

KINGDOM OF CAMBODIA
NATIONAL INSTITUTE OF PUBLIC HEALTH
(MINISTRY OF HEALTH)

SAWA-CAMBODIA

MACRO INTERNATIONAL

NATIONAL HEALTH SURVEY
INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
CLUSTER NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
PROVINCE/MUNICIPALITY	<input type="text"/> <input type="text"/>
DISTRICT (SROK/KHAN)	<input type="text"/> <input type="text"/>
COMMUNE (KHUM/SANG KATH)	<input type="text"/> <input type="text"/>
VILLAGE (PHOUM)	<input type="text"/> <input type="text"/>
URBAN/RURAL (URBAN=1, RURAL=2)	<input type="text"/>
HOUSEHOLD NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
NAME OF HOUSEHOLD HEAD	<input type="text"/> <input type="text"/>
NAME AND LINE NUMBER OF WOMAN	<input type="text"/> <input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
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"/> INT. CODE <input type="text"/> <input type="text"/> RESULT <input type="text"/>
INTERVIEWER-S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS <input type="text"/>
TIME				

*RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER
2 NOT AT HOME	5 PARTLY COMPLETED	
3 POSTPONED	6 INCAPACITATED	

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME		
DATE	DATE		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																										
101	RECORD THE TIME.	HOUR..... MINUTES.....																											
102	In what month and year were you born? <table border="1"> <thead> <tr> <th>CODES FOR GREG. MONTHS:</th> <th>CODES FOR KHMER YEARS:</th> </tr> </thead> <tbody> <tr> <td>JANUARY.....01</td> <td>RABBIT.....01</td> </tr> <tr> <td>FEBRUARY.....02</td> <td>DRAGON.....02</td> </tr> <tr> <td>MARCH.....03</td> <td>SNAKE.....03</td> </tr> <tr> <td>APRIL.....04</td> <td>HORSE.....04</td> </tr> <tr> <td>MAY.....05</td> <td>GOAT.....05</td> </tr> <tr> <td>JUNE.....06</td> <td>MONKEY.....06</td> </tr> <tr> <td>JULY.....07</td> <td>ROOSTER.....07</td> </tr> <tr> <td>AUGUST.....08</td> <td>DOG.....08</td> </tr> <tr> <td>SEPTEMBER.....09</td> <td>PIG.....09</td> </tr> <tr> <td>OCTOBER.....10</td> <td>RAT.....10</td> </tr> <tr> <td>NOVEMBER.....11</td> <td>COW.....11</td> </tr> <tr> <td>DECEMBER.....12</td> <td>TIGER.....12</td> </tr> </tbody> </table>	CODES FOR GREG. MONTHS:	CODES FOR KHMER YEARS:	JANUARY.....01	RABBIT.....01	FEBRUARY.....02	DRAGON.....02	MARCH.....03	SNAKE.....03	APRIL.....04	HORSE.....04	MAY.....05	GOAT.....05	JUNE.....06	MONKEY.....06	JULY.....07	ROOSTER.....07	AUGUST.....08	DOG.....08	SEPTEMBER.....09	PIG.....09	OCTOBER.....10	RAT.....10	NOVEMBER.....11	COW.....11	DECEMBER.....12	TIGER.....12	GREG, MONTH..... DON=T KNOW GREG. MONTH.....98 KHMER YEAR..... DON=T KNOW KHMER YEAR.....98 GREGORIAN YEAR..... DON=T KNOW GREG. YEAR.....9998	
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DECEMBER.....12	TIGER.....12																												
103	How many years ago where you born? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....																											
104	Have you ever attended school?	YES.....1 NO.....2	→ 106																										
105	How many years of schooling did you complete?	COMPLETED YEARS.....																											
106	Can you read this sentence? SHOW WRITTEN SENTENCE TO RESPONDENT EVALUATE AND CIRCLE THE APPROPRIATE CODE	EASILY.....1 WITH DIFFICULT.....2 NOT AT ALL.....3 CANNOT SEE/BLIND.....4																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the live births you have had during your life. Have you ever given birth?	YES1 NO2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES1 NO2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD >00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are still alive but do not live with you?	YES1 NO2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD >00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..	
206	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 at birth but survived only a few minutes, hours or days?	YES1 NO2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD >00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD >00'.	TOTAL.....	
209	Besides the pregnancies ended by live births we have spoken about, have you had any other pregnancies that ended during your life?	YES1 NO2	→ 212
210	How many other pregnancies have you had?	TOTAL.....	
211	What happened to each of these pregnancies? RECORD HOW MANY BIRTHS ENDED IN EACH CATEGORY. IF NONE, RECORD '00'. IF ANY PREGNANCY ENDED BY A BIRTH WHO DIED SOON AFTER BIRTH, PROBE AND CORRECT 206, 207, AND 208 AS NECESSARY.	STILLBIRTH..... MISCARRIAGE/ABORTION... DIED SOON AFTER BIRTH...	
212	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
213	CHECK 208: ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/> → SKIP TO Q229, RECORD '0', AND CONTINUE WITH Q,230		

