YES ..... 1 NO ..... 2	
1012C	Do you think that smoking should be banned in the work place?	YES ..... 1 NO ..... 2 DON'T KNOW/NO OPINION ..... 8	
1012D	Do you think that smoking should be banned in public places such as post offices, bars, restaurants?	YES ..... 1 NO ..... 2 DON'T KNOW/NO OPINION ..... 8	
1012E	Now I would like to ask you a few questions about drinking alcohol. Have you ever drunk alcohol?	YES ..... 1 NO ..... 2	→ 1012L
1012F	How old were you when you started drinking alcohol?	AGE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1012G	In the past month, on the days that you drank alcohol, how many drinks did you usually have? We count one drink as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka or whiskey.	NUMBER OF DRINKS ... <input type="text"/> <input type="text"/>  NO DRINKS ..... 00	→ 1012L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1012H	How often did you drink that amount?  PROBE: How many times in a month?	EVERY DAY ..... 1 ALMOST EVERY DAY ..... 2 1-2 TIMES A WEEK ..... 3 2-3 TIMES A MONTH ..... 4 ONCE A MONTH ..... 5			
1012I	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 1012G)	YES ..... 1 NO ..... 2	→ 1012L		
1012J	In the past 3 months, how many drinks did you have on the days days that you drank more than usual?	NUMBER OF DRINKS ... <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>			
1012K	How often did you drink that amount?	1-2 TIMES A WEEK ..... 1 2-3 TIMES A MONTH ..... 2 ONCE A MONTH ..... 3 1-2 TIMES IN THREE MONTHS ..... 4			
1012L	Have you ever tried narcotics or recreational drugs?	YES ..... 1 NO ..... 2	→ 1017		
1012M	How old were you when you started using drugs?	AGE ..... <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			
1012N	Last time you used recreational drugs or narcotics, how did you take it?	INTRAVENOUS ..... A PER MOUTH ..... B SNIFFED ..... C SMOKED ..... D DON'T KNOW ..... Y OTHER ..... X (SPECIFY)			
1017	These next questions are about blood pressure. Has your blood pressure ever been checked before today?	YES ..... 1 NO ..... 2	→ 1100		
1018	Who took your blood pressure?	DOCTOR ..... 1 FELDSHER ..... 2 NURSE ..... 3 TRADITIONAL HEALER ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8			
1019	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO ..... 1 6 - 11 MONTHS AGO ..... 2 1 - 5 YEARS AGO ..... 3 MORE THAN 5 YEARS AGO ..... 4 DON'T KNOW ..... 8			
1020	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1100		
1021	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
1022	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES ..... 1 NO ..... 2	→ 1100		
1023	Who told you this?	DOCTOR ..... 1 FELDSHER ..... 2 NURSE ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1024	Did the doctor or the other health professional tell you to:	YES	NO	N/A	
	a. take prescribed medicine?	TAKE MEDICINE	1	2	3
	b. control your weight or lose weight?	CONTROL WEIGHT	1	2	3
	c. cut down on salt in your diet?	CUT DOWN SALT	1	2	3
	d. exercise more?	EXERCISE	1	2	3
	e. cut down on alcohol?	CUT DOWN ALCOHOL	1	2	3
	f. stop smoking?	STOP SMOKING	1	1	2
1025	To lower your hypertension or high blood pressure, are you now:	YES	NO	N/A	
	a. taking prescribed medicine?	TAKE MEDICINE	1	2	3
	b. controlling your weight or losing weight?	CONTROL WEIGHT	1	2	3
	c. cutting down on salt in your diet?	CUT DOWN SALT	1	2	3
	d. exercising?	EXERCISE	1	2	3
	e. cutting down on alcohol consumption?	CUT DOWN ALCOHOL	1	2	3
	f. stopping smoking?	STOP SMOKING	1	2	3



