

BATCH NUMBER:

QUESTIONNAIRE NUMBER:

MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE-**ENGLISH**

IDENTIFICATION	
DISTRICT _____	[][][]
RESIDENCE STATUS (RURAL=3, URBAN=1)	[]
COUNTY _____	
SUBCOUNTY/TOWN _____	
PARISH/LC1 NAME _____	
EA NAME _____	[][][][]
NAME OF HOUSEHOLD HEAD _____	
HOUSEHOLD NUMBER	[][][][]
SAMPLED HOUSEHOLD NUMBER _____	[][]
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HEIGHT, WEIGHT, ANEMIA, VITAMIN A (YES = 1, NO = 2)	[]
HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO = 0, FEMALE = 1, MALE = 2)	[]
HOUSEHOLD SELECTED FOR UNHS IV (YES = 1, NO = 0) IF YES RECORD HH CODE	[] [][][][][][][][][]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][]
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [][][]
RESULT*	_____	_____	_____	RESULT []
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS []
	TIME	_____	_____	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD [][] TOTAL ELIGIBLE WOMEN [][] TOTAL ELIGIBLE MEN [][] LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [][]
LANGUAGE OF THE QUESTIONNAIRE				
LANGUAGE USED IN THE INTERVIEW				
NATIVE LANGUAGE OF RESPONDENT				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE USED:	01 ATESO 02 LUGANDA 03 LUGBARA	04 LUO 05 RUNYANKOLE-RUKIGA 06 RUNYORO-RUTORO	07 NGAKARAMOJONG 08 ENGLISH 09 OTHER	
(SPECIFY)				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____ [][][]		NAME _____ [][][]		[][]
				KEYED BY
				[][]

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 45 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

Do you have any questions?

YES

NO

May I begin the interview now?

YES

NO

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



START TIME HOUR

--	--

MINUTES

--	--

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				(5)	(6)		MARITAL STATUS	(9)	(10)	(11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-29 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE RECORD '95'.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES ADD TO TABLE

NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ADD TO TABLE

NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ADD TO TABLE

NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW

- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = CO-WIFE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DONT KNOW
- 00 = MOTHER NOT LISTED

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		0-4 YEARS	IF AGE 5-17 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	BASIC MATERIAL NEEDS		
(1)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD 00	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD 00	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2011 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES, ASK RESPONDENT TO SHOW CERTIFICATE. IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HAS CERTIFICATE SEEN 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DONT KNOW	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE		Y N	Y N	Y N
01	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
08	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
11	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
12	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
13	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
14	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2
15	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20		1 2 ↓ GO TO 20			1 2	1 2	1 2

CODES FOR Qs 17 AND 19: EDUCATION

- | | |
|----------------|---|
| LEVEL | GRADE |
| 0 = PRESCHOOL | 00 = LESS THAN 1 YEAR COMPLETED |
| 1 = PRIMARY | (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19) |
| 2 = 'O' LEVEL | |
| 3 = 'A' LEVEL | |
| 4 = TERTIARY | 98 = DONT KNOW |
| 5 = UNIVERSITY | |
| 6 = FAL | |
| 8 = DONT KNOW | |

COMPLETE COLUMNS 24-29 FOR ALL HH MEMBERS AGED 5 OR OLDER						
LINE NO.	DIFFICULTIES					
(1)	(24)	(25)	(26)	(27)	(28)	(29)
	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty seeing even if he/she is wearing glasses? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty hearing even if he/she is using a hearing aid? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty walking or climbing steps? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty remembering or concentrating? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty with self care such as washing all over, dressing, feeding, toileting? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty communicating foreexample understanding others or being understood by others? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

TABLE FOR SELECTION OF RESPONDENT FOR THE VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV

HOUSEHOLD IS NOT SELECTED FOR DV

101

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE VIOLENCE QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR COLUMN (10) IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE DV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN/MEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD LINE NUMBER OF PERSON SELECTED FOR VIOLENCE MODULE

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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Some times people smoke inside our houses for example our family members,our neighbours or even our friends. How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 WATER FROM OPEN WELL/SPRING OPEN WELL/SPRING IN YARD/PLOT 21 OPEN PUBLIC WELL/SPRING 22 WATER FROM PROTECTED WELL/SPRING PROTECTED WELL/SPRING IN YARD/PLOT 31 PROTECTED PUBLIC WELL/SPRING..... 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 41 PUBLIC BOREHOLE 42 SURFACE WATER (RIVER/DAM ETC) RIVER/STREAM 51 POND/LAKE 52 DAM 53 RAIN WATER 61 TANKER TRUCK 71 VENDOR 72 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 105 → 105 → 105 → 105
103	Where is that water source located?	IN OWN DWELLING..... 1 IN OWN YARD/PLOT..... 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DONT KNOW 8	→ 107
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD WATER GUARD B ADD BLEACH/CHLORINE..... C STRAIN THROUGH A CLOTH..... D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) E SOLAR DISINFECTION F LET IT STAND AND SETTLE G OTHER X (SPECIFY) DONT KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET.....01 VIP LATRINE..... 02 COVERED PIT LATRINE NO SLAB.....03 COVERED PIT LATRINE W/ SLAB.....04 UNCOVERED PIT LATRINE NO SLAB.....05 UNCOVERED PIT LATRINE W/ SLAB.....06 COMPOSTING TOILET..... 07 NO FACILITY/BUSH/FIELD.....08 ECOSAN.....09 OTHER _____ 96 (SPECIFY)	→ 110																																										
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 109A																																										
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																											
109A	Does this toilet have any facility for washing hands after use?	YES 1 NO 2																																											
110	Does your household have:	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> </tr> </thead> <tbody> <tr><td>a) Electricity?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>b) A radio?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>c) A cassette player?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>d) A television?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>e) A mobile phone?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>f) A fixed phone?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>g) A refrigerator?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>h) A table?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>i) A chair?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>j) A sofa set?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>k) A bed?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>l) A cupboard?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>m) A clock?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A cassette player?	1	2	d) A television?	1	2	e) A mobile phone?	1	2	f) A fixed phone?	1	2	g) A refrigerator?	1	2	h) A table?	1	2	i) A chair?	1	2	j) A sofa set?	1	2	k) A bed?	1	2	l) A cupboard?	1	2	m) A clock?	1	2	
	YES	NO																																											
a) Electricity?	1	2																																											
b) A radio?	1	2																																											
c) A cassette player?	1	2																																											
d) A television?	1	2																																											
e) A mobile phone?	1	2																																											
f) A fixed phone?	1	2																																											
g) A refrigerator?	1	2																																											
h) A table?	1	2																																											
i) A chair?	1	2																																											
j) A sofa set?	1	2																																											
k) A bed?	1	2																																											
l) A cupboard?	1	2																																											
m) A clock?	1	2																																											
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 04 KEROSENE/PARAFFIN 05 CHARCOAL 07 FIREWOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114																																										
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 114																																										
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 EARTH AND DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 MOSAIC OR TILES 33 BRICKS 34 CEMENT 35 STONES 36 OTHER 96 _____ (SPECIFY)																									
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING THATCHED 11 MUD 12 FINISHED ROOFING WOOD/PLANKS 21 IRON SHEETS 22 ASBESTOS 23 TILES 24 TIN 25 CEMENT 26 OTHER 96 _____ (SPECIFY)																									
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS THATCHED/STRAW 11 RUDIMENTARY WALLS MUD AND POLES 21 UN-BURNT BRICKS 22 UN-BURNT BRICKS WITH PLASTER 23 BURNT BRICKS WITH MUD 24 FINISHED WALLS CEMENT BLOCKS 31 STONE 32 TIMBER 33 BURNT BRICKS WITH CEMENT 34 OTHER 96 _____ (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor? g) A boat without a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE/SCOOTER	1	2																									
ANIMAL-DRAWN CART	1	2																									
CAR/TRUCK	1	2																									
BOAT WITH MOTOR	1	2																									
BOAT WITHOUT MOTOR	1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998																									