214 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

215	216	217	218	219	220	221	222	223	224	225
What name was given to your (first/next) baby?	Were any of these births multiple?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How much time has passed since (NAME)'s birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF DEAD: How much time has passed between (NAME)'s birth and death? IF > 1 YR.= PROBE: How many months have passed between (NAME)'s birth and death? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did (NAME) die? CHECK CONSISTENCY WITH 222 AND PROBE TO RECONCILE IF NECESSARY	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING..1 MULT.2	BOY..1 GIRL..2	KHMER MONTH..... GREG. MONTH..... KHMER YEAR..... GREG. YEAR.....	YES...1 NO...2 ↓ 222	AGE IN YEARS [] []	YES...1 NO...2 (NEXT BIRTH)	DAYS..... MONTHS..... YEARS.....	KHMER MONTH..... GREG. MONTH..... KHMER YEAR..... GREG. YEAR.....		
02	SING..1 MULT.2	BOY..1 GIRL..2	KHMER MONTH..... GREG. MONTH..... KHMER YEAR..... GREG. YEAR.....	YES...1 NO...2 ↓ 222	AGE IN YEARS [] []	YES...1 NO...2 (GO TO 224)	DAYS..... MONTHS..... YEARS.....	KHMER MONTH..... GREG. MONTH..... KHMER YEAR..... GREG. YEAR.....	YES.....1 NO.....2 (NEXT BIRTH)	YES.....1 NO.....2

KHMER MONTHS		CORRESPONDING GREGORIAN MONTHS	
01	BOSS	JANUARY	01
02	MEAK	FEBRUARY	02
03	PHAKUN	MARCH	03
04	CHETH	APRIL	04
05	PISAK	MAY	05
06	CHES	JUNE	06
07	ASATH/PRATHAM ASATH	JULY	07
08	TUTIASATH	AUGUST	08
09	SRAP	SEPTEMBER	09
10	PHOTROBAT	OCTOBER	10
11	ASSOCH	NOVEMBER	11
12	KADEK	DECEMBER	12
13	MIKASE	DONT KNOW	98
98	DONT KNOW		

CODES FOR KHMER YEARS	
RABBIT	01
DRAGON	02
SNAKE	03
HORSE	04
GOAT	05
MONKEY	06
ROOSTER	07
DOG	08
PIG	09
RAT	10
COW	11
TIGER	12
DONT KNOW	98

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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03	SING. 1 MULT. 2	BOY .. 1 GIRL. 2	KHMER MONTH .. GREG. MONTH .. KHMER YEAR .. GREG. YEAR ..	YES .. 1 NO .. 2 ↓ 222	AGE IN YEARS []	YES .. 1 NO .. 2 (GO TO 224)	DAYS .. MONTHS .. YEARS ..	KHMER MONTH .. GREG. MONTH .. KHMER YEAR .. GREG. YEAR ..	YES .. 1 NO .. 2 (NEXT BIRTH)	YES .. 1 NO .. 2
04	SING. 1 MULT. 2	BOY .. 1 GIRL. 2	KHMER MONTH .. GREG. MONTH .. KHMER YEAR .. GREG. YEAR ..	YES .. 1 NO .. 2 ↓ 222	AGE IN YEARS []	YES .. 1 NO .. 2 (GO TO 224)	DAYS .. MONTHS .. YEARS ..	KHMER MONTH .. GREG. MONTH .. KHMER YEAR .. GREG. YEAR ..	YES .. 1 NO .. 2 (NEXT BIRTH)	YES .. 1 NO .. 2

