

2012 TAJIKISTAN DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

TAJKISTAN
THE STATISTICAL AGENCY UNDER PRESIDENT OF THE REPUBLIC OF TAJIKISTAN
THE MINISTRY OF HEALTH

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER	<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
HOUSEHOLD NUMBER	<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
NAME AND LINE NUMBER OF WOMAN _____										

CHECK QUESTION 321 IN THE HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS IN "SECTION 11-DV" ? (YES = 1, NO=2)

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
TIME	_____	_____		RESULT <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
				TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px;" type="checkbox"/>									
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td>7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></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												

LANGUAGE OF QUESTIONNAIRE: LANGUAGE OF INTERVIEW: NATIVE LANGUAGE OF RESPONDENT TRANSLATOR USED (YES = 1, NO = 2)

CODES: TAJIK-1; RUSSIAN-2 ; UZBEK-3; OTHER-6 (SPECIFY _____)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY												
NAME _____ <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____ <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Statistical Agency. Together with the Ministry of Health we are conducting a survey about health all over Tajikistan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 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? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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	→ 110
104A	What is the total number of years of schooling you have had?	YEARS OF SCHOOLING <input type="text"/> <input type="text"/>	
105	What is the highest level of school you attended: general education school, professional primary(uchilliche), professional middle (tekhnikum, college) higher or postgraduate?	GENERAL SCHOOL 1 PROFESSIONAL PRIMAR 2 PROFESSIONAL MIDDLE 3 HIGHER 4 POSTGRADUATE 5	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
106A	CHECK 105 AND 106: GRADES 10-11 AT LEVEL 1, OR CODES "2" OR "3" PROFESSIONAL-PRIMARY OR PROF. MIDDLE LEVEL CIRCLED, ASK: Did you receive an attestat for completing secondary education? <input type="checkbox"/> OTHER CODES <input type="checkbox"/>	YES 1 NO 2	→ 110
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
207A	Were there any other children who were born alive, but who died within a few minutes, hours, or days?	YES 1 NO 2	→ 208								
207B	CORRECT 207 AND THEN CONTINUE WITH QUESTION 208.										
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. In total, how many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies outcomes during your life. Is that correct? ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> →		→ 226								

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, a stillbirth, a miscarriage, and an induced abortion. Starting with your first pregnancy, please tell me the following information:
 RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 15 PREGNANCIES USE AN ADDITIONAL QUESTIONNAIRE

212	213	214	215	215A	216	217	218	219	220	221	222	222A
Did your (first/next/etc) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion? LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	Was this a single or a multiple birth? SING 1 MULT 2	In what month and year (was this child born / did this pregnancy end?) MONTH [] [] YEAR [] []	Were there any other pregnancies between this and the pregnancy we were just talking about? YES 1 ADD PREGN 2 NO 2	CHECK 212: RECORD SAME RESPONSE LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD NAME: _____	Is (NAME) a boy or girl? BOY 1 GIRL 2	Is (NAME) still alive? YES ... 1 NO ... 2 222	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS AGE IN YEARS [] []	Is (NAME) living with you? YES ... 1 NO ... 2	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. IF DIED: How old was (NAME) when he/she died? IF '1' YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD LINE NO.: [] [] NEXT PREGNANCY	IF DIED: How old was (NAME) when he/she died? IF '1' YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. DAYS ... 1 MONTHS 2 YEARS ... 3	IF DIED: Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW [] [] NEXT PREGNANCY
01 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH [] [] YEAR [] []	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS [] []	YES ... 1 NO ... 2	LINE NO.: [] [] NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	[] [] NEXT PREGNANCY
02 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH [] [] YEAR [] []	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS [] []	YES ... 1 NO ... 2	LINE NO.: [] [] NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	[] [] NEXT PREGNANCY
03 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH [] [] YEAR [] []	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS [] []	YES ... 1 NO ... 2	LINE NO.: [] [] NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	[] [] NEXT PREGNANCY
04 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH [] [] YEAR [] []	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS [] []	YES ... 1 NO ... 2	LINE NO.: [] [] NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	[] [] NEXT PREGNANCY
05 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH [] [] YEAR [] []	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS [] []	YES ... 1 NO ... 2	LINE NO.: [] [] NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	[] [] NEXT PREGNANCY

