11 January 2013

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES
2013 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

LDHS CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 1 3
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
    1 COMPLETED   4 REFUSED
    2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
    3 POSTPONED   6 INCAPACITATED   (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services (LISGIS). We are conducting a survey about demographics and health all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER: _____   DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ 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 ☐☐	
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 grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . ☐☐	
107	CHECK 105: PRIMARY ☐ SECONDARY ☐ OR HIGHER		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

108	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		         (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

109	CHECK 108:
	
	     CODE '2', '3' ☐ CODE '1' OR '5' ☐
	       OR '4' CIRCLED
	      CIRCLED ↓
			→ 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?	CHRISTIAN . . . . 1 MUSLIM . . . . 2 TRADITIONAL RELIGION . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
114	What dialect do you speak (besides English)?	BASSA . . . . 01 GBANDI . . . . 02 BELLE . . . . 03 DEY . . . . 04 GIO . . . . 05 GOLA . . . . 06 GREBO . . . . 07 KISSI . . . . 08 KPELLE . . . . 09 KRAHN . . . . 10 KRU . . . . 11 LORMA . . . . 12 MANDINGO . . . . 13 MANO . . . . 14 MENDE . . . . 15 SARPO . . . . 16 VAI . . . . 17 NONE / ONLY ENGLISH . . . . 18 OTHER 96	

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 born a child?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters you born who are now living with you? I mean belly born.	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 . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters you born 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 . . . . ☐☐ DAUGHTERS ELSEWHERE ☐☐	
206	Have you ever given birth to a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . ☐☐	
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 ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 226

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

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

212 What name was given to your next child? RECORD NAME. BIRTH HISTORY NUMBER	213 Is/was (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still living?	217 IF ALIVE: How old is (NAME)? RECORD AGE IN COM- PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 YEARS .. 3 ☐☐	YES .... 1 ADD ⏎ BIRTH NO ..... 2 NEXT ⏎ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 YEARS .. 3 ☐☐	YES .... 1 ADD ⏎ BIRTH NO ..... 2 NEXT ⏎ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 YEARS .. 3 ☐☐	YES .... 1 ADD ⏎ BIRTH NO ..... 2 NEXT ⏎ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 YEARS .. 3 ☐☐	YES .... 1 ADD ⏎ BIRTH NO ..... 2 NEXT ⏎ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 YEARS .. 3 ☐☐	YES .... 1 ADD ⏎ BIRTH NO ..... 2 NEXT ⏎ BIRTH

222	Did you born any child 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 ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.	NUMBER OF BIRTHS .... ☐ NONE .... 0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**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.)		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
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	Did you ever had a pregnancy that got spoiled: was miscarried, was aborted, or the baby was born dead (stillbirth)?	YES . . . . 1 NO 2	→ 238
231	When was the last time it happened?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
232	CHECK 231: LAST PREGNANCY LAST PREGNANCY ENDED IN ☐ ENDED BEFORE ☐ JAN. 2008 OR LATER ↓ JAN. 2008		→ 238
233	How many months pregnant were you when the last such pregnancy ended? **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.	MONTHS . . . . ☐☐	
234	Since January 2008, have you had any other pregnancies that got spoiled or aborted?	YES . . . . 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008. **C** ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
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 . . . . ☐☐ YEAR . . . . ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 ⬜⬜ WEEKS AGO . . . . 2 ⬜⬜ MONTHS AGO . . . . 3 ⬜⬜ YEARS AGO . . . . 4 ⬜⬜ IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⤷ 301

240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		   BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		   PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		
		OTHER _____ 6
		                (SPECIFY)
		DON'T KNOW 8	

301	Now I would like to talk about family planning or birth control - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization, Tube Tie, Turning the Womb.** PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables, Depo**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants, Jadelle**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Condom, Raincoat.** PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	
09	**CycleBeads/Standard Days.** PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . 1 NO 2	
10	**Lactational Amenorrhea Method (LAM)**.	YES . . . . 1 NO 2	
11	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . 1 NO 2	
12	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
13	**Emergency Contraception**. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐		→ 311
303	Are you using any family planning or birth control right now?	YES . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H FOAM/JELLY . . . . I CYCLEBEADS/STANDARD DAYS . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A → 306 →308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. MICROLUTE IS WHITE PILL. MICROGYNON IS BROWN PILL.	MICROLUT . . . . 01 MICROGYNON . . . . 02 PPLA BRAND . . . . 03 OTHER . . . . 96 DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	STAR . . . . 01 MOH/NACP FREE . . . . 02 OTHER . . . . 96 DON'T KNOW 98	→ 308A
307	In what facility did the operation take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PLANNED PARENTHOOD ASSN. LIB. 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the operation performed?		
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . YEAR	
309	CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A 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).	YES ☐ NO ☐	
310	CHECK 308/308A: YEAR IS 2008 OR LATER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2007 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008. THEN SKIP TO ⟶ 322	

