

CONFIDENTIAL

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2013
WOMAN'S QUESTIONNAIRE

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007

IDENTIFICATION																								
STATE _____						<table border="1" style="width: 100%; height: 100%; 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> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
LOCAL GOVT. AREA _____																								
LOCALITY _____																								
ENUMERATION AREA _____																								
URBAN/RURAL (URBAN=1, RURAL=2) _____																								
CLUSTER NUMBER _____						<table border="1" style="width: 100%; height: 100%; 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>																		
BUILDING/STRUCTURE NUMBER _____																								
HOUSEHOLD NUMBER _____																								
NAME OF HOUSEHOLD HEAD _____						<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
NAME AND LINE NUMBER OF WOMAN _____																								
IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 13)? (YES=1, NO=2) _____						<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
INTERVIEWER VISITS																								
	1		2		3		FINAL VISIT																	
DATE	_____		_____		_____		DAY																	
							MONTH																	
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INTERVIEWER'S NAME	_____		_____		_____		INT. NUMBER																	
							RESULT																	
RESULT*	_____		_____		_____		_____																	
NEXT VISIT:	DATE	_____		_____				TOTAL NUMBER OF VISITS																
	TIME	_____		_____																				
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>																								
LANGUAGE OF INTERVIEW <div style="display: flex; justify-content: space-around; font-size: small;"> HAUSA 1 YORUBA 2 IGBO 3 ENGLISH 4 OTHER 6 </div> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> SPECIFY							TRANSLATOR USED? YES 1 NO 2																	
NATIVE LANGUAGE OF RESPONDENT <div style="display: flex; justify-content: space-around; font-size: small;"> 1 2 3 4 6 </div> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> SPECIFY																								
SUPERVISOR			FIELD EDITOR			OFFICE EDITOR		KEYED BY																
NAME _____			NAME _____			_____		_____																
DATE _____			DATE _____			_____		_____																

ENGLISH

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Greetings. My name is _____ and I am working with National Population Commission. We are conducting a survey about health all over Nigeria. 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 the research 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 following persons:

2013 NDHS Contact Person: Project Director; Email: amakaloveth4life@yahoo.com; Phone: 08033318224

NHREC Contact Person: Desk Officer, NHREC; Email: yaminads@yahoo.com; Phone: 08065479926

Do you have any questions? May I begin the interview now?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
102	In what month and year were you born?	MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW MONTH 98 YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> 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 <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
104	Have you ever attended school?	YES 1 NO 2	→108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (class/year) you completed at that level?	CLASS/YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>PRIMARY <input type="checkbox"/></div> <div>SECONDARY OR HIGHER <input type="checkbox"/></div> </div>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></div> <div>CODE '1' OR '5' CIRCLED <input type="checkbox"/></div> </div>		→ 111
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	
113	What is your religion?	CATHOLIC 1 OTHER CHRISTIAN 2 ISLAM 3 TRADITIONALIST 4 OTHER 6 (SPECIFY)	
114	What is your ethnic group?	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> </div> </div> </div>	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> </div> </div> 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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).										
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220A	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did (NAME) die?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220A	221
What name was given to your next baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did (NAME) die?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.						YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)									
223A	CHECK 220A: ANY DEATHS IN JANUARY 2009 OR LATER? YES <input type="checkbox"/> NO <input type="checkbox"/> → SKIP TO 224									
223B	CHECK 220: ENTER THE NUMBER OF DEATHS THAT HAPPENED IN DAYS, MONTHS AND 2-4 YEARS. IF NONE, RECORD '0'. <input type="text"/>									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.						NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN JAN. 2008 OR LATER <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED BEFORE JAN. 2008 <input type="checkbox"/></p>		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008.</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2008 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
239	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 301</p>								
240	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	<p>YES 1</p> <p>NO 2</p>	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	<p>YES 1</p> <p>NO 2</p>	
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.	<p>YES 1</p> <p>NO 2</p>	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	<p>YES 1</p> <p>NO 2</p>	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
09	Diaphragm: Women can place a thin flexible disk in their vagina before intercourse.	<p>YES 1</p> <p>NO 2</p>	
10	Foam or Jelly: Women can place a suppository, jelly, or cream in their vagina before intercourse.	<p>YES 1</p> <p>NO 2</p>	
11	Standard Days Method. PROBE: A Woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, they uses a condom or does not have sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
12	Lactational Amenorrhea Method (LAM).	<p>YES 1</p> <p>NO 2</p>	
13	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	<p>YES 1</p> <p>NO 2</p>	
14	Withdrawal. PROBE: Men can be careful and pull out before climax.	<p>YES 1</p> <p>NO 2</p>	
15	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	<p>YES 1</p> <p>NO 2</p>	
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	
302	<p>CHECK 226:</p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE <input type="checkbox"/> → 311</p>		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	<p>YES 1</p> <p>NO 2</p>	→ 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>STANDARD DAYS METHOD K</p> <p>LACTATIONAL AMEN. METHOD L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 308A</p> <p>→ 305</p> <p>→ 306</p> <p>→ 306</p> <p>→ 308A</p>
304A	<p>What name/type of injectables are you using?</p>	<p>NORISTERAT (2 MONTHS) 1</p> <p>NORIGYNON (2 MONTHS) 2</p> <p>DEPO PROVERA (3 MONTHS) ... 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>DUOFEMCONFIDENCE 01</p> <p>MICROGYNON 02</p> <p>LOFEMENAL 03</p> <p>NEOGYNON 04</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MALE CONDOMS</p> <p>GOLD CIRCLE 01</p> <p>DUREX 02</p> <p>ROUGH RIDER 03</p> <p>TWIN LOTUS 04</p> <p>PLAIN CONDOMS 05</p> <p>FEMALE CONDOMS</p> <p>FEMALE PLAIN CONDOMS 06</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
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>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 24</p> <p>MOBILE CLINIC 25</p> <p>NON-GOV. ORGANIZATION ... 27</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>													
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></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>													
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2008 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 2007 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 2008.</p> <p>THEN SKIP TO → 322</p>														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 2008.</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
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 STANDARD DAYS METHOD 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELDWORKER 15 OTHER PUBLIC SECTOR 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorrhea method? 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)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 CHEMIST/PMS STORE 23 PRIVATE DOCTOR 24 MOBILE CLINIC 25 FIELDWORKER 27 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 NGO 34 OTHER 96 (SPECIFY)	