CORRESPONDING GREGORIAN MONTHS	
KHMER MONTHS	BOSS
01	JANUARY .. 01
02	FEBRUARY .. 02
03	MARCH .. 03
04	APRIL .. 04
05	MAY .. 05
06	JUNE .. 06
07	JULY .. 07
08	AUGUST .. 08
09	SEPTEMBER .. 09
10	OCTOBER .. 10
11	NOVEMBER .. 11
12	DECEMBER .. 12
98	DON'T KNOW .. 98

CODES FOR KHMER YEARS	
RABBIT	01
DRAGON	02
SNAKE	03
HORSE	04
GOAT	05
MONKEY	06
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05										
06										

KHMER MONTHS	BOSS
01	JANUARY
02	FEBRUARY
03	MARCH
04	APRIL
05	MAY
06	JUNE
07	JULY
08	AUGUST
09	SEPTEMBER
10	OCTOBER
11	NOVEMBER
12	DECEMBER
13	

CODES FOR KHMER YEARS	
RABBIT	01
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07										
08										

KHMER MONTHS		CORRESPONDING GREGORIAN MONTHS	
01	BOSS	JANUARY	01
02	MEAK	FEBRUARY	02
03	PHAKUN	MARCH	03
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09	SING..1 MULT..2	BOY..1 GIRL..2	KHMER MONTH GREG. MONTH KHMER YEAR GREG. YEAR	YES...1 NO...2 ↓ 222	AGE IN YEARS []	YES...1 NO...2 (GO TO 224)	DAYS MONTHS YEARS	KHMER MONTH GREG. MONTH KHMER YEAR GREG. YEAR	YES...1 NO...2 (NEXT BIRTH)	YES NO
10	SING..1 MULT..2	BOY..1 GIRL..2	KHMER MONTH GREG. MONTH KHMER YEAR GREG. YEAR	YES...1 NO...2 ↓ 222	AGE IN YEARS []	YES...1 NO...2 (GO TO 224)	DAYS MONTHS YEARS	KHMER MONTH GREG. MONTH KHMER YEAR GREG. YEAR	YES...1 NO...2 (NEXT BIRTH)	YES NO

KHMER MONTHS		CORRESPONDING GREGORIAN MONTHS	
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02	MEAK	FEBRUARY	02
03	PHAKUN	MARCH	03
04	CHETH	APRIL	04
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RAT	10
COW	11
TIGER	12

226	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 NO.....2→	228
227	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2	
228	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBER DIFFER <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: ↓ FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 1 YR. OR 2 YRS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.		
229	CHECK 218 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993. IF NONE, RECORD >0'.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	Are you pregnant?	YES.....1. NO.....2. UNSURE.....8.	
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.					
CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302. READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303 AND 304.					
301	Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES NO	303 Have you ever used (METHOD)? YES NO	304 Do you know a place you could obtain (METHOD)? IF YES: What is the main place where you could go to obtain (METHOD)? RECORD THE PLACE
01	PILL (DAILY) Women can take a pill every day.	1	2 3	YES NO	YES, PLACE NO
02	MONTHLY PILL (CHINESE PILL) Women can take a pill every month.	1	2 3	YES NO	YES, PLACE NO
03	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	YES NO	YES, PLACE NO
04	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3	YES NO	YES, PLACE NO
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2 3	YES NO	YES, PLACE NO
06	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES NO	YES, PLACE NO
07	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3	YES NO	YES, PLACE NO

8	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES1 NO2	Do you know a place a woman could be sterilized? YES, PLACE1 NO2
9	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES1 NO2	Do you know a place a man could be sterilized? YES, PLACE1 NO2
0	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	YES1 NO2	
1	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES1 NO2	
2	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3	YES1 NO2	
305	CHECK 303: NOT A SINGLE YES OR Q303 NEVER ASKED (NEVER USED)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="text-align: center;"> <p>AT LEAST ONE AYES=</p> <p>(EVER USED)</p> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> </div> <p style="text-align: center;">SKIP TO 308</p>				