SECTION 11: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1100	CHECK COVER PAGE OF THE QUESTIONNAIRE: WOMAN SELECTED <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		GO TO 1137																																
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		1134																																
	READ TO THE RESPONDENT  Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Ukraine. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																																		
1102	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>		1114																																
1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money? g) He threatened to throw you out from home, to leave you without "a cent", he won't pay alimony?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THREATENS TO THROW</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	THREATENS TO THROW	1	2	8	
	YES	NO	DK																																
JEALOUS	1	2	8																																
ACCUSES	1	2	8																																
NOT MEET FRIENDS	1	2	8																																
NO FAMILY	1	2	8																																
WHERE YOU ARE	1	2	8																																
MONEY	1	2	8																																
THREATENS TO THROW	1	2	8																																
1104	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.  A (Does/did) your (last) husband/partner ever:  a) say or do something to humiliate you in front of others?  b) threaten to hurt or harm you or someone close to you?  c) insult you or make you feel bad about yourself?	<p>B</p> <div style="border: 1px solid black; padding: 2px;">CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓								
	OFTEN	SOME-TIMES	NOT AT ALL																																
YES 1 →	1	2	3																																
NO 2 ↓																																			
YES 1 →	1	2	3																																
NO 2 ↓																																			
YES 1 →	1	2	3																																
NO 2 ↓																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b> </div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
		OFTEN	SOME-TIMES	NOT AT ALL																																																																										
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
YES	1 →	1	2	3																																																																										
NO	2 ↓																																																																													
1106	<p>CHECK 1105A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1109																																																																											
1107	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																																												
1108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>																																																																												
1109	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times (when he was not already beating or physically hurting you)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1112																																																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	CHECK 603: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>RESPONDENT IS NOT A WIDOW <input type="checkbox"/></div> <div>RESPONDENT IS A WIDOW <input type="checkbox"/></div> </div>		1112
1111	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1112	Does (did) your (last) husband/partner drink alcohol?	YES ..... 1 NO ..... 2	→ 1114
1113	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1114	<div style="display: flex; justify-content: space-between;"> <div> EVER MARRIED/LIVED WITH A MAN   From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? </div> <div> NEVER MARRIED/ NEVER LIVED WITH A MAN   From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically? </div> </div>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1117
1115	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/PARTNER ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L HEALTH FACILITY STAFF ..... M EMPLOYER/SUPERVISOR ..... N COLLEAGUES ..... O POLICE ..... P SOLDIER/OFFICER ..... Q PRIEST/RELIGIOUS L ..... R STRANGER ..... S NEIGHBOR ..... T ACQUAINTANCE/ADMIRER ..... U  OTHER ..... X (SPECIFY) _____	
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	→ 1117

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116A	The last time you have been hit, slapped, kicked, or physically hurt, who hurt you?	MOTHER/STEP-MOTHER ..... 01 FATHER/STEP-FATHER ..... 02 SISTER/BROTHER ..... 03 DAUGHTER/SON ..... 04 OTHER RELATIVE ..... 05 FORMER HUSBAND/PARTNER .. 06 CURRENT BOYFRIEND ..... 07 FORMER BOYFRIEND ..... 08 MOTHER-IN-LAW ..... 09 FATHER-IN-LAW ..... 10 OTHER IN-LAW ..... 11 TEACHER ..... 12 HEALTH FACILITY STAFF ..... 13 EMPLOYER/SUPERVISOR ..... 14 COLLEAGUES ..... 15 POLICE ..... 16 SOLDIER/OFFICER ..... 17 PRIEST/RELIGIOUS L ..... 18 STRANGER ..... 19 NEIGHBOR ..... 20 ACQUAINTANCE/ADMIRER ..... 21  OTHER ..... 96 (SPECIFY)	
1116B	The last time you have been hit, slapped, kicked, or physically hurt, where did it happen?	HOME ..... 01 SCHOOL ..... 02 WORK ..... 03 HEALTH FACILITY ..... 04 POLICE STATION ..... 05 MILITARY BARRACKS .. 06 CHURCH/ ..... 07 STREET ..... 08  OTHER ..... 96 (SPECIFY)	
1117	CHECK 201,209A,209B,209C , AND 226:  EVER BEEN PREGNANT (YES ON 201OR 226 OR>00 IN 209A-C ) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1120
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ 1120
1119	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER .. G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M HEALTH FACILITY STAFF ..... N EMPLOYER/SUPERVISOR ..... O COLLEAGUES ..... P POLICE ..... Q SOLDIER/OFFICER ..... R PRIEST/RELIGIOUS L ..... S STRANGER ..... T NEIGHBOR ..... U ACQUAINTANCE/ADMIRER ..... V  OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1120	CHECK 618: EVER HAD SEX?  HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		1125
1121	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO ..... 1 FORCED TO ..... 2 REFUSED TO ANSWER/ NO RESPONSE ..... 3	
1122	CHECK 601 AND 602:  EVER MARRIED/LIVED WITH A MAN  In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?  NEVER MARRIED/ NEVER LIVED WITH A MAN  In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
1123	CHECK 1121 AND 1122:  1121 = '1' OR '3' AND 1122 = '2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/>		1126
1124	CHECK 1105(h) and 1105(i):  1105(h) IS NOT '1' AND 1105(i) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/>		1128
1125	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1128
1126	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1127	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 HEALTH FACILITY STAFF ..... 11 EMPLOYER/SUPERVISOR ..... 12 COLLEAGUES ..... 13 POLICE ..... 14 SOLDIER/OFFICER ..... 15 PRIEST/RELIGIOUS L ..... 16 STRANGER ..... 17 NEIGHBOR ..... 18  OTHER ..... 96 (SPECIFY)	
1128	CHECK 1105A (a-i), 1114, 1118, 1121,1122 AND 1125:  AT LEAST ONE YES' OR 1121=2 <input type="checkbox"/> NOT A SINGLE YES' AND 1121 IS NOT EQUAL TO 2 <input type="checkbox"/>		1132
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO ..... 2	1131