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 STANDARD DAYS METHOD 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13	→ 323 → 320 → 326 → 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; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>At that time, were you told about other methods of family planning that you could use?</div> <div>When you obtained (CURRENT METHOD FROM 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 STANDARD DAYS METHOD 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 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> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>CHEMIST/PMS STORE 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>FIELDWORKER 27</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>NGO 34</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> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/PMS STORE I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>NGO Q</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 fieldworker 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:	ONE OR MORE BIRTHS IN 2008 OR LATER	<input type="checkbox"/>	NO BIRTHS IN 2008 OR LATER	<input type="checkbox"/>	→ 556	
402	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>						
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	<input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	<input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER	<input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	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	YES 1 (SKIP TO 430) → 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) →	LATER 1 NO MORE 2 (SKIP TO 430) →	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	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) →					
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY</p> <p>MIDWIFE C</p> <p>COMMUNITY</p> <p>EXTENSION</p> <p>HLT. WORKER . D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT E</p> <p>COMMUNITY/</p> <p>VILLAGE HEALTH</p> <p>WORKER F</p> <p>OTHER _____ X (SPECIFY)</p>					

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</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . . C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST/ DISPENSARY E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>OTHER PRIVATE MED. SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
412	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>YES NO</p> <p>Was your blood pressure measured? BP 1 2</p> <p>Did you give a urine sample? URINE 1 2</p> <p>Did you give a blood sample? BLOOD 1 2</p>			
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>			

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR/AMALAR/ MALOXINE TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/>		
427A	How many months pregnant were you when you took your first dose of (SP/Fansidar/ Amalar/Maxoline)?	MONTH <input type="text"/> DON'T KNOW 98		
427B	CHECK 427:	2 OR MORE TIMES <input type="checkbox"/> 1 TIME <input type="checkbox"/> (SKIP TO 428)		
427C	How many months pregnant were you when you took your second dose of (SP/Fansidar/ Amalar/Maxoline)?	MONTH <input type="text"/> DON'T KNOW 98		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER 6 (SPECIFY) _____		
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.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____													
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE.... B</p> <p>AUXILIARY</p> <p>MIDWIFE C</p> <p>COMMUNITY</p> <p>EXTENSION</p> <p>HLT. WORKER . D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY</p> <p>MIDWIFE C</p> <p>COMMUNITY</p> <p>EXTENSION</p> <p>HLT. WORKER . D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT .. E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY</p> <p>MIDWIFE C</p> <p>COMMUNITY</p> <p>EXTENSION</p> <p>HLT. WORKER D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT .. E</p> <p>RELATIVE/FRIEND . F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>													
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>(SKIP TO 437A) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 437A) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(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.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>															
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>													