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED NOT OBSERVED	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO .. 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO .. 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130	OBSERVE THE BRAND/TYPE OF MOSQUITO NET. IF NOT OBSERVED ASK What brand is this net? IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ←	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ←	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ←
		FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET .. 22 ICONET 23 SAFI NET 24	FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET 22 ICONET 23 SAFI NET 24	FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET 22 ICONET 23 SAFI NET 24
		FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT .. 32 CENTURY 33 LUCKY NET 34 VICTORIA 35	FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT 32 CENTURY 33 LUCKY NET 34 VICTORIA 35	FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT 32 CENTURY 33 LUCKY NET 34 VICTORIA 35
		HOMEMADE NET . 41 OTHER 96 (SPECIFY) DK BRAND 98	HOMEMADE NET . 41 OTHER 96 (SPECIFY) DK BRAND 98	HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2		
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)		

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2
211A	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to take the vitamin A deficiency test?</p>		

		CHILD 1	CHILD 2	CHILD 3
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
211C	CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A	AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4	AGREED TO ANEAMIA AND VITAMIN A TES. 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4	AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
213	BAR CODE LABEL FOR VITAMIN A TEST	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
215	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 216.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
211A	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to take the vitamin A deficiency test?</p>		

		CHILD 4	CHILD 5	CHILD 6
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
211C	CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A	AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TES. 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
213	BAR CODE LABEL FOR VITAMIN A TEST	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
215	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 216.			

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR WOMEN AGE 15-49

216	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 217. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
		WOMAN 1		WOMAN 2		WOMAN 3	
217	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
218	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
219	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
220	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ←
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ←
222	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
223	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>					
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
225	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the anemia test?</p>		
226	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A)
227	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
227A	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←
227B	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ←
228	ASK FOR CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the vitamin A deficiency test?</p>		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)
230	ASK CONSENT FOR VITAMIN A TESTING FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the Vitamin A test?</p>		
231	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME AND ENTER YOUR INTERVIEWER NUMBER	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237)

		WOMAN 1	WOMAN 2	WOMAN 3
231A	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙
231B	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙
232	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p>		
233	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236)
234	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT	<p>We ask you to allow Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). this survey.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p>		
235	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237)
236	ADDITIONAL TESTS	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
237	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
238	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
239	BAR CODE LABEL FOR VITAMIN A TEST	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM
240	GO BACK TO 217 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 241.			

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

241	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 242. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
242	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
243	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
244	HEIGHT IN CENTIMETERS	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
245	GO BACK TO 242 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

END TIME HOUR MINUTES

BATCH NUMBER:

QUESTIONNAIRE NUMBER:

MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN QUESTIONNAIRE-**ENGLISH**

IDENTIFICATION													
EA NAME _____													
NAME OF HOUSEHOLD HEAD _____													
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
SAMPLED HOUSEHOLD NUMBER.....													
NAME AND LINE NUMBER OF WOMAN _____													
WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1; NO=2)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	INTER. NO. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>								
TIME	_____	_____										

*RESULT CODES:

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

LANGUAGE OF THE QUESTIONNAIRE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr> </table>	0	8	
0	8			
LANGUAGE USED IN THE INTERVIEW				
NATIVE LANGUAGE OF RESPONDENT				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE USED:	01 ATESO 04 LUO 07 NGAKARAMOJONG 02 LUGANDA 05 RUNYANKOLE-RUKIGA 08 ENGLISH 03 LUGBARA 06 RUNYORO-RUTORO 96 OTHER			
	(SPECIFY)			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		111
110	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	
111	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	
112	Do you watch/listen to television almost everyday, 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	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 PENTECOSTAL 4 SDA 5 OTHER 6 (SPECIFY)	
114	What is your tribe?	MUGANDA 1 MUNYANKOLE 2 MUSOGA 3 MUKIGA 4 ATESO 5 OTHER 6 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

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" data-bbox="1265 524 1366 584"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1265 584 1366 645"><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" data-bbox="1265 822 1366 882"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1265 882 1366 943"><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" data-bbox="1265 1225 1366 1285"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1265 1285 1366 1346"><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 BIRTHS <table border="1" data-bbox="1265 1444 1366 1505"><tr><td> </td><td> </td></tr><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 <table border="1" data-bbox="373 1697 443 1758"><tr><td> </td></tr></table> NO <table border="1" data-bbox="592 1697 662 1758"><tr><td> </td></tr></table> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <table border="1" data-bbox="459 1877 502 1937"><tr><td> </td></tr></table> NO BIRTHS <table border="1" data-bbox="751 1877 794 1937"><tr><td> </td></tr></table> →				→226						

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2				
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 0				→ 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2006, 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>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want aborted, any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/></p> <p>JAN. 2006 OR LATER JAN. 2006</p>		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
233 A	When the pregnancy ended, did you receive counselling for family planning use?	YES 1 NO 2	
234	Since January 2006, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2006</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2006 ?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2006 end?	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								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1244 250 1340 465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	↘ 301								
240	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	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. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2
10	Rhythm Method/Moon Beads. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
12	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, intercourse, women can take special pills or loop/coil is placed inside them by a doctor or nurse to prevent pregnancy.	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>	311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 → 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD/MOON BEADS L</p> <p>WITHDRAWAL M</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>PILPLAN 01</p> <p>SOFT SURE 02</p> <p>NEWFEM 03</p> <p>LO-FEMENOL 04</p> <p>MICROGYNON 05</p> <p>OVRETTE 06</p> <p>MICROLUT 07</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→</p> <p>308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>PROTECTOR 01</p> <p>LIFE GUARD 02</p> <p>ENGABU 03</p> <p>TRUST 04</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?										
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>									
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2006 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2005 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2006</p> <p>THEN SKIP TO <input type="checkbox"/> 322</p>									
311	<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 2006.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C 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"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. 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> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: 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. 										
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/></p> <p>ANY METHOD USED <input type="checkbox"/></p>		→314								
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	<p>YES 1</p> <p>NO 2</p>	→ 324								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD/MOON BEADS 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 324</p> <p>→ 317A</p> <p>→ 326</p> <p>→ 315A</p> <p>→ 326</p>
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OUT REACH 14</p> <p>FIELDWORKER/VHT 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY)</p>	
315A	<p>Where did you learn how to use the rhythm/lactational amenorhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OUTREACH 24</p> <p>FIELDWORKER/VHT 25</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
316	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD/MOON BEADS 12</p>	<p>→ 323</p> <p>→ 320</p> <p>→ 326</p> <p>→ 326</p>
317	<p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 319</p>
317A	<p>When you got sterilized, were you told about side effects or problems you might have with the method?</p>		
318	<p>Were you <u>ever</u> told by a <u>health or family planning worker</u> about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 320</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> <input type="checkbox"/> <p>↓</p> </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p>	YES 1 NO 2	→ 322
321	Were you <u>ever</u> told by a <u>health or family planning worker</u> about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD/MOON BEADS 12 WITHDRAWAL 13 OTHER METHOD 96	→ 326 → 326 → 326
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUT REACH 14 FIELDWORKER/VHT 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OUT REACH 24 FIELDWORKER/VHT 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 OTHER _____ 96 (SPECIFY)	→ 326
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 326