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1130	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY ..... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND ..... D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION ..... K OTHER ..... X (SPECIFY) _____	1132																
1131	Have you ever told any one else about this?	YES ..... 1 NO ..... 2																	
1132	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
1133	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT .....</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ....	1	2	3	FEMALE ADULT .....	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT ....	1	2	3																
FEMALE ADULT .....	1	2	3																
1134	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____  _____																		
1135	May I measure your blood pressure and pulse at this time?  MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE  SYSTOLIC ..... 1 <table border="1"><tr><td></td><td></td><td></td></tr></table>  DIASTOLIC ..... 2 <table border="1"><tr><td></td><td></td><td></td></tr></table>  PULSE ..... 3 <table border="1"><tr><td></td><td></td><td></td></tr></table>  REFUSED ..... 9994  BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS ..... 9995 OTHER ..... 9996 SPECIFY _____																	
CHECK: IF THE FIRST BLOOD PRESSURE MEASURED AND RECORDED GO BACK TO Q102 _____			102																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
1136	<p>May I measure your blood pressure and pulse at this time?</p> <p>MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC ..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC ..... 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PULSE ..... 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED ..... 9994</p> <p>BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:</p> <p>TECHNICAL PROBLEMS ..... 9995</p> <p>OTHER ..... 9996</p> <p>SPECIFY</p>																																																																									
CHECK: IF THE SECOND BLOOD PRESSURE MEASURED AND RECORDED GO BACK TO Q 601			601																																																																								
1137	<p>May I measure your blood pressure and pulse at this time?</p> <p>MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC ..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC ..... 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PULSE ..... 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED ..... 9994</p> <p>BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:</p> <p>TECHNICAL PROBLEMS ..... 9995</p> <p>OTHER ..... 9996</p> <p>SPECIFY</p>																																																																									
1138	<p>AVERAGE THE SYSTOLIC AND AVERAGE THE DIASTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 136 AND 1137.</p> <table border="0"> <tr> <td>Q1136 BLOOD PRESSURE</td> <td>Q1137 BLOOD PRESSURE</td> <td>AVERAGE OF TWO BP MEASUREMENTS</td> </tr> <tr> <td>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> <td>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> <td>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> <td>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> <td>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table> <p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p><b>ADULT BLOOD PRESSURE VALUE BOX:</b></p> <table border="0"> <tr> <td></td> <td colspan="6"><b>DIASTOLIC</b></td> </tr> <tr> <td></td> <td>&lt;84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>110-119</td> <td>&gt;=120</td> </tr> <tr> <td><b>SYSTOLIC</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>&lt;129</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>&gt;=210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> <p>CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE, DRAW THE LINES AND CIRCLE THE VALUE WHERE THE LINES ARE CROSSED, CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p>			Q1136 BLOOD PRESSURE	Q1137 BLOOD PRESSURE	AVERAGE OF TWO BP MEASUREMENTS	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>		<b>DIASTOLIC</b>							<84	85-89	90-99	100-109	110-119	>=120	<b>SYSTOLIC</b>							<129	1	1	1	1	1	1	130-139	2	2	2	2	2	2	140-159	3	3	3	3	3	3	160-179	4	4	4	4	4	4	180-209	5	5	5	5	5	5	>=210	6	6	6	6	6	6
Q1136 BLOOD PRESSURE	Q1137 BLOOD PRESSURE	AVERAGE OF TWO BP MEASUREMENTS																																																																									
SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>																																																																									
DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>																																																																									
	<b>DIASTOLIC</b>																																																																										
	<84	85-89	90-99	100-109	110-119	>=120																																																																					
<b>SYSTOLIC</b>																																																																											
<129	1	1	1	1	1	1																																																																					
130-139	2	2	2	2	2	2																																																																					
140-159	3	3	3	3	3	3																																																																					
160-179	4	4	4	4	4	4																																																																					
180-209	5	5	5	5	5	5																																																																					
>=210	6	6	6	6	6	6																																																																					
1139	RECORD THE TIME.	<p>HOUR ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>																																																																									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

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

EDITOR'S OBSERVATIONS

---

---

---

---

---

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



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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE \*\*