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	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?	YES 1 (SKIP TO 439) ← NO 2		
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←		
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVID- ER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H NO TIME BECAUSE BABY CAME SUDDENLY I OTHER _____ (SPECIFY) X		
437B	Was a special clean delivery kit used? SHOW CLEAN DELIVERY KIT	YES 1 (SKIP TO 437D) ← NO 2 DON'T KNOW 8		
437C	When (NAME) was born, what instrument was used to cut the umbilical cord?	NEW/BOILED BLADE 1 USED BLADE 2 KNIFE 3 SICKLE 4 SCISSORS 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8		
437D	Was anything applied on the stump after the umbilical cord was cut?	YES 1 NO 2 (SKIP TO 437F) ← DON'T KNOW 8		
437E	What was applied on the stump?	OIL A ASH B OINTMENT/POWDER . C ANIMAL DUNG D TURMERIC E DETOL F METHYLATED SPIRIT G OTHER _____ X (SPECIFY) DON'T KNOW Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																		
		NAME _____	NAME _____	NAME _____																		
437F	Was (NAME) dried before the placenta was delivered?	YES 1 NO 2 DON'T KNOW 8																				
437G	Was (NAME) placed on your belly/breast before delivery of the placenta?	YES 1 NO 2 DON'T KNOW 8																				
437H	Was (NAME) wrapped in cloth before the placenta was delivered?	YES 1 NO 2 DON'T KNOW 8																				
437I	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																				
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 442) ←																				
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 COMMUNITY EXTENSION HLT. WORKER . . # 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" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																				
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health (eg. check cord, baby's temperature, baby feeding well)?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3 DON'T KNOW 998		
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 COMMUNITY EXTENSION HLT. WORKER . # OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)		
444A	During that check, was any of the following done for (NAME)? Was cord checked? Observe/counsel on how well (NAME) was breastfeeding? Assess (NAME's) temperature? Counsel on how to recognize if (NAME) might be sick?	YES NO CORD 1 2 BF 1 2 TEMP 1 2 IF SICK 1 2		
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREG- PREGNANT OR OR NANT UNSURE (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> (SKIP TO 460) DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
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" 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> DAYS 2 <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>										
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? YES 1 NO 2 (SKIP TO 458) ←											
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRYPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)										
458	CHECK 404: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)		DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> ↓ (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 2008 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY		LAST BIRTH BIRTH HISTORY NUMBER			NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER			SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER																																																																																																																																																																																															
503	FROM 212 AND 216		NAME LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME LIVING DEAD (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 (SKIP TO 506) YES, NOT SEEN (SKIP TO 509) NO CARD			YES, SEEN (SKIP TO 506) YES, NOT SEEN (SKIP TO 509) NO CARD			YES, SEEN (SKIP TO 506) YES, NOT SEEN (SKIP TO 509) NO CARD																																																																																																																																																																																															
505	Did you ever have a vaccination card for (NAME)?		YES (SKIP TO 509) NO			YES (SKIP TO 509) NO			YES (SKIP TO 509) NO																																																																																																																																																																																															
506	<p>(1) COPY DATES FROM THE CARD.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td>BCG</td><td></td><td></td><td></td><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td><td>P1</td><td></td><td></td><td></td><td>P1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td>P2</td><td></td><td></td><td></td><td>P2</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td>P3</td><td></td><td></td><td></td><td>P3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td>D1</td><td></td><td></td><td></td><td>D1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td>D2</td><td></td><td></td><td></td><td>D2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td>D3</td><td></td><td></td><td></td><td>D3</td><td></td><td></td><td></td></tr> <tr><td>HEP B 1</td><td></td><td></td><td></td><td>H1</td><td></td><td></td><td></td><td>H1</td><td></td><td></td><td></td></tr> <tr><td>HEP B 2</td><td></td><td></td><td></td><td>H2</td><td></td><td></td><td></td><td>H2</td><td></td><td></td><td></td></tr> <tr><td>HEP B 3</td><td></td><td></td><td></td><td>H3</td><td></td><td></td><td></td><td>H3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td>MEA</td><td></td><td></td><td></td><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td><td>YE F</td><td></td><td></td><td></td><td>YE F</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td>VIT A</td><td></td><td></td><td></td><td>VIT A</td><td></td><td></td><td></td></tr> </tbody> </table>													LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG				BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0				POLIO 1				P1				P1				POLIO 2				P2				P2				POLIO 3				P3				P3				DPT 1				D1				D1				DPT 2				D2				D2				DPT 3				D3				D3				HEP B 1				H1				H1				HEP B 2				H2				H2				HEP B 3				H3				H3				MEASLES				MEA				MEA				YELLOW FEVER				YE F				YE F				VITAMIN A (MOST RECENT)				VIT A				VIT A			
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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 or buttocks, 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 HEP B vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as DPT?	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8
510H	How many times was the HEP B vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>