212	Did your next pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	SING 1 MULT 2 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	213	Was this a single or multiple birth?	MONTH YEAR	214	In what month and year (was this child born / did this pregnancy end?)	215	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	215A	CHECK 212: RECORD SAME RESPONSE	216	What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	217	Is (NAME) a boy or girl?	218	Is (NAME) still alive?	219	IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	220	IF ALIVE: Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHLD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222	IF DIED: How old was (NAME) when he/she died? IF '1' YR., PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	222A	IF DIED: Does (NAME) have a death certificate? Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
06	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2 MONTH YEAR	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY															
07	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2 MONTH YEAR	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY															
08	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2 MONTH YEAR	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY															
09	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2 MONTH YEAR	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY															
10	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2 MONTH YEAR	YES 1 ADD PREGN 2 NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY															

212	213	214	215	215A	216	217	218	219	220	221	222	222A
Did your next pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. 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.	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE .. 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> → NEXT PREGNANCY
12 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE .. 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> → NEXT PREGNANCY
13 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE .. 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> → NEXT PREGNANCY
14 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE .. 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> → NEXT PREGNANCY
15 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE .. 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> → NEXT PREGNANCY

222B	Have you had any ended pregnancies since the last birth of (NAME OF THE LAST CHILD)/stillbirth/miscarriage/abortion ? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES 1 NO 2
222C	<p>RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES</p> <p>TOTAL NUMBER OF PREGNANCIES <input type="text"/> <input type="text"/></p> <p>TOTAL NUMBER OF PREGNANCIES SAME AS NUMBER IN 209D <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>TOTAL NUMBER OF LIVE BIRTH <input type="text"/> <input type="text"/></p> <p>TOTAL NUMBER OF LIVE BIRTH SAME AS NUMBER IN 208 <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>TOTAL NUMBER OF ABORTIONS <input type="text"/> <input type="text"/></p> <p>TOTAL NUMBER OF ABORTIONS SAME AS NUMBER IN 209A <input type="checkbox"/> DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p>	
223	<p>COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214)</p> <p>FOR EACH LIVE BIRTH SINCE JANUARY 2007, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214)</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 218, 219)</p> <p>FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 218, 222).</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222).</p>	
224	CHECK 212 AND 214: ENTER THE NUMBER OF BIRTHS IN 2007 OR LATER (IN 212 CIRCLED CODE "1")	NUMBER OF BIRTHS <input type="text"/> NONE 0