Q304: CODES FOR PLACE:

PUBLIC SECTOR
 PROVINCIAL HOSPITAL 11
 DISTRICT HOSPITAL 12
 GOV. HOSP. IN PHNOM PENH 13
 HEALTH CENTER 14
 KHUM NURSE 15
 KHUM MIDWIFE 16
 OTHER PUBLIC 17

PRIVATE MEDICAL SECTOR
 TRAINED HEALTH WORKER 21
 OTHER PRIVATE MEDICAL 26
 BOUGHT FROM
 PHARMACY/MARKET 31

TRADITIONAL
 KRU KHMER 41
 MONK/RELIGIOUS LEADER 42
 TRADITIONNAL BIRTH ATTENDANT 43
 MAGICIAN 44
 OTHER 46

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant? <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	YES.....1. NO.....2.	313
307	What have you used or done? <div style="text-align: center;">↓</div> CORRECT 303, 304 AND 305 (AND 302 IF NECESSARY).		
308	CHECK 303: <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="text-align: center;">↓</div> WOMAN NOT STERILIZED </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="text-align: center;">↓</div> WOMAN STERILIZED </div> </div>		311
309	CHECK 230: <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">NOT PREGNANT OR UNSURE</div> <div style="text-align: center;">PREGNANT</div> </div>		401
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1. NO.....2.	313
311	Which method are you using? CIRCLE >08' FOR FEMALE STERILIZATION.	PILL (DAILY).....01 PILL (MONTHLY -CHINESE PILL).....02 IUD.....03 INJECTIONS.....04 IMPLANTS.....05 DIAPHRAGM/FOAM/JELLY.....06 CONDOM.....07 FEMALE STERILIZATION.....08 MALE STERILIZATION.....09 PERIODIC ABSTINENCE.....10 WITHDRAWAL.....11 TRADITIONAL MEDICINE.....12 MAGIC CHARMS/AMULETES.....13 OTHER.....96 (SPECIFY)	401
312	Where did you obtain (METHOD) the last time? PROBE full description IF ANSWERS "HOSPITAL" PROBE: Do you mean a permanent building where health workers are present every day? (IF NO, CORRECT RESPONSE) (IF YES, Was it a Provincial Hospital, District Hospital, or Health Center?)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....11 DISTRICT HOSPITAL.....12 GOV. HOSP. IN PHNOM PENH.....13 HEALTH CENTER.....14 KHUM NURSE.....15 KHUM MIDWIFE.....16 OTHER PUBLIC.....17 (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....21 OTHER PRIVATE MEDICAL.....26 (SPECIFY) BOUGHT FROM PHARMACY/MARKET.....31 TRADITIONAL KRU KHMER.....41 MONK/RELIGIOUS LEADER.....42 TRADITIONAL BIRTH ATTENDANT.....43 MAGICIAN.....44 OTHER.....96 (SPECIFY)	401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 HUSBAND ABSENT/DEAD.....23 MENOPAUSAL/HYSTERECTOMY.....24 SUBFECUND/INFECUND.....25 POSTPARTUM/BREASTFEEDING.....26 WANTS (MORE) CHILDREN.....27 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY=S NATURAL PROCESSES.....56 OTHER.....96 (SPECIFY) DON=T KNOW.....98	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 229: ONE OR MORE BIRTHS SINCE JAN. 1993 <input style="width: 30px; height: 20px;" type="checkbox"/>	NO BIRTHS SINCE JAN. 1993 <input style="width: 30px; height: 20px;" type="checkbox"/> → (SKIP TO 449)		
402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about one child at a time.			
403	LINE NUMBER FROM Q215	LAST BIRTH LINE NUMBER. <input style="width: 30px; height: 20px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER. <input style="width: 30px; height: 20px;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER. <input style="width: 30px; height: 20px;" type="text"/>
404	FROM Q215 AND Q219	NAME _____ ALIVE <input style="width: 20px; height: 20px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px;" type="checkbox"/>	NAME _____ ALIVE <input style="width: 20px; height: 20px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px;" type="checkbox"/>	NAME _____ ALIVE <input style="width: 20px; height: 20px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px;" type="checkbox"/>
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 409) ←
406	Were you given a white card for this pregnancy? IF YES: May I see it please?	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3
407	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98	MONTHS..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98	MONTHS..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98