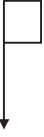





















NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510I	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510J	A yellow fever injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting yellow fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given sprinkles with iron or any micronutrient powder like (this/any of these)? SHOW COMMON TYPES OF SPRINKLES SACHETS	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512a	In the last seven days, was (NAME) given any ready to use therapeutic feeds like plumpy'nuts like (this/any of these)? SHOW THE PACKET	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . . A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . . D FIELDWORKER . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY . . . H CHEMIST/PMS . . . I PVT DOCTOR . . . J MOBILE CLINIC . . K FIELDWORKER . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . . A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . . D FIELDWORKER . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY . . . H CHEMIST/PMS . . . I PVT DOCTOR . . . J MOBILE CLINIC . . K FIELDWORKER . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . . A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . . D FIELDWORKER . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY . . . H CHEMIST/PMS . . . I PVT DOCTOR . . . J MOBILE CLINIC . . K FIELDWORKER . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)
519A	CHECK 519: CODES 'H' AND/OR 'I' CIRCLED	PHARMACY/ PHARMACY/ CHEMIST/ CHEMIST/ PMS PMS <input type="checkbox"/> CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 520) ←	PHARMACY/ PHARMACY/ CHEMIST/ CHEMIST/ PMS PMS <input type="checkbox"/> CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 520) ←	PHARMACY/ PHARMACY/ CHEMIST/ CHEMIST/ PMS PMS <input type="checkbox"/> CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 520) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519B	At the Pharmacy/Chemist/Patent Medicine Stores (PMS): a. Was (NAME) examined? b. Did you get advice on type of medication to buy? c. Did you know exactly what medication to buy and only went there to buy it?	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8
520	CHECK 519:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
521A	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called ORS? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) ↓	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) ↓
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMS... I</p> <p>PVT DOCTOR ... J</p> <p>MOBILE CLINIC . K</p> <p>FIELDWORKER . L</p> <p>OTHER PRIVATE MED. SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMS... I</p> <p>PVT DOCTOR ... J</p> <p>MOBILE CLINIC . K</p> <p>FIELDWORKER . L</p> <p>OTHER PRIVATE MED. SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMS... I</p> <p>PVT DOCTOR ... J</p> <p>MOBILE CLINIC . K</p> <p>FIELDWORKER . L</p> <p>OTHER PRIVATE MED. SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																				
534A	<p>CHECK 534:</p> <p>CODES 'H' AND/OR 'I' CIRCLED</p>	<p>PHARMACY/ PHARMACY/</p> <p>CHEMIST/ CHEMIST/</p> <p><input type="checkbox"/> PMS <input type="checkbox"/> PMS <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED NOT CIRCLED</p> <p>(SKIP TO 535) ←</p>	<p>PHARMACY/ PHARMACY/</p> <p>CHEMIST/ CHEMIST/</p> <p><input type="checkbox"/> PMS <input type="checkbox"/> PMS <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED NOT CIRCLED</p> <p>(SKIP TO 535) ←</p>	<p>PHARMACY/ PHARMACY/</p> <p>CHEMIST/ CHEMIST/</p> <p><input type="checkbox"/> PMS <input type="checkbox"/> PMS <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED NOT CIRCLED</p> <p>(SKIP TO 535) ←</p>																																				
534B	<p>At the Pharmacy/Chemist/Patent Medicine Stores (PMS):</p> <p>a. Was (NAME) examined?</p> <p>b. Did you get advice on type of medication to buy?</p> <p>c. Did you know exactly what medication to buy and only went there to buy it?</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8
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535	<p>CHECK 534:</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	CHECK 538: SP/FANSIDAR/AMALAR/ MALOXINE ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED   (SKIP TO 542) (SKIP TO 542)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED   (SKIP TO 542) (SKIP TO 542)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED   (SKIP TO 542) (SKIP TO 542)
541	How long after the fever started did (NAME) first take SP/Fansidar/Amalar/Maloxine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
541A	For how many days did (NAME) take the SP/Fansidar/Amalar/ Maloxine? IF 7 DAYS OR MORE, RECORD 7.	DAYS  DON'T KNOW ... 8	DAYS  DON'T KNOW ... 8	DAYS  DON'T KNOW ... 8
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED   (SKIP TO 544) (SKIP TO 544)	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED   (SKIP TO 544) (SKIP TO 544)	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED   (SKIP TO 544) (SKIP TO 544)
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
543A	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS  DON'T KNOW ... 8	DAYS  DON'T KNOW ... 8	DAYS  DON'T KNOW ... 8
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED   (SKIP TO 546) (SKIP TO 546)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED   (SKIP TO 546) (SKIP TO 546)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED   (SKIP TO 546) (SKIP TO 546)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
545A	For how many days did (NAME) take the Amodiaquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 548) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 548) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 548) ←
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
547A	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
548	CHECK 538: COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←
549	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
549A	For how many days did (NAME) take the (ARTEMISININ COMBINATION THERAPY (ACT))? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
551A	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>		556
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01</p> <p>PUT/RINSED</p> <p>INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED</p> <p>INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>RIVER/RIVER BANKS 07</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		557
556	<p>Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) 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"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>a) 1</td><td>2</td><td>8</td></tr> <tr> <td>b) Juice or juice drinks?</td><td>b) 1</td><td>2</td><td>8</td></tr> <tr> <td>c) Clear broth (liquid derived from cooking meat, fish, and vegetables)?</td><td>c) 1</td><td>2</td><td>8</td></tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td><td>d) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td><td>NUMBER OF TIMES DRANK MILK</td><td colspan="2"><input type="text"/></td></tr> <tr> <td>e) Infant formula (Nan, SMA Gold, My Boy, Friso, Lactogen, Peak Milk 123, Cow and Gate, etc.)?</td><td>e) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td><td>NUMBER OF TIMES DRANK FORMULA</td><td colspan="2"><input type="text"/></td></tr> <tr> <td>f) Any other liquids?</td><td>f) 1</td><td>2</td><td>8</td></tr> <tr> <td>g) Yogurt?</td><td>g) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) take yogurt? 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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 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	<input type="checkbox"/> → 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"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	<input type="checkbox"/> → 609B
609A	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED <input type="checkbox"/> _____ NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> _____		<input type="checkbox"/> → 609D <input type="checkbox"/> → 610
609B	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED <input type="checkbox"/> ↓ CURRENTLY WIDOWED <input type="checkbox"/> _____ CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> _____		<input type="checkbox"/> → 609D <input type="checkbox"/> → 610
609C	How did your previous marriage or union end?	DEATH 1 DIVORCE 2 SEPARATION 3	<input type="checkbox"/> → 610