325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUT REACH D</p> <p>FIELDWORKER/VHT E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OUT REACH J</p> <p>FIELDWORKER/VHT K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a fieldworker/VHT who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<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>	→ 401
328	<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	CHECK 224: <p style="text-align: center;"> ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> NO BIRTHS IN 2006 OR LATER <input type="checkbox"/> </p>	→ 556		
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B MEDICAL ASSISTANT/ CLINICAL OFFICER C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH TEAM E OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____															
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>OTHER PUBLIC SECTOR E</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>OTHER PRIVATE MED. _____ G</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
411	<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>																	
412	<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>																	
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	WEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2		
	YES	NO																	
WEIGHT	1	2																	
BP	1	2																	
URINE	1	2																	
BLOOD	1	2																	
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
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 this 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"/> DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8		
423A	During the whole of this pregnancy, how many doses/times did you take drugs for intestinal worms?	NUMBER .. <input type="text"/> <input type="text"/> DON'T KNOW 98		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←				
427	How many times did you take (SP/ Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>				
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 430) ←				
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6				
430	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		
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8		
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	1 KG FROM CARD <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 2 KG FROM RECALL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	1 KG FROM CARD <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 2 KG FROM RECALL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	1 KG FROM CARD <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 2 KG FROM RECALL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
433	<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</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE .. B</p> <p>MEDICAL ASSISTANT/ CLINICAL OFFICER C</p> <p>NURSING AIDE D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE .. B</p> <p>MEDICAL ASSISTANT/ CLINICAL OFFICER C</p> <p>NURSING AIDE D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED .. Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE . B</p> <p>MEDICAL ASSISTANT/ CLINICAL OFFICER C</p> <p>NURSING AIDE D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>						
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>TBA'S HOME 12</p> <p>OTHER HOME 13</p> <p>(SKIP TO 438) ←</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>TBA'S HOME ... 12</p> <p>OTHER HOME ... 13</p> <p>(SKIP TO 448) ←</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>TBA'S HOME 12</p> <p>OTHER HOME 13</p> <p>(SKIP TO 448) ←</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>						
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="762 1435 842 1480"><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="762 1480 842 1525"><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="762 1525 842 1570"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>								
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</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>						
435A	<p>Before you were discharged were you counselled about family planning use?</p>	<p>YES 1</p> <p>NO 2</p>								
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←								
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 442) ←								
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 MEDICAL ASSISTANT/ CLINICAL OFFICER 13 NURSING AIDE 14 VHT..... 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)								
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" data-bbox="762 992 911 1043"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="762 1043 911 1095"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="762 1095 911 1146"><tr><td></td><td></td></tr></table> DON'T KNOW 998								
442	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8								
443	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 <table border="1" data-bbox="762 1350 911 1402"><tr><td></td><td></td></tr></table> BIRTH .. 1 DAYS AFTER <table border="1" data-bbox="762 1402 911 1453"><tr><td></td><td></td></tr></table> BIRTH .. 2 WKS AFTER <table border="1" data-bbox="762 1453 911 1505"><tr><td></td><td></td></tr></table> BIRTH .. 3 DON'T KNOW 998								
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 MEDICAL ASSISTANT/ CLINICAL OFFICER 13 NURSING AIDE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. 21 OTHER _____ 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>TBA'S HOME 12</p> <p>OTHER HOME 13</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>			
446	<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.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p>(SKIP TO 449) ←</p> <p>NO 2</p> <p>(SKIP TO 450) ←</p>			
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 452) ←</p>			
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
450	<p>CHECK 226:</p> <p>IS RESPONDENT PREGNANT?</p>	<p>NOT PREG-NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 452)</p>			
451	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	For how many months after the birth of (NAME) did you not 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
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRYPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	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
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. W-23	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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).		
502	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER
503	FROM 212 AND 216	NAME	NAME
	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
	(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card/book where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card/book for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
	BCG	BCG	BCG
	POLIO 0 (POLIO GIVEN AT BIRTH)	P0	P0
	POLIO 1	P1	P1
	POLIO 2	P2	P2
	POLIO 3	P3	P3
	DPT-HepB-Hib 1	DH1	DH1
	DPT-HepB-Hib 2	DH2	DH2
	DPT-HepB-Hib 3	DH3	DH3
	MEASLES	MEA	MEA
	VITAMIN A (MOST RECENT)	VIT A	VIT A
	VITAMIN A (2nd MOST RECENT)	VIT A	VIT A
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/>	OTHER <input type="checkbox"/>
		(GO TO 511)	
		BCG TO MEASLES ALL RECORDED <input type="checkbox"/>	OTHER <input type="checkbox"/>
		(GO TO 511)	
		BCG TO MEASLES ALL RECORDED <input type="checkbox"/>	OTHER <input type="checkbox"/>
		(GO TO 511)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
508	Has (NAME) had any vaccinations that are not on this card/book including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS BCG, POLIO0-3, DPT-HEPB-HIB 1-3, AND OR MEASLES VACCINES AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the right upper arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT vaccination, that is, an injection given in the left upper thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B OUT REACH SERV. FIELDWORKER/VHT C D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUT REACH SERV. COMMUNITY HEALTH WORKER..... I J OTHER PRIVATE MED. SECTOR K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B OUT REACH SERV. FIELDWORKER C D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUT REACH SERV. COMMUNITY HEALTH WORKER..... I J OTHER PRIVATE MED. SECTOR K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER..... B OUT REACH SERV. FIELDWORKER C D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUT REACH SERV. COMMUNITY HEALTH WORKER..... I J OTHER PRIVATE MED. SECTOR L K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	CHECK 519:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 522) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 522) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called LOCAL NAME FOR ORS PACKET? c) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF 7 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER B OUT REACH SERV. C FIELDWORKER/VHT D OTHER PUBLIC SECTOR E _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR K _____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X _____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER B OUT REACH SERV. C FIELDWORKER/VHT D OTHER PUBLIC SECTOR E _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR K _____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X _____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER B OUT REACH SERV. C FIELDWORKER/VHT D OTHER PUBLIC SECTOR E _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC F PHARMACY G PVT DOCTOR H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR K _____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L TRADITIONAL PRACTITIONER M MARKET N OTHER X _____ (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
537	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>
538	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT D QUININE..... E OTHER ANTI-MALARIAL F _____ (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP G INJECTION H</p> <p>OTHER DRUGS</p> <p>ASPIRIN I PANADOL J IBUPROFEN K OTHER X _____ (SPECIFY) DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT D QUININE..... E OTHER ANTI-MALARIAL F _____ (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP G INJECTION H</p> <p>OTHER DRUGS</p> <p>ASPIRIN I PANADOL J IBUPROFEN K OTHER X _____ (SPECIFY) DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT D QUININE..... E OTHER ANTI-MALARIAL F _____ (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP G INJECTION H</p> <p>OTHER DRUGS</p> <p>ASPIRIN I PANADOL J IBUPROFEN K OTHER X _____ (SPECIFY) DON'T KNOW Z</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____					
539	CHECK 538: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542) ←
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544) ←
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
544	CHECK 538: CHLOROQUINE WITH FANSIDAR ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 546) ←
545	How long after the fever started did (NAME) first take chloroquine with fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
546	CHECK 538: COARTEM/ACTS ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 550) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 550) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 550) ←
547	How long after the fever started did (NAME) first take coartem / ACTS?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
548	CHECK 538: QUININE ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 550) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 550) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 550) ←
549	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 552)	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 552)	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 552)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		556
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a) , ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		557
556	Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?	YES 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) may have had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) drink/eat?</p>	<p>YES NO DK</p>	
	(1) BEVERAGE/ LIQUIDS		
	<p>i) Plain water? ii) Fresh fruit juice or juice concentrate? iii) Any kind of soup? iv) Black tea/coffee? v) Other beverages/liquids not mentioned above?</p>	<p>i) 1 2 8 ii) 1 2 8 iii) 1 2 8 iv) 1 2 8 v) 1 2 8</p>	
	(2) MILK AND MILK PRODUCTS		
	<p>vi) Milk such as tinned,powdered,or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES RECORD '7'</p>	<p>vi) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/></p>	
	<p>vii) Yogurt? IF YES: How many times did (NAME) eat yogurt IF 7 OR MORE TIMES RECORD '7'</p>	<p>vii) 1 2 8 NUMBER OF TIMES ATE YOGURT <input type="text"/></p>	
	<p>viii) cheese or other food made from milk?</p>	<p>viii) 1 2 8</p>	
	<p>ix) Infant formula foods such as CERELAC? IF YES: How many times did (NAME) drink infant formula IF 7 OR MORE TIMES RECORD '7'</p>	<p>ix) 1 2 8 NUMBER OF TIMES HAD FORMULA <input type="text"/></p>	
	(3) MEAT AND MEAT PRODUCTS		
	<p>x) Meat (beef, pork, goat, lamb) or other meat? xi) Liver,Kidney,Heart or other organ meats. xii) meat products such as kebabs, sausages chops etc?</p>	<p>x) 1 2 8 xi) 1 2 8 xii) 1 2 8</p>	
	(4) FISH		
	<p>xiii) Fresh fish, dry fish or shell fish?</p>	<p>xiii) 1 2 8</p>	
	(5) FRUITS		
	<p>xiv) Orange coloured fruits like ripe mangoes, pawpaw? xv) Other fruits or vegetables(passion fruit, jack fruit, pineapples, oranges sugarcanes, etc)?</p>	<p>xiv) 1 2 8 xv) 1 2 8</p>	
	(6) VEGETABLES		
	<p>xvi) Dark green leafy vegetables like spinnach, amaranths cassava leaves, bean leaves? xvii) Orange coloured vegetables such as pumpkins, carrots? xviii) Any bio-fortified food (Orange fleshed sweet potatoes) xix) Other vegetables like cabbages,egg-plants,tomatoes etc?</p>	<p>xvi) 1 2 8 xvii) 1 2 8 xviii) 1 2 8 xix) 1 2 8</p>	
	(7) CEREALS AND GRAINS		
	<p>xx) Rice, posho, porridge, bread, chapatti, pasta/macaroni, noddles or other foods made from maize, millet, sorghum or other grains such as mandazi, doughnut, pancakes etc? xxi) Other foods made from grains such as weetabix, cornflakes etc?</p>	<p>xx) 1 2 8 xxi) 1 2 8</p>	
	(8) LEGUMES		
	<p>xxii) Beans, peas, cow peas,groundnuts,seeds ,oil seeds soya beans or other legumes or seeds? xxiii) Any foods made from beans,peas,lentils,or nuts?</p>	<p>xxii) 1 2 8 xxiii) 1 2 8</p>	
	(9) POULTRY AND POULTRY PRODUCTS		
	<p>xxiv) Chicken,duck,Turkey,pigeons,etc) xxv) Eggs (chicken eggs, duck eggs etc)?</p>	<p>xxiv) 1 2 8 xxv) 1 2 8</p>	
	(10) PLANTAIN		
	<p>xxvi) Banana-Matooke,Ndiizi, Gonja?</p>	<p>xxvi) 1 2 8</p>	
	(11) ROOTS AND TUBERS		
	<p>xxvii) Cassava, yams, white sweet potatoes, Irish potatoes,manioc or other roots and tubers?</p>	<p>xxvii) 1 2 8</p>	
	(12) OILS AND FATS		
	<p>xxviii) Cooking oil, margarine, butter or other oils/fats?</p>	<p>xxviii) 1 2 8</p>	
	(13) SUGAR AND OTHER SUGARY PRODUCTS		
	<p>xxix) Any sugary foods such as chocolates, sweets, candies pastries,cakes or biscuits?</p>	<p>xxix) 1 2 8</p>	