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>CHECK 212 AND 214</p> <p>FOR EACH BIRTH SINCE JANUARY 2007, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY TERMINATION SINCE JANUARY 2007 (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, 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	<input type="checkbox"/> → 238
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	→ 238
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
238	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	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"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH/PREGNANCY 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	<input type="checkbox"/> → 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). (2)	YES 1 NO 2
10	Rhythm (or the Calendar) Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can 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 three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. (3)	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 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/CALENDAR METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p>
307	<p>In what facility did the sterilization 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>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>HEALTH CENTER (URBAN/RURAL) 13</p> <p>REPRODUCTIVE HEALTH CENTER..14</p> <p>HEALTH HOUSE 15</p> <p>POLYCLINICS 16</p> <p>INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC ... 17</p> <p>IMMUNIPROPHYLAXIS CENTER ... 18</p> <p>AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER ... 20</p> <p>FAMILY MEDICINE CENTEF..... 21</p> <p>DISPENSARY 22</p> <p>OTHER PUBLIC SECTOR _____ 23</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(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, 212 AND 214 :</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 2007 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 2006 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 2007.</p> <p>THEN SKIP TO 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 2007.</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. 										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM/CALENDAR METHOD 12	→ 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
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;"> <div style="text-align: center;"> CODE '1' CIRCLED  </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED  </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> 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? </div> </div>	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
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/CALENDAR METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</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> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>HEALTH CENTER (URBAN/RURAL) 13</p> <p>REPRODUCTIVE HEALTH CENTER.. 14</p> <p>HEALTH HOUSE 15</p> <p>POLYCLINICS 16</p> <p>INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC) ... 17</p> <p>IMMUNIPROPHYLAXIS CENTER ... 18</p> <p>AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER ... 20</p> <p>FAMILY MEDICINE CENTEF..... 21</p> <p>DISPENSARY 22</p> <p>OTHER PUBLIC SECTOR 23</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 41</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
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> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>HEALTH CENTER (URBAN/RURAL) C</p> <p>REPRODUCTIVE HEALTH CENTER.. D</p> <p>HEALTH HOUSE E</p> <p>POLYCLINICS F</p> <p>INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC) ... G</p> <p>IMMUNIPROPHYLAXIS CENTER ... H</p> <p>AIDS CENTER I</p> <p>HEALTHY LIFESTYLE CENTER ... J</p> <p>FAMILY MEDICINE CENTEF..... K</p> <p>DISPENSARY L</p> <p>OTHER PUBLIC SECTOR M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC N</p> <p>PRIVATE DOCTOR'S OFFICE O</p> <p>PHARMACY P</p> <p>OTHER PRIVATE MEDICAL SECTOR Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a healthworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> ONE OR MORE BIRTHS IN 2007) OR LATER <input type="checkbox"/> </td> <td style="width: 50%; border: none;"> NO BIRTHS IN 2007 OR LATER <input type="checkbox"/> </td> </tr> </table>				ONE OR MORE BIRTHS IN 2007) OR LATER <input type="checkbox"/>	NO BIRTHS IN 2007 OR LATER <input type="checkbox"/>	→ 556
ONE OR MORE BIRTHS IN 2007) OR LATER <input type="checkbox"/>	NO BIRTHS IN 2007 OR LATER <input type="checkbox"/>						
402	CHECK 214: ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF LIVE 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	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY TABLE	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>			
404	FROM 216 AND 218	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 421) ←					
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL FAMILY DOCTOR... A OTHER DOCTOR .. B NURSE/MIDWIFE .. C FELDSHER D OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. E COMMUNITY/ VILLAGE HEALTH WORKER ... F 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 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>HOME YOUR HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C MATERNITY HOME D HEALTH CENTER E REPRODUCTIVE HEALTH CNTR. . . F POLYCLINIC. G OTHER PUBLIC SECTOR H</p> <p>_____ (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC J OTHER PRIVATE MED. SECTOR _____ (SPECIFY) OTHER _____ X (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>Was your blood pressure</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD . . . 1 2</p>		
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 NO 2 DON'T KNOW 8</p>		
414A	<p>Did your husband/partner, a family member or a friend come with you to any antenatal care visits?</p>	<p>YES 1 NO 2</p>		
414B	<p>Have you been admitted to a health facility during this pregnancy, including day-bed occupancy?</p>	<p>YES 1 NO 2 (SKIP TO 421) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
414C	In total, how many times have you been hospitalised during this pregnancy, including day-bed occupancy?	TIMES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998						
414D	Please, list the reasons for all hospitalizations. Anything else? RECORD ALL MENTIONED	BLOOD PRESSURE . . . A BLURRED VISION B SEIZURES C BLEEDING D MISCARRIAGE THREAT E PRETERM LABOR THREAT F LABOR OVERDUE G FETAL/PLACENTAL PROBLEMS H DIABETES I ANEMIA J STD K OTHER INFECTION . . . L TEST/DIAGNOSTICS. . M ACCIDENT/INJURY . . N OTHER _____ X (SPECIFY) DON'T KNOW Y						
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8						
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . . . 998						
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"/> 2 KG FROM RECALL <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"/> 2 KG FROM RECALL <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"/> 2 KG FROM RECALL <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 FAMILY DOCTOR... A OTHER DOCTOR . . B NURSE/MIDWIFE . . C FELDSHER D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL FAMILY DOCTOR... A OTHER DOCTOR . . B NURSE/MIDWIFE . . C FELDSHER D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL FAMILY DOCTOR... A OTHER DOCTOR . . B NURSE/MIDWIFE . . C FELDSHER D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) 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 YOUR HOME . . . 11 (SKIP TO 438) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 HEALTH CENTER 23 HEALTH HOUSE 24</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ← </p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 HEALTH CENTER 23 HEALTH HOUSE 24</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← </p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 HEALTH CENTER 23 HEALTH HOUSE 24</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 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="754 1350 853 1406"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="754 1406 853 1462"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="754 1462 853 1518"><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 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 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) ← NO 2</p>									
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ← </p>									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____														
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 FAMILY DOCTOR... 11 OTHER DOCTOR . . 12 NURSE/MIDWIFE . . 13 FELDSHER 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER . . . 22 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="754 846 853 902"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="754 902 853 958"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="754 958 853 1014"><tr><td></td><td></td></tr><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 or a traditional birth attendant 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 BIRTH . . 1 <table border="1" data-bbox="754 1252 853 1308"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH . . 2 <table border="1" data-bbox="754 1308 853 1364"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH . . 3 <table border="1" data-bbox="754 1364 853 1420"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998																
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL FAMILY DOCTOR... 11 OTHER DOCTOR . . 12 NURSE/MIDWIFE . . 13 FELDSHER 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)																