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <div><div></div><div></div></div></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>CHILDREN <10</td><td>1</td><td>2</td></tr><tr><td>MALE ADULTS</td><td>1</td><td>2</td></tr><tr><td>FEMALE ADULTS</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
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629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/PMS..... I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>NGO Q</p> <p>OTHER X</p> <p>(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<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>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/PMS I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>NGO Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	If you wanted to, could you yourself get a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</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>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS..... O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1"> <thead> <tr> <th></th><th>BOYS</th><th>GIRLS</th><th>EITHER</th></tr> </thead> <tbody> <tr> <td>NUMBER</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>OTHER</td><td colspan="2"><input type="text"/></td><td>96</td></tr> <tr> <td></td><td colspan="3">(SPECIFY)</td></tr> </tbody> </table>		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	<input type="text"/>		96		(SPECIFY)											
	BOYS	GIRLS	EITHER																								
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
OTHER	<input type="text"/>		96																								
	(SPECIFY)																										
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? Read about family planning in a poster? Read about family planning in leaflets and brochures? Heard about family planning from town crier? Heard about family planning from mobile public announcement?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td><td>1</td><td>2</td></tr> <tr> <td>POSTER</td><td>1</td><td>2</td></tr> <tr> <td>LEAFLETS OR BROCHURES ...</td><td>1</td><td>2</td></tr> <tr> <td>TOWN CRIER</td><td>1</td><td>2</td></tr> <tr> <td>MOBILE PUBLIC ANNOUNCEMENT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	POSTER	1	2	LEAFLETS OR BROCHURES ...	1	2	TOWN CRIER	1	2	MOBILE PUBLIC ANNOUNCEMENT	1	2	
	YES	NO																									
RADIO	1	2																									
TELEVISION	1	2																									
NEWSPAPER OR MAGAZINE ...	1	2																									
POSTER	1	2																									
LEAFLETS OR BROCHURES ...	1	2																									
TOWN CRIER	1	2																									
MOBILE PUBLIC ANNOUNCEMENT	1	2																									
715	CHECK 714: AT LEAST ONE "YES" (HAS HEARD OR READ MESSAGE) <input type="checkbox"/> NOT A SINGLE "YES" (HAS NOT HEARD OR READ MESSAGE) <input type="checkbox"/>	<input type="checkbox"/> → 716																									
715A	Please tell me which family planning messages you have heard or seen in the past few months? PROBE: Any others? PROBE UNTIL YOU HAVE EXHAUSTED ALL ANSWERS.	AS FOR ME AND MY PARTNER WE "DEY KAMPE" WITH FEMALE CONDOM. A UNSPACED CHILDREN MAKES THE GOING TOUGH. FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TODAY. B WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY. C IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY. D WHY IS YOUR WIFE LOOKING SO GOOD? E OTHER <input type="text"/> . X (SPECIFY)																									
716	CHECK 601: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN UNION	<input type="checkbox"/> → 801																									
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING NOT CURRENTLY <input type="checkbox"/> USING OR NOT ASKED	<input type="checkbox"/> → 720																									
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER <input type="text"/> 6 (SPECIFY)																									
719	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED HE OR SHE <input type="checkbox"/> 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	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (class/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<div style="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>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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)	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. </div> 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?	<div> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST <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: NO BIRTHS <input type="checkbox"/> LAST BIRTH <input type="checkbox"/> LAST BIRTH <input type="checkbox"/> SINCE JANUARY 2008 BEFORE JANUARY 2008		→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD <input type="checkbox"/> NO ANTENATAL ANTENATAL CARE CARE		→ 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 GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER ... 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16 SCHOOL BASED CLINIC 17 OTHER PUBLIC SECTOR 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 SCHOOL BASED CLINIC 26 OTHER PRIVATE MEDICAL SECTOR 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 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
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>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</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>DK/NOT SURE/DEPENDS 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>	
935A	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 3</p>	→ 935F
935B	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
935C	<p>Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935D	CHECK 935A, 935B, AND 935C: NOT A SINGLE <input type="checkbox"/> YES' ↓	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 935F
935E	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
935F	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
935G	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	 YES 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER F OTHER PUBLIC SECTOR G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H STAND-ALONE VCT CENTER ... I PHARMACY J CHEMIST/PMS STORE K MOBILE CLINIC L FIELDWORKER M OTHER PRIVATE MEDICAL SECTOR N (SPECIFY) OTHER SOURCE SHOP O 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 women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
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"/> <input type="text"/></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"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004																		
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
1004	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 1006																		
1005	In the last 24 hours, how many cigarettes did you smoke?	<p>NUMBER OF CIGARETTES ... <input type="text"/> <input type="text"/></p>																			
1006	Do you currently smoke or use any (other) type of tobacco?	<p>YES 1</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 B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p align="center">(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> <p>Attitude of the healthworkers ?</p>	<table border="0"> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE</td><td>1</td><td>2</td></tr> <tr> <td>ATTITUDE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	ATTITUDE	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																			
PERMISSION TO GO ...	1	2																			
GETTING MONEY	1	2																			
DISTANCE	1	2																			
GO ALONE	1	2																			
ATTITUDE	1	2																			
1009	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 1101																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>	

FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Have you ever heard of female circumcision, that is, a practice in which a girl may have part of her genitals cut, for example, excision of the clitoris and the labia minora, scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts) and even use of corrosive substances or herbs into vagina to tighten or narrow it or to cause bleeding. Have you ever heard about any of these practices?	YES 1 NO 2	→ 1201
1102	Have you yourself ever had any of these procedures performed on you?	YES 1 NO 2 DON'T KNOW 3	→ 1108
1103	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1105
1104	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1105	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1105A	Which type of procedure was performed on you? a) Removal of clitoris along with partial or total excision of the labia minora? b) Infibulation: removal of clitoris, labia minora and adjacent medial part of labia majora and stitching it? c) scraping of tissue surrounding the vaginal orifice (eg. angurya cuts etc.)? d) Cutting of the vagina (eg. gishiri cuts etc.)?	YES NO DK REMOVAL OF CLITORIS 1 2 8 INFIBULATION 1 2 8 ANGURYA 1 2 8 GISHIRI 1 2 8	
1105B	Have you ever used corrosive substances <u>or</u> herbs into the vagina with the aim of tightening or narrowing it or to cause bleeding ?	YES 1 NO 2 DON'T KNOW 8	
1106	How old were you when this procedure (1105A/1105B) was performed for the first time? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1107	Who performed this procedure?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1108	CHECK 213, 215 AND 216: HAS ONE OR MORE <input type="checkbox"/> LIVING DAUGHTERS BORN IN 1998 OR LATER HAS NO LIVING DAUGHTERS <input type="checkbox"/> BORN IN 1998 OR LATER		→ 1115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	<p>CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your (daughter/daughters).</p>			
1109	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1998 OR LATER	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____
1110	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2 (GO TO 1110 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1115)	YES 1 NO 2 (GO TO 1110 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1115)	YES 1 NO 2 (GO TO 1110 ← IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1115)
1111	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
1112	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1113	Who performed the circumcision?	TRADITIONAL CIRCUMCISER. 11 TRAD. BIRTH ATTENDANT . 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE . 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL CIRCUMCISER. 11 TRAD. BIRTH ATTENDANT . 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE . 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL CIRCUMCISEF.. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE.. 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98
1114		GO BACK TO 1110 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1115.	GO BACK TO 1110 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1115.	GO TO 1110 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1115.
1115	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8		
1116	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8		