311	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.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2008.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	C **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	
	ILLUSTRATIVE QUESTIONS:
	    * 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?
	
	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.
	
	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.
	
	ILLUSTRATIVE QUESTIONS:
	    * 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 ☐ ANY METHOD USED ☐		→ 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 FOAM/JELLY . . . . 09 CYCLEBEADS/STANDARD DAYS 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 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
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVT. CLINIC 13
		   COMMUNITY HEALTH VOL/gCHV 14
		   OTHER PUBLIC
		     SECTOR _____
		             (SPECIFY) 16	

315A	Where did you learn how to use the rhythm method/ cyclebeads/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
		   PRIVATE DOCTOR 23
		   PLANNED PARENTHOOD ASSN. LIB. 24
		   MOBILE CLINIC 25
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ 26
		            (SPECIFY)
		
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIENDS/RELATIVES 33
		
		OTHER _____
		          (SPECIFY) 96	

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 FOAM/JELLY . . . . 09 CYCLEBEADS/STANDARD DAYS . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD 12	 → 323 → 320 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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: CODE '1'　　　　　　　　CODE '1' CIRCLED　　　　　　　　　NOT 　　　　　　　　　　　　　CIRCLED At that time, were you told　When you obtained (CURRENT about other methods of family　METHOD FROM 314) from planning that you could use?　(SOURCE OF METHOD FROM 　　　　　　　　　　307 OR 315), were you told about 　　　　　　　　　　other methods of family planning 　　　　　　　　　　that you could use?	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 FOAM/JELLY . . . . 09 CYCLEBEADS/STANDARD DAYS . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVT. CLINIC 13
		   COMMUNITY HEALTH VOL/gCHV 14
		   OTHER PUBLIC
		     SECTOR _____
		                (SPECIFY) 16
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PHARMACY 22
		   PRIVATE DOCTOR 23
		   PLANNED PARENTHOOD ASSN. LIB. 24
		   MOBILE CLINIC 25
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ 26
		                (SPECIFY)
		
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIENDS/RELATIVES 33
		
		OTHER _____
		              (SPECIFY) 96
			326

324	Do you know of a place where you can get a method of family planning?	YES . . . . 1 NO 2	→ 326

325	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. CLINIC C
		   COMMUNITY HEALTH VOL/gCHV D
		   OTHER PUBLIC
		     SECTOR _____ E
		               (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . . F
		   PHARMACY . . . . G
		   PRIVATE DOCTOR . . . . H
		   PLANNED PARENTHOOD ASSN. LIB. I
		   MOBILE CLINIC . . . . J
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ K
		                (SPECIFY)
		
		OTHER SOURCE
		   SHOP L
		   CHURCH . . . . M
		   FRIENDS/RELATIVES . . . . N
		
		OTHER _____ X
		              (SPECIFY)	

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 health worker at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2008 OR LATER ☐	NO BIRTHS IN 2008 OR LATER ☐	→ 556

402	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). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . 1 (SKIP TO 408)◄┘ NO . . . 2	YES . . . 1 (SKIP TO 430)◄┘ NO . . . 2	YES . . . 1 (SKIP TO 430)◄┘ NO . . . 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . 1 NO MORE . . . 2 (SKIP TO 408)◄┘	LATER . . . 1 NO MORE . . . 2 (SKIP TO 430)◄┘	LATER . . . 1 NO MORE . . . 2 (SKIP TO 430)◄┘
407	How much longer did you want to wait?	MONTHS . .1 ☐☐ YEARS . . 2 DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 DON'T KNOW . . . 998
408	Did you see anyone for a checkup (prenatal care) for this pregnancy?	YES . . . 1 NO . . . 2 (SKIP TO 415)◄┘		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . A NURSE/MIDWIFE B PHYSICIAN ASSISTANT C OTHER PERSON TRADITIONAL MIDWIFE . . . D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