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 HEALTH CENTER... 23 HEALTH HOUSE .. 24 INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER 25 POLYCLINICS 26 OTHER PUBLIC _____ 27 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
446	<p>In the first two months after delivery, did you receive a vitamin A dose?</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 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>								
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>								<p>YES 1 NO 2 (SKIP TO 452) ←</p>	<p>YES 1 NO 2 (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>							<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
450	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←</p>								
451	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES 1 NO 2 (SKIP TO 453) ←</p>								
452	<p>For how many months after the birth of (NAME) did you not have sexual intercourse?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>						
453	<p>Did you ever breastfeed (NAME)?</p>	<p>YES 1 (SKIP TO 455) ←</p> <p>NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
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 <table border="1" data-bbox="754 629 852 680"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="754 680 852 732"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
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 GRIPE 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.	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 2007 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	PREGNANCY NUMBER FROM 212 IN PREGN. HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
503	FROM 212 AND 218	NAME _____ LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input style="width:20px; height:20px;" type="checkbox"/> DEAD <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> (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 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	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3			
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2			
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.						
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR			
	BCG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BCG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BCG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	POLIO 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	POLIO 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	POLIO 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	POLIO 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	DPT1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	DPT2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	DPT3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	DPT4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	HEPATITIS-1 (GIVEN AT BIRTH)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	HEPATITIS-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	HEPATITIS-3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	PENTA-1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	PENTA-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	PENTA-3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEN TA3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	MEASLES/MR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	VITAMIN A (MOST RECENT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:20px;" type="checkbox"/> (GO TO 511)	OTHER <input style="width:20px; height:20px;" type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:20px;" type="checkbox"/> (GO TO 511)	OTHER <input style="width:20px; height:20px;" type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input style="width:20px; height:20px;" type="checkbox"/> (GO TO 511)	OTHER <input style="width:20px; height:20px;" type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED 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 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 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 or an MR injection - that is, a shot in the thigh at the age of 12 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
510H	A Hepatitis B vaccination? That is an injection in the thigh?	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8
510I	Was the first Hepatitis B vaccine given in the first 3 days after birth or later?	FIRST 3 DAYS ... 1 LATER 2	FIRST 3 DAYS ... 1 LATER 2	FIRST 3 DAYS ... 1 LATER 2
510J	How many times was the Hepatitis vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510K	A PENTAVALENT vaccine against five diseases in children — diphtheria, pertussis, tetanus (DPT), hepatitis B and Haemophilus Influenza type B (HIB), that is, an injection given in the thigh at the same time as polio drops?	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
510L	How many times was the PENTAVALENT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?	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)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
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 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 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) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<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>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>HEALTH CENTER C</p> <p>REPRODUCTIVEE HLTH CENTER D</p> <p>HEALTH HOUSE .. E</p> <p>POLYCLINICS ... F</p> <p>INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G</p> <p>IMMUNOPROPHYLA-XIS CENTEF.... H</p> <p>AIDS CENTER ... I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTER K</p> <p>DISPENSARY L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>HEALTH CENTER C</p> <p>REPRODUCTIVEE HLTH CENTER D</p> <p>HEALTH HOUSE .. E</p> <p>POLYCLINICS ... F</p> <p>INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G</p> <p>IMMUNOPROPHYLA-XIS CENTEF.... H</p> <p>AIDS CENTER ... I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTER K</p> <p>DISPENSARY L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>HEALTH CENTER C</p> <p>REPRODUCTIVEE HLTH CENTER D</p> <p>HEALTH HOUSE .. E</p> <p>POLYCLINICS ... F</p> <p>INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G</p> <p>IMMUNOPROPHYLA-XIS CENTEF.... H</p> <p>AIDS CENTER ... I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTER K</p> <p>DISPENSARY L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called Regidron?</p> <p>c) A homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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?	NO 2 (SKIP TO 527) ← DON'T KNOW 8	NO 2 (SKIP TO 527) ← DON'T KNOW 8	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 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