SECTION 12. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/> ↓ ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 1300							
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1301								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (8)) ↙	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (9)) ↙	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (10)) ↙	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (11)) ↙	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (12)) ↙	YES ... 1 NO ... 2 (GO TO 1208) ↙ DK ... 8 (GO TO (13)) ↙
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2	YES ... 1 (GO TO 1213) ↙ NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1301							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1300	<p>CHECK HOUSEHOLD QUESTIONNAIRE, Q.9A AND FRONT COVER: WOMAN SELECTED FOR THIS SECTION?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>WOMAN SELECTED FOR THIS SECTION</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WOMAN NOT SELECTED</p> <input type="checkbox"/> </div> </div>		→ 1332A																																			
1301	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>PRIVACY OBTAINED 1</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>PRIVACY NOT POSSIBLE 2</p> <input type="checkbox"/> </div> </div>		→ 1332																																			
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Nigeria. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																					
1302	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER')</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>		→ 1316																																			
1303	<p>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)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ACCUSES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NOT MEET FRIENDS . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NO FAMILY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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												
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NOT MEET FRIENDS . . .	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1304	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">EVER</th> <th style="text-align: center;">OFTEN</th> <th style="text-align: center;">SOME- TIMES</th> <th style="text-align: center;">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b)</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c)</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 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		NO 2 ↓				b)	YES 1 →	1	2	3		NO 2 ↓				c)	YES 1 →	1	2	3		NO 2 ↓				
	EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS																																		
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	NO 2 ↓																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1305	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b) slap you?	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you, or beat you up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 → NO 2 ↓	1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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1306	<p>CHECK 1305A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>1309</p>																																																								
1307	<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>																																																								
1308	<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 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308A	CHECK 1308 (a-c): <div> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>NOT A SINGLE 'YES' <input type="checkbox"/></div> </div>		1309
1308B	Did you seek any medical attention?	YES 1 NO 2	
1309	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	1311
1310	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	
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	1313
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1313	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	
1314	CHECK 609: <div> <div>MARRIED MORE THAN ONCE <input type="checkbox"/></div> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> </div>		1316
1315	<div> <div>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).</div> <div>B How long ago did this last happen?</div> </div>		
	<div> <div>EVER</div> <div>0 - 11 MONTHS AGO</div> <div>12+ MONTHS AGO</div> <div>DON'T REMEMBER</div> </div>		
	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → 1 2 3 NO 2 ↓	
	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → 1 2 3 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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> </div> <div style="width: 45%;"> <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> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 3</p>	<p>→ 1319</p>
1317	<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>UNCLE/AUNT E</p> <p>OTHER RELATIVE F</p> <p>CURRENT BOYFRIEND G</p> <p>FORMER BOYFRIEND H</p> <p>MOTHER-IN-LAW I</p> <p>FATHER-IN-LAW J</p> <p>OTHER IN-LAW K</p> <p>TEACHER L</p> <p>EMPLOYER/SOMEONE AT WORK M</p> <p>POLICE/SOLDIER N</p> <p>DOMESTIC HELP O</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1319	<p>CHECK 201, 226, AND 230:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p> </div> </div>		<p>→ 1322</p>
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<p>YES 1</p> <p>NO 2</p>	<p>→ 1322</p>