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, CIVIL MARRIAGE 1 YES, CUSTOMARY MARRIAGE..... 2 YES, RELIGIOUS MARRIAGE..... 3 YES, LIVING WITH A MAN..... 4 NO, NOT IN UNION..... 5	→ 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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 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"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <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	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	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	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER95</p>	→ 628
614	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.		
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used 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
619	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 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622)	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622)	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622)
620	CHECK 609:	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="text"/>	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="text"/>	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="text"/>
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ OTHER <input type="text"/> (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ OTHER <input type="text"/> (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ OTHER <input type="text"/> (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98
625	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 616 IN NEXT COLUMN) ← NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 IN NEXT COLUMN) ← NO 2 (SKIP TO 627) ←	
626	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DONT KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<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 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 631A												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUT REACH D</p> <p>VILLAGE HEALTH TEAM..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OUT REACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION..... N</p> <p>FRIENDS/RELATIVES O</p> <p>STREET VENDOR..... P</p> <p>LODGE..... Q</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
631A	<p>Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 631D												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
631B	Have you sought treatment for this condition?	YES 1 NO 2	→ 631D
631C	Why have you not sought treatment?	DO NOT KNOW CAN BE FIXED 1 DO NOT KNOW WHERE TO GO 2 TOO EXPENSIVE 3 TOO FAR 4 POOR QUALITY OF CARE 5 COULD NOT GET PERMISSION 6 EMBARRASSMENT 7 OTHER _____ 8 (SPECIFY)	
631D	Have you ever heard of female circumcision?	YES 1 NO 2 DON'T KNOW 8	→ 631F
631E	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 701
631F	Have you yourself ever been circumcised?	YES 1 NO 2	
631G	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	
631H	CHECK 213, 215 AND 216: HAS ONE OR MORE <input type="checkbox"/> LIVING DAUGHTERS BORN IN 1996 OR LATER ↓ HAS NO LIVING <input type="checkbox"/> DAUGHTERS BORN IN 1996 OR LATER	→ 701	
631I	How many of your daughter(s) aged between 0 and 14 years have undergone circumcision?	NUMBER OF DAUGHTERS <input type="text"/> <input type="text"/>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		704
703	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 ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT... 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	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	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		712
708	CHECK 705: 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"/>		711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/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>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 714</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 714 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td>NUMBER</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER</td> <td colspan="2">_____</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	_____		96		(SPECIFY)			
	BOYS	GIRLS	EITHER																
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>																
OTHER	_____		96																
	(SPECIFY)																		
714	In the last six months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen anything about family planning in a video/film ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>VIDEO/FILM</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	VIDEO/FILM	1	2		
	YES	NO																	
RADIO	1	2																	
TELEVISION	1	2																	
NEWSPAPER OR MAGAZINE	1	2																	
VIDEO/FILM	1	2																	
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	_____ → 801																	
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING OR NOT ASKED <input type="checkbox"/>	_____ → 720																	
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER	6		(SPECIFY)							
MAINLY RESPONDENT	1																		
MAINLY HUSBAND/PARTNER	2																		
JOINT DECISION	3																		
OTHER	6																		
	(SPECIFY)																		
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	_____ → 801																	
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8									
SAME NUMBER	1																		
MORE CHILDREN	2																		
FEWER CHILDREN	3																		
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: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	803 807
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, O level, A level, university or tertiary?	PRIMARY 1 'O' LEVEL 2 'A' LEVEL 3 TERTIARY 4 UNIVERSITY 5 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your (husband's/ partner's) occupation? What was your (last) (husband's/ partner's) occupation? That is, what kind of work does he mainly do? That is, what kind of work did he mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
807	Apart 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	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10..... ..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND..... ..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES..... ..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10..... ..	1	2	3	HUSBAND..... ..	1	2	3	OTHER MALES..... ..	1	2	3	OTHER FEMALES ...	1	2	3					
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ..	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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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	→ 937																
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 with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		911																
910	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																	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE JANUARY 2009 <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2009 <input type="checkbox"/>		926 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information 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"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <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> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
916	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	→ 920
916A	Usually pregnant women receive counseling before being tested. Before you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER 13 FAMILY PLANNING CLINIC 14 OUT REACH 15 VILLAGE HEALTH TEAM 16 OTHER PUBLIC 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 STAND-ALONE VCT CENTER 22 PHARMACY/DRUG SHOP 23 PRIVATE DOCTOR/NURSE/ MIDWIFE 24 OUT REACH 25 TASO 26 AIDS INFORMATION CENTRE 27 OTHER PRIVATE/NGO MEDICAL 28 (SPECIFY) OTHER 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> 21-36 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	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	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER 13 FAMILY PLANNING CLINIC 14 OUT REACH 15 VILLAGE HEALTH TEAM 16 OTHER PUBLIC 17 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 STAND-ALONE VCT CENTER 22 PHARMACY/DRUG SHOP 23 PRIVATE DOCTOR/NURSE/ MIDWIFE 24 OUT REACH 25 TASO 26 AIDS INFORMATION CENTRE 27 OTHER PRIVATE/NGO MEDICAL 28 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER C FAMILY PLANNING CLINIC D OUT REACH E VILLAGE HEALTH TEAM F OTHER PUBLIC G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H STAND-ALONE VCT CENTER I PHARMACY/DRUG SHOP J PRIVATE DOCTOR/NURSE/ MIDWIFE K OUT REACH L TASO M AIDS INFORMATION CENTRE N OTHER PRIVATE/NGO MEDICAL O _____ (SPECIFY) OTHER X _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	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	
933	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	
934	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	
935	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	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	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	
941	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	
942	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER C FAMILY PLANNING CLINIC D OUT REACH E VILLAGE HEALTH TEAM F OTHER PUBLIC G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... H STAND-ALONE VCT CENTER I PHARMACY/DRUG SHOP J PRIVATE DOCTOR/NURSE/ MIDWIFE K OUT REACH L TASO M AIDS INFORMATION CENTRE N OTHER PRIVATE/NGO MEDICAL O _____ (SPECIFY) OTHER SOURCE SHOP P OTHER X _____ (SPECIFY)	
946	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	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		1001
949	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	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1001	<p>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?</p> <p>IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004																					
1001A	Who administered the last injection you got?	<p>DOCTOR 11 NURSE/MIDWIFE 12 MEDICAL ASSISTANT/CLINICAL OFFICER 13 NURSING AIDE 14 NON-MEDICAL PERSONNEL 15</p>	→ 1004																					
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1 NO 2 DON'T KNOW 8</p>																						
1003A	Did you develop any complications as a result of an injection?	<p>YES 1 NO 2</p>																						
1004	Do you currently smoke cigarettes?	<p>YES 1 NO 2</p>	→ 1006																					
1005	In the last 24 hours, how many cigarettes did you smoke?	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																						
1006	Do you currently smoke or use any (other) type of tobacco?	<p>YES 1 NO 2</p>	→ 1008																					
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>a) Getting permission to go to the health facility b) Getting money needed for treatment or transport? c) The distance to the health facility? d) Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROB-</td> <td align="center">PROB-</td> </tr> <tr> <td></td> <td align="center">LEM</td> <td align="center">LEM</td> </tr> <tr> <td>PERMISSION TO GO ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO ..	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
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1009	Are you covered by any health insurance?	<p>YES 1 NO 2</p>	→ 1100																					
1010	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>COMMUNITY-BASED HEALTH INSURANCE A</p> <p>PRIVATE COMMERCIAL HEALTH INSURANCE B</p> <p>OTHER _____ X (SPECIFY)</p>																						