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)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
531	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>
532	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
533	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2 (SKIP TO 537) ←</p>	<p>YES 1 NO 2 (SKIP TO 537) ←</p>	<p>YES 1 NO 2 (SKIP TO 537) ←</p>
534	<p>Where did you seek advice or treatment? 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 GOVT. HOSPITAL A MATERNITY HOME B HEALTH CENTER C REPRODUCTIVEE HLTH CENTER D HEALTH HOUSE .. E POLYCLINICS ... F INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G IMMUNOPROPHYLA-XIS CENTEF.... H AIDS CENTER ... I HEALTHY LIFESTYLE CENTER J FAMILY MEDICINE CENTER K DISPENSARY L OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC N PVT DOCTOR ... O PHARMACY ... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY)</p> <p>OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A MATERNITY HOME B HEALTH CENTER C REPRODUCTIVEE HLTH CENTER D HEALTH HOUSE .. E POLYCLINICS ... F INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G IMMUNOPROPHYLA-XIS CENTEF.... H AIDS CENTER ... I HEALTHY LIFESTYLE CENTER J FAMILY MEDICINE CENTER K DISPENSARY L OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC N PVT DOCTOR ... O PHARMACY ... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY)</p> <p>OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A MATERNITY HOME B HEALTH CENTER C REPRODUCTIVEE HLTH CENTER D HEALTH HOUSE .. E POLYCLINICS ... F INTEGR. MANAGEMENT CHILDHOOD ILLNESS CENTER G IMMUNOPROPHYLA-XIS CENTEF.... H AIDS CENTER ... I HEALTHY LIFESTYLE CENTER J FAMILY MEDICINE CENTER K DISPENSARY L OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC N PVT DOCTOR ... O PHARMACY ... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY)</p> <p>OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 537) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 537) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 537) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	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
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ/ COARTEM E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL .. J IBUPROFEN ... K SALBUTAMOL ... L AMINOPHYLLIN .. M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ/ COARTEM E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL .. J IBUPROFEN ... K SALBUTAMOL ... L AMINOPHYLLIN .. M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ/ COARTEM E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL .. J IBUPROFEN ... K SALBUTAMOL ... L AMINOPHYLLIN .. M OTHER _____ X (SPECIFY) DON'T KNOW Z
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 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				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) 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> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> </table> <p>a) Plain water? a) 1 2 8</p> <p>-----</p> <p>b) Juice or juice drinks? b) 1 2 8</p> <p>-----</p> <p>c) Clear broth? c) 1 2 8</p> <p>-----</p> <p>d) 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'. NUMBER OF TIMES DRANK MILK <input type="text"/></p> <p>-----</p> <p>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK FORMULA <input type="text"/></p> <p>-----</p> <p>f) Any other liquids? f) 1 2 8</p> <p>-----</p> <p>g) Yogurt (churgot, kefir and similar)? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE YOGURT <input type="text"/></p> <p>-----</p> <p>h) Any commercially fortified baby food (e.g Nestle, Agusha, Winnie, Gerber, Gercules, Oats, Nutrilac 2-3)? h) 1 2 8</p> <p>-----</p> <p>i) Bread, rice, noodles, porridge, or other foods made from grains (atalla, garsus)? i) 1 2 8</p> <p>-----</p> <p>j) Sweet red bell pepper, pumpkin or carrots that are yellow or orange inside? j) 1 2 8</p> <p>-----</p> <p>k) Potatoes or any other foods made from roots (shalgan)? k) 1 2 8</p> <p>-----</p> <p>l) Any dark green, leafy vegetables (spinach, dark green lettus)? l) 1 2 8</p> <p>-----</p> <p>m) Ripe persimmons, or ripe fresh apricots, dried apricots or dried peaches? m) 1 2 8</p> <p>-----</p> <p>n) Any other fruits or vegetables? n) 1 2 8</p> <p>-----</p> <p>o) Liver, kidney, heart or other organ meats? o) 1 2 8</p> <p>-----</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck? p) 1 2 8</p> <p>-----</p> <p>q) Eggs? q) 1 2 8</p> <p>-----</p> <p>r) Fresh, canned or dried fish, caviar, squid, shrimp or any other seafood? r) 1 2 8</p> <p>-----</p> <p>s) Any foods made from beans, peas, lentils, or nuts? s) 1 2 8</p> <p>-----</p> <p>t) Cheese or other food made from milk? t) 1 2 8</p> <p>-----</p> <p>u) Any other solid, semi-solid, or soft food? u) 1 2 8</p>		YES	NO	DK		
	YES	NO	DK				
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>		561				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2 → 601</p>	
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input data-bbox="1257 300 1310 360" type="text"/></p> <p>DON'T KNOW 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, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p><input type="checkbox"/></p> </div> </div> <p>In what month and year did you start living with your (husband/partner)?</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	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"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	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) HUSBAND/PARTNER 95	→ 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	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 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? (2)	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 CLIENT/SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> (SKIP TO 622) ←	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> (SKIP TO 622) ←	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) ↓ OTHER <input type="text"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) ↓ OTHER <input type="text"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) ↓ OTHER <input type="text"/> ↓
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"/> 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
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"/> DON'T KNOW ... 98