1321	<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>UNCLE/AUNT F</p> <p>OTHER RELATIVE G</p> <p>FORMER HUSBAND/PARTNER H</p> <p>CURRENT BOYFRIEND I</p> <p>FORMER BOYFRIEND J</p> <p>MOTHER-IN-LAW K</p> <p>FATHER-IN-LAW L</p> <p>OTHER IN-LAW M</p> <p>TEACHER N</p> <p>EMPLOYER/SOMEONE AT WORK O</p> <p>POLICE/SOLDIER P</p> <p>DOMESTIC HELP Q</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1322	CHECK 601 AND 602: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN		1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). 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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1323 1324A
1322B	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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1326
1323	Who was the person who forced you the first time?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 UNCLE/AUNT 06 OTHER RELATIVE 07 IN-LAW 08 OWN FRIEND/ACQUAINTANCE 09 FAMILY FRIEND 10 TEACHER 11 EMPLOYER/SOMEONE AT WORK 12 POLICE/SOLDIER 13 PRIEST/RELIGIOUS LEADER 14 DOMESTIC HELP 15 STRANGER 16 OTHER 96 (SPECIFY)	
1324	CHECK 601 AND 602: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN 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? In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	1325
1324A	CHECK 1305A (h-j) and 1315A(b) AT LEAST ONE <input type="checkbox"/> 'YES' NOT A <input type="checkbox"/> SINGLE 'YES'		1326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1325	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p> </div> </div>	<p>AGE IN COMPLETED YEARS <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 98</p>																			
1326	<p>CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B:</p> <div style="display: flex; justify-content: space-around;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div>		→ 1330																		
1327	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ 1329																		
1328	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>TRADITIONAL LEADERS H</p> <p>DOCTOR/MEDICAL PERSONNEL I</p> <p>POLICE J</p> <p>LAWYER K</p> <p>SOCIAL SERVICE ORGANIZATION L</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	→ 1330																		
1329	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>																			
1330	As far as you know, did your father ever beat your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
1330A	<p>CHECK 603:</p> <div style="display: flex; justify-content: space-around;"> <p>WIDOW <input type="checkbox"/></p> <p>OTHERS <input type="checkbox"/></p> </div>		→ 1331																		
1330B	<p>Have you ever faced the following as a result of the death of your husband?</p> <p>a. Did your late husband's relatives blame you for his death?</p> <p>b. Did your late husband's relatives physically or verbally abuse you?</p> <p>c. Did your late husband's relatives maltreat you?</p> <p>d. Did your late husband's relatives maltreat your children?</p> <p>e. Did your late husband's relatives demand that you carry out any cultural practice to prove your innocence of his death or otherwise?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>BLAME FOR DEATH</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>PHYSICAL/VERBAL ABUSE .</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>MALTREAT YOU</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>MALTREAT CHILDREN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>CULTURAL PRACTICE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	BLAME FOR DEATH	1	2	PHYSICAL/VERBAL ABUSE .	1	2	MALTREAT YOU	1	2	MALTREAT CHILDREN	1	2	CULTURAL PRACTICE	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	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.																		
1331	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> <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	
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OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
1332	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____																		
1332A	CHECK 223A: ONE OR MORE DEATHS <input type="checkbox"/> NO DEATHS <input type="checkbox"/>		1333																
1332B	READ TO THE RESPONDENT: I would like to inform you that detailed information on the circumstances surrounding the deaths of children under the age of 5 years will be collected in the near future so that the federal government of Nigeria can provide health services to help reduce these deaths. If you don't mind, another team will be coming at a later date to interview members of the household about the death (s) you have told me about. Is this okay?	YES 1 NO 2																	
1333	RECORD THE TIME.	HOUR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS METHOD
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N 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 DISSOLUT (SPECIFY)
X OTHER

Z DON'T KNOW

			1	2
12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
3	05	MAY	08	3
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
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
2	05	MAY	20	2
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
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
1	05	MAY	32	1
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
1	06	JUN	43	1
0	05	MAY	44	0
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
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
9	05	MAY	56	9
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
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
8	05	MAY	68	8
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	