SECTION 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1100	CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		GO TO 1201A																								
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1132																								
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																										
1102	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		1116																								
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?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) He frequently (accuses/accused) you of being unfaithful?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) He (is/was) jealous or angry if you (talk/talked) to other men?	1	2	8	b) He frequently (accuses/accused) you of being unfaithful?	1	2	8	c) He (does/did) not permit you to meet your female friends?	1	2	8	d) He (tries/tried) to limit your contact with your family?	1	2	8	e) He (insists/insisted) on knowing where you (are/were) at all times?	1	2	8	
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1104	Now I need to ask some more questions about your relationship with your (last) husband/partner. A Did your (last) husband/partner ever:	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 → NO 2 ↓	1	2	3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3					
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c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1105	<p>A 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 other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</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>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	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 ↓				
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1106	<p>CHECK 1105A (a-j):</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/started living together 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>	→ 1111																																																																											
1110	<p>In the last 12 months, how often have you done this to your (last) husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>																																																																												
1111	<p>Does (did) your (last) husband/partner drink alcohol?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1113																																																																											
1112	<p>How often does (did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>																																																																												
1113	<p>Are (were) you afraid of your (last) husband/partner: most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID 1</p> <p>SOMETIMES AFRAID 2</p> <p>NEVER AFRAID 3</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
1114	CHECK 609: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		1116																									
1115	A So far we have been talking about the behavior of your current/last husband/partner. Now I want to ask you about the behavior of any previous husband/partner. a) Did any previous husband/partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband/partner physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1"> <thead> <tr> <th data-bbox="699 421 794 479">EVER</th> <th data-bbox="794 421 852 479"></th> <th data-bbox="852 421 1023 479">0-11 MONTHS AGO</th> <th data-bbox="1023 421 1193 479">12+ MONTHS AGO</th> <th data-bbox="1193 421 1331 479">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td data-bbox="699 479 794 515">YES</td> <td data-bbox="794 479 852 515">1 →</td> <td data-bbox="852 479 1023 515">1</td> <td data-bbox="1023 479 1193 515">2</td> <td data-bbox="1193 479 1331 515">3</td> </tr> <tr> <td data-bbox="699 515 794 551">NO</td> <td data-bbox="794 515 852 551">2 ↓</td> <td data-bbox="852 515 1023 551"></td> <td data-bbox="1023 515 1193 551"></td> <td data-bbox="1193 515 1331 551"></td> </tr> <tr> <td data-bbox="699 551 794 586">YES</td> <td data-bbox="794 551 852 586">1 →</td> <td data-bbox="852 551 1023 586">1</td> <td data-bbox="1023 551 1193 586">2</td> <td data-bbox="1193 551 1331 586">3</td> </tr> <tr> <td data-bbox="699 586 794 622">NO</td> <td data-bbox="794 586 852 622">2</td> <td data-bbox="852 586 1023 622"></td> <td data-bbox="1023 586 1193 622"></td> <td data-bbox="1193 586 1331 622"></td> </tr> </tbody> </table>	EVER		0-11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2				
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YES	1 →	1	2	3																								
NO	2 ↓																											
YES	1 →	1	2	3																								
NO	2																											
1116	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone other than your/any husband/partner hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1119																									
1117	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 CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)																										
1118	In the last 12 months, how often has this person/have these person physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																										
1119	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		1122																									
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	1122																									
1121	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 EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	<p>CHECK 601 AND 602 EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>Now I want to ask you about things that may have been done to you by someone <u>other</u> than your/any husband/partner.</p> <p>At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p> <p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1126</p>
1123	<p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1124	<p>Who was the person who was forcing you at that time?</p>	<p>CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)</p>	
1125	<p>CHECK 601 AND 602 EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than your/any husband/partner physically forced you to have sexual intercourse when you did not want to?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p> <p>YES 1 NO 2</p>	
1126	<p>CHECK 1105A (a-j), 1115, 1116, 1120, 1122, AND 1125:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>→ 1130</p>
1127	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1 NO 2</p>	<p>→ 1129</p>
1128	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER 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)</p>	<p>→ 1130</p>
1129	<p>Have you ever told any one about this?</p>	<p>YES 1 NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1130	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DONT KNOW 8																	
1130A	CHECK IF CODE 1 IS CIRCLED IN 1122 CODE "1" CIRCLED <input type="checkbox"/> CODE "1" NOT CIRCLED <input type="checkbox"/>		1132																
1131	After being forced to have sexual intercourse or to perform a sexual act, have you ever sought help from a doctor or medical personnel?	YES..... 1 NO..... 2	→ 1132																
1131A	How long after you were forced to have a sexual intercourse did you seek help?	WITHIN 3 DAYS 1 AFTER 3 DAYS OR MORE 2																	
1131B	Were you offered drugs to prevent you from getting the AIDS virus?	YES..... 1 NO..... 2																	
1131C	Were you offered a test for the AIDS virus after the violence?	YES..... 1 NO..... 2																	
1131D	Were you pregnant when you were forced to have sexual intercourse?	YES..... 1 NO..... 2	→ 1132																
1131E	Were you offered a pill to stop you from becoming pregnant?	YES 1 NO 2																	
<p>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.</p>																			
1132	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="0"> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <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> </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																
1133	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
<hr/> <hr/> <hr/>																			