410	Where did you receive prenatal checkups for this pregnancy?
	
	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))
		HOME
		  YOUR HOME ... A
		  OTHER HOME ... B
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL C
		  GOVT. HEALTH
		    CENTER ...... D
		  GOVT. HEALTH
		    CLINIC .... E
		  OTHER PUBLIC
		    SECTOR
		    _____ F
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC .... G
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ H
		    (SPECIFY)
		
		OTHER _____ X
		    (SPECIFY)		

411	How many months pregnant were you when you first received a prenatal checkup for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive prenatal checkup during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98		
413	As part of your prenatal checkups during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP .... 1 2 URINE ...... 1 2 BLOOD ... 1 2		
414	During (any of) your prenatal checkups, were you told about things to look out for that might suggest problems with the pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, jerking after birth?	YES .... 1 NO .... 2 (SKIP TO 418) ◄─┤ DON'T KNOW 8		

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 . . . . [ ] DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES [ ] [ ] (SKIP TO 421)		
418	**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 . . . . [ ] DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . . [ ][ ]		
421	During this pregnancy, were you given or did you buy any iron tablets (blood tablets)? SHOW TABLETS.	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? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS [ ][ ][ ] DON'T KNOW . . . 998		
423	During this pregnancy, did you take any worm medicine?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you take any medicine to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ←┤ DON'T KNOW 8		
425	What medicine did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . . A CHLOROQUINE . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE ☐ CIRCLED A' NOT ☐ CIRCLED ↓ (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . . ☐☐		
428	CHECK 409: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER ☐ 'B' OR 'C' CIRCLED ☐ ↓ (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any prenatal checkup, during another visit to a health facility or from another source?	PRENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE . . . 6		

430	When (NAME) was born, was he/she very big, bigger than normal, normal, smaller than normal, or very small?	VERY BIG 1
		BIGGER THAN
		   NORMAL 2
		NORMAL 3
		SMALLER THAN
		   NORMAL 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY BIG 1
			BIGGER THAN
			   NORMAL 2
			NORMAL 3
			SMALLER THAN
			   NORMAL 4
			VERY SMALL 5
			DON'T KNOW 8
				VERY BIG 1
				BIGGER THAN
				   NORMAL 2
				NORMAL 3
				SMALLER THAN
				   NORMAL 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 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW 99998

433	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		   DOCTOR . . . . . . A
		   NURSE/MIDWIFE B
		   PHYSICIAN
		     ASSISTANT C
		OTHER PERSON
		   TRADITIONAL
		     MIDWIFE . . . . . . D
		   RELATIVE/FRIEND . E
		   OTHER
		   _____ X
		     (SPECIFY)
		NO ONE ASSISTED Y
			HEALTH PERSONNEL
			   DOCTOR . . . . . . A
			   NURSE/MIDWIFE B
			   PHYSICIAN
			     ASSISTANT C
			OTHER PERSON
			   TRADITIONAL
			     MIDWIFE . . . . . . D
			   RELATIVE/FRIEND . E
			   OTHER
			   _____ X
			     (SPECIFY)
			NO ONE ASSISTED Y
				HEALTH PERSONNEL
				   DOCTOR . . . . . . A
				   NURSE/MIDWIFE B
				   PHYSICIAN
				     ASSISTANT C
				OTHER PERSON
				   TRADITIONAL
				     MIDWIFE . . . . . . D
				   RELATIVE/FRIEND . E
				   OTHER
				   _____ X
				     (SPECIFY)
				NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

434	Where did you deliver (NAME)?
	
	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)
		HOME
		  YOUR HOME . . . 11
		  (SKIP TO 439)◄—┐
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. HEALTH
		    CLINIC 23
		  OTHER PUBLIC
		    SECTOR
		    _____ 26
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER_____ 96
		    (SPECIFY)
		(SKIP TO 439)◄—┘
			HOME
			  YOUR HOME . . . 11
			  (SKIP TO 448)◄—┐
			  OTHER HOME . . . 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH
			    CENTER 22
			  GOVT. HEALTH
			    CLINIC 23
			  OTHER PUBLIC
			    SECTOR
			    _____ 26
			    (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ 36
			    (SPECIFY)
			