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS

0 NO METHOD  
1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 PILL  
4 IUD  
5 INJECTABLES  
6 IMPLANTS  
7 CONDOM  
8 FEMALE CONDOM  
9 DIAPHRAGM  
J FOAM OR JELLY

K RHYTHM METHOD  
L WITHDRAWAL  
X OTHER \_\_\_\_\_

(SPECIFY)

NOTE: In case of a multiple birth which ended  
with live and non-live birth outcomes  
record BIRTH to the calendar

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY  
1 BECAME PREGNANT WHILE USING  
2 WANTED TO BECOME PREGNANT  
3 HUSBAND/PARTNER DISAPPROVED  
4 WANTED MORE EFFECTIVE METHOD  
5 HEALTH CONCERNS  
6 SIDE EFFECTS  
7 LACK OF ACCESS/TOO FAR  
8 COSTS TOO MUCH  
9 INCONVENIENT TO USE  
F FATALISTIC  
A DIFFICULT TO GET PREGNANT/MENOPAUSAL  
D MARITAL DISSOLUTION/SEPARATION  
E DEVICE EXPIRED/BODY TO REST

X OTHER \_\_\_\_\_

(SPECIFY)

Z DON'T KNOW

COL. 3: USE OF TABLETS/MEDICATION WITH AN ABORTIVE EFFECT

M USING ANY MEDICATION/TABLETS WITH AN  
ABORTIVE EFFECT TO FACILITATE RESUMING  
MENSTRUATION

			COL. 1	COL. 2	COL. 3				
	12	DEC	01				01	DEC	12
	11	NOV	02				02	NOV	11
	10	OCT	03				03	OCT	10
	09	SEP	04				04	SEP	09
2	08	AUG	05				05	AUG	08 2
0	07	JUL	06				06	JUL	07 0
0	06	JUN	07				07	JUN	06 0
7	05	MAY	08				08	MAY	05 7
*	04	APR	09				09	APR	04 *
	03	MAR	10				10	MAR	03
	02	FEB	11				11	FEB	02
	01	JAN	12				12	JAN	01
	12	DEC	13				13	DEC	12
	11	NOV	14				14	NOV	11
	10	OCT	15				15	OCT	10
	09	SEP	16				16	SEP	09
2	08	AUG	17				17	AUG	08 2
0	07	JUL	18				18	JUL	07 0
0	06	JUN	19				19	JUN	06 0
6	05	MAY	20				20	MAY	05 6
*	04	APR	21				21	APR	04 *
	03	MAR	22				22	MAR	03
	02	FEB	23				23	FEB	02
	01	JAN	24				24	JAN	01
	12	DEC	25				25	DEC	12
	11	NOV	26				26	NOV	11
	10	OCT	27				27	OCT	10
	09	SEP	28				28	SEP	09
2	08	AUG	29				29	AUG	08 2
0	07	JUL	30				30	JUL	07 0
0	06	JUN	31				31	JUN	06 0
5	05	MAY	32				32	MAY	05 5
*	04	APR	33				33	APR	04 *
	03	MAR	34				34	MAR	03
	02	FEB	35				35	FEB	02
	01	JAN	36				36	JAN	01
	12	DEC	37				37	DEC	12
	11	NOV	38				38	NOV	11
	10	OCT	39				39	OCT	10
	09	SEP	40				40	SEP	09
2	08	AUG	41				41	AUG	08 2
0	07	JUL	42				42	JUL	07 0
0	06	JUN	43				43	JUN	06 0
4	05	MAY	44				44	MAY	05 4
*	04	APR	45				45	APR	04 *
	03	MAR	46				46	MAR	03
	02	FEB	47				47	FEB	02
	01	JAN	48				48	JAN	01
	12	DEC	49				49	DEC	12
	11	NOV	50				50	NOV	11
	10	OCT	51				51	OCT	10
	09	SEP	52				52	SEP	09
2	08	AUG	53				53	AUG	08 2
0	07	JUL	54				54	JUL	07 0
0	06	JUN	55				55	JUN	06 0
3	05	MAY	56				56	MAY	05 3
*	04	APR	57				57	APR	04 *
	03	MAR	58				58	MAR	03
	02	FEB	59				59	FEB	02
	01	JAN	60				60	JAN	01
	12	DEC	61				61	DEC	12
	11	NOV	62				62	NOV	11
	10	OCT	63				63	OCT	10
	09	SEP	64				64	SEP	09
2	08	AUG	65				65	AUG	08 2
0	07	JUL	66				66	JUL	07 0
0	06	JUN	67				67	JUN	06 0
2	05	MAY	68				68	MAY	05 2
*	04	APR	69				69	APR	04 *
	03	MAR	70				70	MAR	03
	02	FEB	71				71	FEB	02
	01	JAN	72				72	JAN	01