SECTION 12: MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. Did your mother give birth to any children other than yourself?	YES 1 NO 2						→ GOTO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201 B: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ GOTO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2						
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (2) ↙	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (3) ↙	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (4) ↙	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (5) ↙	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (6) ↙	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (7) ↙	
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>						
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	
1212	Did (NAME) die within two months after the end of a pregnancy or child birth?	YES 1 NO 2						
1213	How many live borne children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>						
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.								

1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (8) ↙	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (9) ↙	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (10) ↙	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (11) ↙	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (12) ↙	YES 1 NO 2 GO TO 1208 ↙ DK 8 GO TO (13) ↙	
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)	
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	YES 1 GO TO 1213 ↙ NO 2	
1212	Did (NAME) die within two months after the end of a pregnancy or child birth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
CHECK (X) HERE IF CONTINUATION SHEET USED <input type="checkbox"/>								
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.								
1214	END TIME	HOUR	<input type="text"/> <input type="text"/>		MINUTES			<input type="text"/> <input type="text"/>

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.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD/MOONBEADS
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 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 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

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

BATCH NUMBER:

QUESTIONNAIRE NUMBER:

MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MATERNAL MORTALITY-ENGLISH

IDENTIFICATION														
DISTRICT _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
RESIDENCE STATUS (RURAL=3, URBAN=1)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>													
COUNTY _____														
SUBCOUNTY/TOWN _____														
PARISH/LC1 NAME _____														
EA NAME _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
NAME OF HOUSEHOLD HEAD _____														
HOUSEHOLD NUMBER _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
SAMPLED HOUSEHOLD NUMBER _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE _____	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
INTERVIEWER'S NAME _____	_____	_____	_____	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
RESULT* _____	_____	_____	_____	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
NEXT VISIT: DATE _____	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
TIME _____	_____	_____		RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>										
				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
				LINE NO. OF RESPONDENT TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
LANGUAGE OF THE QUESTIONNAIRE _____				NO OF ELIGIBLE WOMEN INTERVIEWED <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
LANGUAGE USED IN THE INTERVIEW _____														
NATIVE LANGUAGE OF RESPONDENT _____														
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) _____														
LANGUAGE USED: 01 ATESO 04 LUO 07 NGAKARAMOJONG 02 LUGANDA 05 RUNYANKOLE-RUKIGA 08 ENGLISH 03 LUGBARA 06 RUNYORO-RUTORO 96 OTHER <div style="text-align: right;">(SPECIFY)</div>														
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 5 to 10 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

Do you have any questions? YES NO

May I begin the interview now? YES NO

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



RECORD THE START TIME	HOURS	<input type="text"/>	<input type="text"/>
	MINUTES	<input type="text"/>	<input type="text"/>

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY
				(5)	(6)		MARITAL STATUS	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE RECORD '95'	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
			M F	Y N	Y N	YEARS		
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?
 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES →

YES →

YES →

ADD TO TABLE NO

ADD TO TABLE NO

ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = CO-WIFE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW
- 00=MOTHER NOT LISTED

NAME OF ELIGIBLE WOMAN (1)

LINE NUMBER OF WOMAN (1)

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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	_____												
RESULT*	_____	_____	_____	_____												
NEXT VISIT:	DATE	_____	_____	TOTAL NUMBER OF VISITS 												
	TIME	_____	_____													
*RESULT CODES: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER</td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td colspan="2" style="text-align: right;">_____ (SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td colspan="2"></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER		2 NOT AT HOME	5 PARTLY COMPLETED	_____ (SPECIFY)		3 POSTPONED	6 INCAPACITATED		
1 COMPLETED	4 REFUSED	7 OTHER														
2 NOT AT HOME	5 PARTLY COMPLETED	_____ (SPECIFY)														
3 POSTPONED	6 INCAPACITATED															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. Did your mother give birth to any children other than yourself?	YES 1 NO 2	→ GO TO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER 	
1202	CHECK 1201 B: <div style="display: flex; justify-content: space-around; align-items: center;"> TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> </div>		GO TO 1214