			OTHER_____ 96
			    (SPECIFY)
			(SKIP TO 448)◄—┘
				HOME
				  YOUR HOME . . . 11
				  (SKIP TO 448)◄—┐
				  OTHER HOME . . . 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL 21
				  GOVT. HEALTH
				    CENTER 22
				  GOVT. HEALTH
				    CLINIC 23
				  OTHER PUBLIC
				    SECTOR
				    _____ 26
				    (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ 36
				    (SPECIFY)
				
				OTHER_____ 96
				    (SPECIFY)
				(SKIP TO 448)◄—┘

435	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
436	Was (NAME) delivered by C-section, that is, an operation to take the baby out?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
437	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 440)◄—┐ NO 2		

438	Did anyone check on your health after you left the facility?	YES 1
		  (SKIP TO 440)◄—┘
		NO 2
		  (SKIP TO 442)◄—┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	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)◄———┐		

440	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  PHYSICIAN
		    ASSISTANT 13
		OTHER PERSON
		  TRADITIONAL
		    MIDWIFE 21
		  RELATIVE/FRIEND 22
		  OTHER
		  _____ 96
		       (SPECIFY)		

441	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 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		
442	During the two months after (NAME) was born, did any health worker or a traditional midwife check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 446) ◄——┐ DON'T KNOW 8		
443	How many hours, days or weeks after (NAME) was born did (he/she) first receive a checkup? 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
		  PHYSICIAN
		    ASSISTANT 13
		OTHER PERSON
		  TRADITIONAL
		    MIDWIFE 21
		  COMMUNITY/
		    VILLAGE HEALTH
		    WORKER . . . 22
		
		OTHER _____ 96
		       (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

445	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
		    CLINIC 23
		  OTHER PUBLIC
		  _____ 26
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. _____ 36
		      (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)		

446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
447	Has your 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 . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR [ ] NANT UNSURE ↓ (SKIP TO 452) ◄—		
451	Have you started man business again 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 do man business?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
453	Did you ever give titi water to (NAME)?	YES . . . . 1 (SKIP TO 455)◄—— NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after you delivered did you first give (NAME) the titi? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2		
456	In the first three days after delivery, was (NAME) given anything to drink beside titi?	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 GLU-COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . . E FRUIT JUICE . . . . . . F INFANT FORMULA G TEA/INFUSIONS . . . H COFFEE . . . . I HONEY . . . . J THRUSH MEDICINE K OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still giving titi water to (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.

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 vaccination card for (NAME)? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 506) ◄┘ YES, NOT SEEN . . . . 2 (SKIP TO 509) ◄┘ NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) ◄┘ YES, NOT SEEN . . . . 2 (SKIP TO 509) ◄┘ NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) ◄┘ YES, NOT SEEN . . . . . . 2 (SKIP TO 509) ◄┘ NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 509) ◄——┤ NO 2	YES . . . . 1 (SKIP TO 509) ◄——┤ NO 2	YES . . . . 1 (SKIP TO 509) ◄——┤ NO 2

506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY MONTH YEAR		NEXT-TO-LAST BIRTH DAY MONTH YEAR		SECOND-FROM-LAST BIRTH DAY MONTH YEAR
BCG	☐☐☐☐☐☐	BCG	☐☐☐☐☐☐	BCG	☐☐☐☐☐☐
OPV-0/POLIO 0	☐☐☐☐☐☐	OPV0	☐☐☐☐☐☐	OPV0	☐☐☐☐☐☐
OPV-1/POLIO 1	☐☐☐☐☐☐	OPV1	☐☐☐☐☐☐	OPV1	☐☐☐☐☐☐
OPV-2/POLIO 2	☐☐☐☐☐☐	OPV2	☐☐☐☐☐☐	OPV2	☐☐☐☐☐☐
OPV-3/POLIO 3	☐☐☐☐☐☐	OPV3	☐☐☐☐☐☐	OPV3	☐☐☐☐☐☐
PENTA-1/DPT-1	☐☐☐☐☐☐	PE/D1	☐☐☐☐☐☐	PE/D1	☐☐☐☐☐☐
PENTA-2/DPT-2	☐☐☐☐☐☐	PE/D2	☐☐☐☐☐☐	PE/D2	☐☐☐☐☐☐
PENTA-3/DPT-3	☐☐☐☐☐☐	PE/D3	☐☐☐☐☐☐	PE/D3	☐☐☐☐☐☐
MEASLES	☐☐☐☐☐☐	MEA	☐☐☐☐☐☐	MEA	☐☐☐☐☐☐
YELLOW FEVER	☐☐☐☐☐☐	YF	☐☐☐☐☐☐	YF	☐☐☐☐☐☐
VITAMIN A (MOST RECENT)	☐☐☐☐☐☐	VIT A	☐☐☐☐☐☐	VIT A	☐☐☐☐☐☐