408	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98	NO. OF TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98	NO. OF TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....98
409	When you were pregnant with (NAME) were you given an injection in the right arm to prevent the baby from getting tetanus, that is, spasms after birth?	YES.....1 NO.....2 (SKIP TO 411) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 411) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 411) ← DON=T KNOW.....8
410	During this pregnancy, how many times did you get this injection?	TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....8	TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....8	TIMES..... <input style="width: 30px; height: 20px;" type="text"/> DON=T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SEOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)? PROBE full description IF ANSWERS "HOSPITAL" PROBE: Do you mean a permanent building where health workers are present every day? (IF NO, CORRECT RESPONSE) (IF YES, Was it a Provincial Hospital, District Hospital, or Health Center?)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR PROVINCIAL HOSPITAL...21 DISTRICT HOSPITAL.....22 GOV. HOSP. IN P.P.....23 HEALTH CENTER.....24 OTHER PUBLIC.....26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE CLINIC.....31 OTHER PRIVATE MEDICAL.....36 (SPECIFY) OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR PROVINCIAL HOSPITAL...21 DISTRICT HOSPITAL.....22 GOV. HOSP. IN P.P.....23 HEALTH CENTER.....24 OTHER PUBLIC.....26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE CLINIC.....31 OTHER PRIVATE MEDICAL.....36 (SPECIFY) OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR PROVINCIAL HOSPITAL...21 DISTRICT HOSPITAL.....22 GOV. HOSP. IN P.P.....23 HEALTH CENTER.....24 OTHER PUBLIC.....26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE CLINIC.....31 OTHER PRIVATE MEDICAL.....36 (SPECIFY) OTHER.....96 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y
413	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 418)	YES.....1 NO.....2 (SKIP TO 418)	YES.....1 NO.....2 (SKIP TO 418)
414	How long after birth did you first put (NAME) to the breast?	WITHIN FIRST HOUR.....1 1 TO 24 HOURS.....2 25 HOURS OR LATER.....3	WITHIN FIRST HOUR.....1 1 TO 24 HOURS.....2 25 HOURS OR LATER.....3	WITHIN FIRST HOUR.....1 1 TO 24 HOURS.....2 25 HOURS OR LATER.....3
415	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> <input type="checkbox"/> DEAD ↓ (SKIP TO 417)	ALIVE <input type="checkbox"/> <input type="checkbox"/> DEAD ↓ (SKIP TO 417)	ALIVE <input type="checkbox"/> <input type="checkbox"/> DEAD ↓ (SKIP TO 417)
416	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 419) NO.....2	YES.....1 (SKIP TO 419) NO.....2	YES.....1 (SKIP TO 419) NO.....2
417	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON=T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON=T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON=T KNOW.....98
418	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 424)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 424)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 424)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SEOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
419	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
420	At any time yesterday or last night, was (NAME) given any of the following: Water? Other liquids (not including breast milk)? Solid or semi-solid foods?	YES NO DK WATER.....1 2 8 OTHER LIQUIDS.....1 2 8 SOLID/SEMI-SOLID FOODS.....1 2 8	YES NO DK WATER.....1 2 8 OTHER LIQUIDS.....1 2 8 SOLID/SEMI-SOLID FOODS.....1 2 8	YES NO DK WATER.....1 2 8 OTHER LIQUIDS.....1 2 8 SOLID/SEMI-SOLID FOODS.....1 2 8
421		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 424.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 424.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 424.