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 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> 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 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon.</p> <p>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?</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>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</p> <p>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 218:</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?</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 (SPECIFY)</p>	→ 714

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 style="text-align: right;">NUMBER</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER								
	BOYS	GIRLS	EITHER												
NUMBER															
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	<table style="width: 100%;"> <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> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION	1	2													
NEWSPAPER OR MAGAZINE ...	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 <input type="checkbox"/> OR NOT ASKED	→ 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?	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?	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	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
803A	What is the total number of years of schooling he has had?	YEARS OF SCHOOLING <input type="text"/>	
804	What was the highest level of school he attended: general education school, professional primary(uchiliche), professional middle(technikum, college), higher or post-graduate?	<p>GENERAL EDUCATION SCHOOL 1</p> <p>PROFESSIONAL PRIMAR. 2</p> <p>PROFESSIONAL MIDDLE. 3</p> <p>HIGHER 4</p> <p>POST-GRADUATE 5</p> <p>DON'T KNOW 8</p>	→ 806
805	<p>What was the highest (grade/form/year) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
805A	<p>CHECK 804 AND 805:</p> <p>GRADES 10-11 AT LEVEL 1, OR CODES "2" OR "3" PROFESSIONAL-PRIMARY OR MIDDLE LEVEL CIRCLED,ASK:</p> <p>OTHER (CODES <input type="checkbox"/></p> <p>Did he receive an attestat for completing secondary education?</p>	<p>YES 1</p> <p>NO 2</p>	→ 806
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	<p>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.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→ 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?	<p>YES 1</p> <p>NO 2</p>	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
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	
813	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	
814	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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
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					
	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																								
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	
	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																								

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 through saliva by kissing someone infected with the AIDS virus?	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 <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 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: LAST BIRTH SINCE JANUARY 2010 <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2010 <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	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																