1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS 	
------	---	--	--

1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2					
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (2) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (3) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (4) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (5) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (6) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (7) ←
1207	How old is (NAME)?	 GO TO (2)	 GO TO (3)	 GO TO (4)	 GO TO (5)	 GO TO (6)	 GO TO (7)
1208	How many years ago did (NAME) die?	 	 	 	 	 	
1209	How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2					
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	 	 	 	 	 	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						

1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 DK 8 GO TO (8)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (9)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (11)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (12)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (13)
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or child birth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1214	CHECK (X) HERE IF CONTINUATION SHEET USED <input type="checkbox"/> IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						

NAME OF ELIGIBLE WOMAN (2)

LINE NUMBER OF WOMAN (2)

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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	_____												
RESULT*	_____	_____	_____	_____												
NEXT VISIT:	DATE	_____	_____	TOTAL NUMBER OF VISITS 												
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. Did your mother give birth to any children other than yourself?	YES 1 NO 2	→ GO TO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER 	
1202	CHECK 1201 B: <div style="display: flex; justify-content: space-around; align-items: center;"> TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> </div>		GO TO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS 	

1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2					
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (2) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (3) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (4) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (5) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (6) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (7) ←
1207	How old is (NAME)?	 GO TO (2)	 GO TO (3)	 GO TO (4)	 GO TO (5)	 GO TO (6)	 GO TO (7)
1208	How many years ago did (NAME) die?	 	 	 	 	 	
1209	How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2					
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	 	 	 	 	 	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						

1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 DK 8 GO TO (8)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (9)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (11)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (12)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (13)
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or child birth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1214	CHECK (X) HERE IF CONTINUATION SHEET USED <input type="checkbox"/> IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						

NAME OF ELIGIBLE WOMAN (3)

LINE NUMBER OF WOMAN (3)

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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	_____												
RESULT*	_____	_____	_____	_____												
NEXT VISIT:	DATE	_____	_____	TOTAL NUMBER OF VISITS □												
	TIME	_____	_____													
*RESULT CODES: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER</td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td colspan="2" style="text-align: right;">_____ (SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td colspan="2"></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER		2 NOT AT HOME	5 PARTLY COMPLETED	_____ (SPECIFY)		3 POSTPONED	6 INCAPACITATED		
1 COMPLETED	4 REFUSED	7 OTHER														
2 NOT AT HOME	5 PARTLY COMPLETED	_____ (SPECIFY)														
3 POSTPONED	6 INCAPACITATED															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. Did your mother give birth to any children other than yourself?	YES 1 NO 2	→ GO TO 1214

1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER 	
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1202	CHECK 1201 B:	TWO OR MORE BIRTHS ↓ ONLY ONE BIRTH (RESPONDENT ONLY) →	GO TO 1214
------	---------------	--	------------

1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS 	
------	---	--	--

1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2					
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (2) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (3) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (4) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (5) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (6) ←	YES 1 NO 2 GO TO 1208 ← DK 8 GO TO (7) ←
1207	How old is (NAME)?	 GO TO (2)	 GO TO (3)	 GO TO (4)	 GO TO (5)	 GO TO (6)	 GO TO (7)
1208	How many years ago did (NAME) die?	 	 	 	 	 	
1209	How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2	YES 1 GO TO 1213 ← NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2					
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	 	 	 	 	 	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						

1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 DK 8 GO TO (8)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (9)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (11)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (12)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (13)
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2	YES 1 GO TO 1213 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or child birth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1214	CHECK (X) HERE IF CONTINUATION SHEET USED <input type="checkbox"/> IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.						
	END TIME	HOUR	<input type="text"/> <input type="text"/>				
		MINUTES	<input type="text"/> <input type="text"/>				

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with UGANDA BUREAU OF STATISTICS. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually takes about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? YES NO

May I begin the interview now? YES NO

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→108
105	What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY 1 'O' LEVEL 2 'A' LEVEL 3 TERTIARY 4 UNIVERSITY 5	
106	What is the highest (class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 111
110	Do you read a newspaper or magazine, almost everyday, 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	
111	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	
112	Do you watch television, almost everyday, 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	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 PENTECOSTAL 4 SDA 5 OTHER _____ 6 (SPECIFY)	
114	What is your tribe?	BAGANDA 1 BANYANKOLE 2 BASOGA 3 BAKIGA 4 ITESO 5 OTHER _____ 6 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE .. <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 212 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		→ 301								
214	How old is your (youngest) child?	AGE IN YEARS <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>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-3 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 GAVE RUTF 5 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	Rhythm Method/Moon beads PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, intercourse, women can take special pills or loop/coil is placed inside them by a doctor or nurse to prevent pregnancy.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen anything about family planning in a video/film?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 VIDEO/FILM 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	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	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION IS WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
308	Do you know of a place where a person can get/buy condoms?	YES 1 NO 2	→401
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC..... C OUTREACH SERVICES D VILLAGE HEALTH TEAM E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR/NURSE/ MIDWIFE..... I OUTREACH SERVICES J NGO COMMUNITY BASED DISTRIBUTO K OTHER PRIVATE MEDICAL..... L (SPECIFY) OTHER SOURCE SHOP M RELIGIOUS INSTITUTION N FRIENDS/RELATIVES O STREET VENDOR P LODGE Q OTHER X (SPECIFY)	
310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
401	Are you currently married or living together with a woman as if married?	YES, CIVIL MARRIAGE 1 YES, CUSTOMARY MARRIAGE .. 2 YES, RELIGIOUS MARRIAGE 3 YES LIVING WITH A WOMAN. 4 NO, NOT IN UNION 5	→ 404																
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413																
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410																
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407																
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																	
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MORE THAN ONE WIFE/ PARTNER <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 20%;">LINE NUMBER</th> <th style="width: 50%;">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>	
NAME	LINE NUMBER	AGE																	
_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																	
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408	ASK 408 FOR EACH PERSON.																		
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input style="width: 20px; height: 15px;" type="checkbox"/></p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input style="width: 20px; height: 15px;" type="checkbox"/></p> </div> </div>		→ 411A																
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	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	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?		→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
CHECK FOR THE PRESENCE OF OTHERS.			
BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
414	Now I would like to ask 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) WIFE/PARTNER 95	→ 501
415 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.			
416	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 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Was a condom used 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
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 423) <input type="text"/>	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 423) <input type="text"/>	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE (SKIP TO 423) <input type="text"/>
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="text"/> OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="text"/> OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="text"/> OTHER <input type="text"/>
423	How long ago did you <u>first</u> have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	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 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 <input type="text"/> <input type="text"/> MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PROTECTOR 01 LIFE GUARD 02 ENGABU 03 TRUST..... 04 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL11</p> <p>GOVT. HEALTH CENTER12</p> <p>FAMILY PLANNING CLINIC13</p> <p>OUTREACH14</p> <p>GOVT COMMUNITY BASED DISTRIBUTOR15</p> <p>OTHER PUBLIC _____16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC21</p> <p>PHARMACY/DRUG SHOP22</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE23</p> <p>OUTREACH24</p> <p>NGO COMMUNITY BASED DISTRIBUTOR25</p> <p>OTHER PRIVATE MEDICAL _____26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP31</p> <p>RELIGIOUS INSTITUTION32</p> <p>FRIENDS/RELATIVES33</p> <p>STREET VENDOR34</p> <p>LODGE35</p> <p>OTHER _____36</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>↳ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATIONA</p> <p>MALE STERILIZATIONB</p> <p>IUDC</p> <p>INJECTABLESD</p> <p>IMPLANTSE</p> <p>PILLF</p> <p>FEMALE CONDOMG</p> <p>DIAPHRAGMH</p> <p>FOAM/JELLYI</p> <p>LAMJ</p> <p>RHYTHM METHOD/ MOON BEADSK</p> <p>WITHDRAWALL</p> <p>OTHER METHODS _____X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE/PARTNER PREGNANT <input type="checkbox"/>	→ 509
	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 COUPLE INFECUND 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→601</p> <p>→601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p style="text-align: center;">BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604		
602	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, or any other such reason?	YES 1 NO 2	→ 604		
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607		
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <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> _____ _____			
605	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			
606	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			
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612		
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610		
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 OTHER _____ 6 SPECIFY			
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 SPECIFY			
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 SPECIFY			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. If she goes out without telling him? b. If she neglects the children? c. If she argues with him? d. If she refuses to have sex with him? e. If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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ARGUES	1	2	8																								
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BURNS FOOD	1	2	8																								