SECTION 4B. IMMUNIZATION AND HEALTH

424	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).											
425		LAST BIRTH				LAST BIRTH				LAST BIRTH		
	LINE NUMBER FROM Q215	LINE NUMBER.....↓			LINE NUMBER.....↓	LINE NUMBER.....↓			LINE NUMBER.....↓	LINE NUMBER.....↓		
426	FROM Q215 AND Q219	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 449)			NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 449)			NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 449)				
427	Do you have a yellow card where (NAME=S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 429) YES, NOT SEEN.....2 (SKIP TO 431) NO CARD.....3			YES, SEEN.....1 (SKIP TO 429) YES, NOT SEEN.....2 (SKIP TO 431) NO CARD.....3			YES, SEEN.....1 (SKIP TO 429) YES, NOT SEEN.....2 (SKIP TO 431) NO CARD.....3				
428	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 431) NO.....2			YES.....1 (SKIP TO 431) NO.....2			YES.....1 (SKIP TO 431) NO.....2				
429	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE >44' IN >DAY= COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.				DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR			DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR				
		DAY MONTH YEAR			DAY MONTH YEAR			DAY MONTH YEAR				
BCG	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 0	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 1	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 2	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 3	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT 1	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT 2	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT 3	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

430	Has (NAME) received any vaccinations that are not recorded on this card? RECORD >YES= ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINA- TIONS AND WRITE >66' IN THE CORRESPONDING DAY COLUMN IN 429, THEN) → (SKIP TO 433) NO.....2 (SKIP TO 433) ← DON=T KNOW.....8	YES.....1 (PROBE FOR VACCINA- TIONS AND WRITE >66' IN THE CORRESPONDING DAY COLUMN IN 429, THEN) → (SKIP TO 433) NO.....2 (SKIP TO 433) ← DON=T KNOW.....8	YES.....1 (PROBE FOR VACCINA- TIONS AND WRITE >66' IN THE CORRESPONDING DA COLUMN IN 429, THEN) → (SKIP TO 433) NO.....2 (SKIP TO 433) ← DON=T KNOW.....8
-----	--	--	--	---

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	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	Please tell me if (NAME) received any of the following vaccinations:			
432A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused 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
432B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 432E) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 432E) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 432E) ← DON=T KNOW.....8
432C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
432D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
432E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 432G) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 432G) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 432G) ← DON=T KNOW.....8
432F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
432G	An injection to prevent 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
433	Did (NAME) receive a capsule of vitamin A like this during the last 12 months? SHOW THE CAPSULE	YES.....1 NO.....2 (SKIP TO 435) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 435) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 435) ← DON=T KNOW.....8
434	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
435	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8
436	When (NAME) was ill with a cough, did he/she have trouble breathing?	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8
437	Did you seek treatment for the cough?	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8	YES.....1 NO.....2 (SKIP TO 439) ← DON=T KNOW.....8