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
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 GOVT. HOSPITAL 11 MATERNITY HOME 12 HEALTH CENTER (URBAN/RURAL) 13 REPRODUCTIVE HEALTH CENTER .14 HEALTH HOUSE 15 POLYCLINICS 16 INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC17 IMMUNIPROPHYLAXIS CENTER18 AIDS CENTER 19 HEALTHY LIFESTYLE CENTER20 FAMILY MEDICINE CENTEF..... 21 DISPENSARY 22 OTHER PUBLIC SECTOR _____ 23 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 OTHER SOURCE HOME 41 CORRECTIONAL FACILITY 42 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"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 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 GOVT. HOSPITAL 11 MATERNITY HOME 12 HEALTH CENTER (URBAN/RURAL) 13 REPRODUCTIVE HEALTH CENTER. 14 HEALTH HOUSE 15 POLYCLINICS 16 INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC) . . . 17 IMMUNOPROPHYLAXIS CENTER . . . 18 AIDS CENTER 19 HEALTHY LIFESTYLE CENTER . . . 20 FAMILY MEDICINE CENTEF. . . . 21 DISPENSARY 22 OTHER PUBLIC SECTOR _____ 23 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 OTHER SOURCE HOME 41 CORRECTIONAL FACILITY 42 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<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>MATERNITY HOME B</p> <p>HEALTH CENTER (URBAN/RURAL) .. C</p> <p>REPRODUCTIVE HEALTH CENTER .. D</p> <p>HEALTH HOUSE E</p> <p>POLYCLINICS F</p> <p>INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC G</p> <p>IMMUNIPROPHYLAXIS CENTER H</p> <p>AIDS CENTER I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTEF..... K</p> <p>DISPENSARY L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC N</p> <p>PRIVATE DOCTOR'S OFFICE O</p> <p>PHARMACY P</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ Q</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	<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>	
933	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
935	<p>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?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
936	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
937	<p>CHECK 901:</p> <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</p> <p>NO 2</p>	
938	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 946</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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 GOVT. HOSPITAL A MATERNITY HOME B HEALTH CENTER (URBAN/RURAL) C REPRODUCTIVE HEALTH CENTER.. D HEALTH HOUSE E POLYCLINICS F INTEGRATED MANAGEMENT OF CHILD- HOOD ILLNESS CENTER(IMC).... G IMMUNIPROPHYLAXIS CENTER ... H AIDS CENTER I HEALTHY LIFESTYLE CENTER J FAMILY MEDICINE CENTEF..... K DISPENSARY L OTHER PUBLIC SECTOR _____ M (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC N PRIVATE DOCTOR'S OFFICE O PHARMACY P OTHER PRIVATE MEDICAL SECTOR _____ Q (SPECIFY) OTHER SOURCE SHOP R 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> 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?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00</p>	→ 1004																					
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00</p>	→ 1004																					
1003	<p>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>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																						
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1006																					
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text" value=""/><input type="text" value=""/></p>																						
1006	<p>Do you currently smoke or use any (other) type of tobacco? (1)</p>	<p>YES 1</p> <p>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</p> <p>CHEWING TOBACCO/NOS B</p> <p>SNUFF C</p> <p>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>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>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	
	BIG	NOT A BIG																						
	PROB-	PROB-																						
	LEM	LEM																						
PERMISSION TO GO ...	1	2																						
GETTING MONEY	1	2																						
DISTANCE	1	2																						
GO ALONE	1	2																						
1011	<p>Next questions are about a few common health problems in Tajikistan.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1022																					
1012	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHING A</p> <p>COUGHING WITH SPUTUM B</p> <p>COUGHING FOR SEVERAL WEEKS C</p> <p>FEVER D</p> <p>BLOOD IN SPUTUM E</p> <p>LOSS OF APPETITE F</p> <p>NIGHTSWEATING G</p> <p>PAIN IN CHEST H</p> <p>TIREDDNESS/FATIGUE I</p> <p>WEIGHT LOSS J</p> <p>LETHARGY K</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1025	Have you heard of an illness called breast cancer?	YES 1 NO 2	→ 1027
1026	What signs or symptoms would lead you to think that a woman has breast cancer? PROBE: Any other? RECORD ALL MENTIONED.	LUMP IN BREAST(S) A LUMP IN LYMPH NODES B DISCHARGE FROM NIPPLES C PAIN IN BREAST(S) D NIPPLE(S) GET INVERTED E TIREDNESS/FATIGUE F WEIGHT LOSS G OTHER _____ X (SPECIFY) DON'T KNOW Z	
1027	Do you know how to give yourself a breast exam?	YES 1 NO 2	→ 1029
1028	Have you ever given yourself a breast exam? IF YES: When was the last time that you gave yourself a breast exam? IF THE LAST SELF BREAST EXAMINATION WAS 90 OR MORE MONTHS AGO, RECORD 90 MONTHS AGO	MONTHS AGO <input type="text"/> <input type="text"/> NEVER GAVE EXAM 95	
1029	Has a health care provider ever given you a breast exam, such as a manual, an ultrasound, a mammogram or any other breast exams?	YES 1 NO 2	→ 1033
1030	When was the last time that a health provider gave you any breast examination?	LESS THAN 6 MONTHS AGO 1 6-11 MONTHS AGO 2 1-3 YEARS AGO 3 OTHER _____ 6 (SPECIFY)	
1033	Have you heard of an illness called cervical cancer?	YES 1 NO 2	
1034	Have you ever given a cervical smear for Papanicolaou test or Pap test, also known as "a cytology smear test"?	YES 1 NO 2	→ 1036
1035	When was the last time you had Pap smear testing?	LESS THAN 6 MONTHS AGO 1 6-11 MONTHS AGO 2 1-3 YEARS AGO 3 OTHER _____ 6 (SPECIFY)	
1036	Do you have a family doctor?	YES 1 NO 2	→ 1100
1037	In the past 12 months, have you visited your family doctor for any reason?	YES 1 NO 2	→ 1100
1038	How many times have you visited your family doctor in the past 12 months?	NUMBER OF VISITS... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1100	CHECK THE COVER OF THE WOMAN'S QUESTIONNAIRE AND IF NECESSARY THE HOUSEHOLD QUESTIONNAIRE, [HHQ321]. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1300																																			
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1132																																			
READ TO THE RESPONDENT 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 Tajikistan. 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.																																						
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)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<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> </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												
	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																																			
1104	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A Did your (last) (husband/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone 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></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2				c) YES	1 →	1	2	3	c) NO	2				
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
a) YES	1 →	1	2	3																																		
a) NO	2																																					
b) YES	1 →	1	2	3																																		
b) NO	2																																					
c) YES	1 →	1	2	3																																		
c) NO	2																																					