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→723																
702	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																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	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																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	711																
710	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																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	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	→716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>STAND-ALONE VCT CENTER .. 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>OUTREACH 15</p> <p>VILLAGE HEALTH TEAM..... 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. 21</p> <p>STAND-ALONE VCT CENTER .. 22</p> <p>PHARMACY/DRUG SHOP 23</p> <p>PRIVATE DOCTOR/NURSE/</p> <p>MIDWIFE 24</p> <p>OUTREACH 25</p> <p>TASO 26</p> <p>AIDS INFORMATION CENTER .. 27</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 28</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 718</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER .. C</p> <p>FAMILY PLANNING CLINIC D</p> <p>OUTREACH E</p> <p>VILLAGE HEALTH TEAM..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. H</p> <p>STAND-ALONE VCT CENTER .. I</p> <p>PHARMACY/DRUG SHOP J</p> <p>PRIVATE DOCTOR/NURSE/</p> <p>MIDWIFE K</p> <p>OUTREACH L</p> <p>TASO M</p> <p>AIDS INFORMATION CENTER .. N</p> <p>OTHER PRIVATE _____ O</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
719	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				
720	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				
721	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				
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8				
723	<p>CHECK 701:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </td> </tr> </table>	<p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p>	<p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1 NO 2</p>	
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724	<p>CHECK 414:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→</p> </td> </tr> </table>	<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→</p>	732	
<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→</p>				
725	<p>CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>NO <input type="checkbox"/></p> <p>→</p> </td> </tr> </table>	<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→</p>	727	
<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→</p>				
726	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				
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8				
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8				
729	<p>CHECK 726, 727, AND 728:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→</p> </td> </tr> </table>	<p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→</p>	732	
<p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC D OUTREACH E VILLAGE HEALTH TEAM F OTHER PUBLIC _____ G (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H STAND-ALONE VCT CENTER I PHARMACY/DRUG SHOP ... J PRIVATE DOCTOR/NURSE/ MIDWIFE K OUTREACH L TASO M AIDS INFORMATION CENTER N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) OTHER _____ X (SPECIFY)	
732	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	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS).... 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL..... 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	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 90 OR MORE, 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 2	→ 808
805A	Who administered the last injection you got?	DOCTOR 11 NURSE/MIDWIFE 12 MEDICAL ASSISTANT/CLINICAL OFFICER 13 NURSING AIDE 14 NON-MEDICAL PERSONNEL 15	
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
807A	Did you develop any complications as a result of an injection?	YES 1 NO 2	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	

SECTION 9: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
900	CHECK FRONT COVER: MAN SELECTED FOR THIS SECTION? MAN SELECTED FOR THIS SECTION <input type="checkbox"/>	MAN NOT SELECTED <input type="checkbox"/>	934																												
901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	931																												
<p align="center">READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																															
902	CHECK 401 AND 402: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER') <input type="checkbox"/>	NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/> 916																												
903	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) wife/partner? a) She (is/was) jealous or angry if you (talk/talked) to other women? b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your male friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times? f) She (does/did) not trust you with any money?	<table border="1"> <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>DOES NOT TRUST</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	DOES NOT TRUST	1	2	8	
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904	Now I need to ask some more questions about your relationship with your (last) wife/partner. A Did your (last) wife/partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	B How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</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>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
905	<p>A Did your (last) wife/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 her 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 other weapon?</p> <p>h) physically force you to have sexual intercourse with her when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</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>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	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 ↓				
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906	<p>CHECK 905A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→</p>	909																																																																											
907	<p>How long after you first got married/started living together with your (last) wife/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>																																																																												
908	<p>Did the following ever happen as a result of what your (last) wife/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>																																																																												

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909	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) wife/partner at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 911																									
910	In the last 12 months, how often have you done this to your (last) wife/partner: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																										
911	Does (did) your (last) wife/partner drink alcohol?	YES 1 NO 2	→ 913																									
912	How often does (did) your wife/partner get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																										
913	Are (were) you afraid of your (last) wife/partner: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																										
914	CHECK 410: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		916																									
915	A So far we have been talking about the behavior of your current/last wife/partner. Now I want to ask you about the behavior of any previous wife/partner. a) Did any previous wife/partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous wife/partner physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1" data-bbox="783 1070 1361 1357"> <thead> <tr> <th></th> <th>EVER</th> <th>0-11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</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> </tbody> </table>		EVER	0-11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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916	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> From the time you were 15 years old has anyone other than your/any wife/partner hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 3	→ 919																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT GIRLFRIEND F</p> <p>FORMER GIRLFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X (SPECIFY)</p>	
918	<p>In the last 12 months, how often has this person/have these persons physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
922	<p>CHECK 401 AND 402</p> <p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>Now I want to ask you about things that may have been done to you by someone other than your/any wife/partner.</p> <p>At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p> <p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p><input type="checkbox"/> → 926</p>
923	<p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who was the person who was forcing you at that time?	CURRENT WIFE/PARTNER 01 FORMER WIFE/PARTNER 02 CURRENT/FORMER GIRLFRIEND 03 MOTHER/STEP-MOTHER 04 SISTER/STEP-SISTER05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER13 STRANGER 14 OTHER _____ 96 (SPECIFY)	
925	CHECK 401 AND 402 EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> In the last 12 months, has anyone other than your/any wife/partner physically forced you to have sexual intercourse when you did not want to?	NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/> In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? YES 1 NO 2	
926	CHECK 905A (a-j),915, 916 922, AND 925 AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		930
927	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 930
928	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A WIFE'S/PARTNER'S FAMILY B CURRENT/FORMER WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 930
929	Have you ever told any one about this?	YES 1 NO 2	

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: _____