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
438	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. PROBE full description IF ANSWERS "HOSPITAL" PROBE: Do you mean a permanent building where health workers are present every day? (IF NO, CORRECT RESPONSE) (IF YES, Was it a Provincial Hospital, District Hospital, or Health Center?)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....I OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)
439	Has (NAME) had watery diarrhea in the last 2 weeks?	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8
440	Has (NAME) had diarrhea with blood in the last 2 weeks?	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8	YES.....1 NO.....2 DON=T KNOW.....8
440A	FROM Q.439 to Q.440	IF NO OR DON'T KNOW TO Q.439 AND Q.440, GO TO Q.448; IF YES TO EITHER, GO TO Q.441	IF NO OR DON'T KNOW TO Q.439 AND Q.440, GO TO Q.448; IF YES TO EITHER, GO TO Q.441	IF NO OR DON'T KNOW TO Q.439 AND Q.440, GO TO Q.448; IF YES TO EITHER, GO TO Q.441
441	On the worst day of the watery diarrhea/dysentery, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON=T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON=T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON=T KNOW.....98
442	Was he/she given the same amount to drink as before the watery diarrhea/dysentery, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON=T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON=T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON=T KNOW.....8
443	When (NAME) had watery diarrhea/dysentery, was he/she given any of the following to drink: A fluid, made from a Special packet Called Oralyte? Thin watery gruel made from rice or carrots? Soup? Home-made sugar-salt-water solution? Milk or infant Formula? Coconut water? Water? Any other liquid?	YES NO DK FLUID FROM ORALYTE PKT.....1 2 8 THIN WATERY GRUEL.....1 2 8 SOUP.....1 2 8 SUG.-SALT-WATER SOLUTION.....1 2 8 MILK/INFANT FORM...1 2 8 COCONUT WATER.....1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8	YES NO DK FLUID FROM ORALYTE PKT.....1 2 8 THIN WATERY GRUEL.....1 2 8 SOUP.....1 2 8 SUG.-SALT-WATER SOLUTION.....1 2 8 MILK/INFANT FORM...1 2 8 COCONUT WATER.....1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8	YES NO DK FLUID FROM ORALYTE PKT.....1 2 8 THIN WATERY GRUEL.....1 2 SOUP.....1 2 SUG.-SALT-WATER SOLUTION.....1 2 MILK/INFANT FORM...1 2 COCONUT WATER.....1 2 WATER.....1 2 OTHER LIQUID.....1 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	Was anything (else) given to treat the watery diarrhea/dysentery?	YES.....1 NO.....2 (SKIP TO 446) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 446) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 446) ← DON'T KNOW.....8
445	What was given to treat the watery diarrhea/dysentery? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID.....A PILL/LIQUID MEDECINE.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER.....X (SPECIFY)	RECOMMENDED HOME FLUID.....A PILL/LIQUID MEDECINE.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER.....X (SPECIFY)	RECOMMENDED HOME FLUID.....A PILL/LIQUID MEDECINE.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER.....X (SPECIFY)
446	Did you seek advice or treatment for the watery diarrhea/dysentery?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448) ←
447	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. PROBE full description IF ANSWERS "HOSPITAL" PROBE: Do you mean a permanent building where health workers are present every day? (IF NO, CORRECT RESPONSE) (IF YES, Was it a Provincial Hospital, District Hospital, or Health Center?)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR PROVINCIAL HOSPITAL.....A DISTRICT HOSPITAL.....B GOV. HOSP. IN P.P.....C HEALTH CENTER.....D KHUM NURSE.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR TRAINED HEALTH WORKER.....G PHARMACY/MARKET.....H OTHER PRIVATE MEDICAL.....I (SPECIFY) TRADITIONAL KRU KHMER.....J MONK/RELIG. LEADER.....K TRADITIONNAL BIRTH ATTENDANT.....L MAGICIAN.....M OTHER.....N (SPECIFY)
448		GO BACK TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449.	GO BACK TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449.	GO BACK TO 426 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
449	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? CIRCLE ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL.....H GETTING SICKER/VERY SICK.....J NOT GETTING BETTER.....J OTHER.....X (SPECIFY) DON=T KNOW.....Z	
450	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? CIRCLE ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER.....X (SPECIFY) DON=T KNOW.....Z	
451	CHECK 443, ALL COLUMNS: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NO CHILD RECEIVED ORALYTE OR Q.443 NOT ASKED <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> ANY CHILD RECEIVED ORALYTE <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> </div>		→ 453
452	Have you ever heard of a special product called Oralte you can get for the treatment of diarrhea?	YES.....1. NO.....2.	
453	Now, I am going to ask you a few more questions about your vaccinations. Do you have a pink and/or white card where vaccinations that you have received are written down? IF YES: May I see it please?	YES, SEEN.....1. YES, NOT SEEN.....2. NO.....3.	→ 457 → 456
454	COPY THE NUMBER OF TETANUS VACCINATION INJECTIONS FROM THE PINK AND/OR WHITE CARD	NUMBER OF INJECTIONS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
455	Have you received any more tetanus vaccination injections that are not recorded on this card? Don=tell me about vaccinations that you were given as a child. IF YES? How many?	YES, NUMBER OF TIMES..... 1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YES, DON'T REMEMBER NUMBER OF TIMES.....21 NO.....31	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> → 501 → 501
456	Did you ever have a card where vaccinations that you have received are written down?	YES.....1. NO.....2.	
457	Have you ever received an injection in the right arm in order to protect against tetanus?	YES.....1. NO.....2.	→ 501
458	In total, how many times did you receive this injection?	NUMBER OF TIMES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T REMEMBER.....98	

SECTION 5. MARRIAGE

501	Are you currently married?	YES, CURRENTLY MARRIED.....1 NO, NOT IN UNION.....2	→504								
502	Have you ever been married?	YES, FORMERLY MARRIED.....1 NO.....2	→504								
503	What is your marital status now: are you widowed or divorced?	WIDOWED.....1 DIVORCED.....2									
504	RECORD THE TIME	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									