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 ↓				
	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 ↓																																																																													
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>	<p>→ 1109</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>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	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?	YES 1 NO 2	→ 1111
1110	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1111	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1113
1112	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1113	Are (were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
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? 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>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?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1119</p>
1117	<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 BOYFRIEND F</p> <p>FORMER BOYFRIEND 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>	
1118	<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>	
1119	<p>CHECK 201, 226, AND 209D:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 209D) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>→ 1122</p>
1120	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1122</p>
1121	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	<p>CHECK 601 AND 602:</p> <p>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 other than (your/any) (husband/partner).</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>NEVER MARRIED/NEVER LIVED WITH A MAN <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 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</p> <p>OTHER _____ 96 (SPECIFY)</p>	
1125	<p>CHECK 601 AND 602:</p> <p>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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1126	CHECK 1105A (a-j), 1115, 1116, 1120, 1122, AND 1125: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1130
1127	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	→ 1129
1128	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	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)	→ 1130
1129	Have you ever told any one about this?	YES 1 NO 2	
1130	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1131	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
1132	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		

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/CALENDAR METHOD
- 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

Note In case of multiple births, that ended in live and non-live births record live births to Calendar

			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
2	05	MAY	08	2
*	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
1	05	MAY	20	1
*	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
1	06	JUN	31	1
0	05	MAY	32	0
*	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
9	05	MAY	44	9
*	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
8	05	MAY	56	8
*	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
7	05	MAY	68	7
*	04	APR	69	*
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

* Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the years should be adjusted.

** Response categories may be added for other methods, including fertility awareness methods.

INFORMATION ABOUT A HEALTH FACILITY WHERE THE IMMUNIZATION RECORDS (MOH FORMS 063 AND 112) ARE KEPT

1300	CHECK 503, 214 AND 218: HAS LIVING CHILDREN BORN IN JANUARY 2007 OR LATER			1309
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
1301	CHECK 502: FOR LIVING CHILDREN BORN IN JANUARY 2007 OR LATER	LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/> FROM 212	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/> FROM 212	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/> FROM 212
1302	CHECK 503: FOR LIVING CHILDREN BORN IN JANUARY 2007 OR LATER	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
RECORD MOTHER'S AND CHILD'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT (MOH FORMS 063 OR 112)				
1303	CHILD'S FULL NAME	_____ CHILD'S FIRST NAME _____ CHILD'S LAST NAME	_____ CHILD'S FIRST NAME _____ CHILD'S LAST NAME	_____ CHILD'S FIRST NAME _____ CHILD'S LAST NAME
1304	MOTHER'S FULL NAME	_____ MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME	_____ MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME	_____ MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME
1305	RECORD CHILD'S DATE OF BIRTH FROM 214	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YR <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"/> YR <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"/> YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1306	CHILD HOME ADDRESS			
1307	NAME AND ADDRESS OF MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS (FORMS # 063 OR #112) ARE KEPT			
1307A	NAME OF THE DOCTOR	_____ NAME	_____ NAME	_____ NAME
1307B	DISTRICT NUMBER	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1308		GO BACK TO 1301 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1309.	GO BACK TO 1301 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1309.	GO TO 1301 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 1309.
1309	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		
AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 14.				

SECTION 14. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION (MOH FORMS 063 or 112).

1401	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE LIVING CHILD, BORN IN 2007 OR LATER, EXACTLY AS IN QUES.1301 AND 1303. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
1402	CHECK 1301 AND 1303:	LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD	NEXT-TO-LAST-BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD
1403	CHECK 1307 ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	CHECK 1307 YES 1 NO 2 NEXT CHILD ←	CHECK 1307 YES 1 NO 2 NEXT CHILD ←	CHECK 1307 YES 1 NO 2 NEXT CHILD ←
1404	WAS A HEALTH FACILITY VISITED?	YES 1 NO 2 NEXT CHILD ←	YES 1 NO 2 NEXT CHILD ←	YES 1 NO 2 NEXT CHILD ←
1405	ARE THERE IMMUNIZATION RECORDS (FORMS 063 OR 112) IN A HEALTH FACILITY (NAME)?	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3
1406	(1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS #063 OR #112) (2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED (3) WRITE '98' FOR DON'T KNOW IN 'DAY' OR 'MONTH' OR '9998' IN 'YEAR' COLUMN FOR WHICH THE INFORMATION IS NOT GIVEN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT ONLY PART OF THE DATE IS RECORDED.			

	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		
POLIO 4				P4			P4		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
DPT 4				D4			D4		
HEPATITIS-1 (GIVEN SOON AFTER BIRTH)				H1			H1		
HEPATITIS-2				H2			H2		
HEPATITIS-3				H3			H3		
PENTA-1				PENTA 1			PEN TA1		
PENTA-2				PENTA 2			PEN TA2		
PENTA-3				PENTA 3			PEN TA3		
MEASLES or MR				MEASLES or			MEASLES		
VITAMIN A (MOST RECENT)				VITAMIN A			VITAMIN		

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: _____