507	CHECK 506:	BCG TO YELLOW FEV. OTHER ALL RECORDED ☐ ☐ (GO TO 511)	BCG TO YELLOW FEV. OTHER ALL RECORDED ☐ ☐ (GO TO 511)	BCG TO YELLOW FEV. OTHER ALL RECORDED ☐ ☐ (GO TO 511)

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 leaves a mark?	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	The first time (NAME) got the polio vaccine, was it in the first two weeks after he/she was born or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times did (NAME) get the polio vaccine?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510E	A penta vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←⌐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←⌐ DON'T KNOW 8
510F	How many times did (NAME) get a penta vaccination?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	During 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	During the last seven days, was (NAME) given iron pills or iron syrup like (any of these)? SHOW COMMON TYPES OF PILLS/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
513	Was (NAME) given any worm medicine 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 running stomach 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/pupu?	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 running stomach (including titi water). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had running stomach 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 get advice or treatment for the running stomach from anywhere?	YES . . . . 1 NO . . . . 2 (SKIP TO 522)←——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522)←——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522)←——┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

519	Where did you get 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
		    CLINIC C
		  gCHV . . . . D
		  OTHER PUBLIC
		    SECTOR
		    _____ E
		    (SPECIFY)
		
		PRIVATE MEDICAL
		  SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . F
		  PHARMACY . . . G
		  PVT DOCTOR . . . H
		  MOBILE CLINIC I
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ J
		    (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . K
		  TRADITIONAL
		    PRACTITIONER L
		  BLACK BAGGER/
		    DRUG PEDDLER M
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL A
			  GOVT HEALTH
			    CENTER . . . . . B
			  GOVT HEALTH
			    CLINIC C
			  gCHV . . . . D
			  OTHER PUBLIC
			    SECTOR
			    _____ E
			    (SPECIFY)
			
			PRIVATE MEDICAL
			  SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . F
			  PHARMACY . . . G
			  PVT DOCTOR . . . H
			  MOBILE CLINIC I
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ J
			    (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . K
			  TRADITIONAL
			    PRACTITIONER L
			  BLACK BAGGER/
			    DRUG PEDDLER M
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL A
				  GOVT HEALTH
				    CENTER . . . . . B
				  GOVT HEALTH
				    CLINIC C
				  gCHV . . . . D
				  OTHER PUBLIC
				    SECTOR
				    _____ E
				    (SPECIFY)
				
				PRIVATE MEDICAL
				  SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . F
				  PHARMACY . . . G
				  PVT DOCTOR . . . H
				  MOBILE CLINIC I
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ J
				    (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . K
				  TRADITIONAL
				    PRACTITIONER L
				  BLACK BAGGER/
				    DRUG PEDDLER M
				OTHER _____ X
				    (SPECIFY)

520	CHECK 519:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 522) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 522) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 522) ←

521	Where did you go first for advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	Was he/she given any of the following to drink at any time since he/she started having running stomach: a) A fluid made from a special packet called ORS? b) A homemade sugar-salt drink?	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the running stomach?	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 running stomach?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  FLAGYL . . . . 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
			  FLAGYL . . . . 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
				  FLAGYL . . . . B
				  ZINC C
				  OTHER (NOT ANTI-
				   BIOTIC, ANTI-
				   MOTILITY, OR
				   ZINC) . . . . D
				  UNKNOWN PILL
				   OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . F
				  NON-ANTIBIOTIC G
				  UNKNOWN
				   INJECTION . . . H
				
				(IV) INTRAVENOUS I
				
				HOME REMEDY/
				  HERBAL MEDICINE J
				
				OTHER _____ X
				     (SPECIFY)

525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have a hard time 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 hard time 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) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (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 titi water) 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 get advice or treatment for the illness from anywhere?	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	Where did you get 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
		    CLINIC C
		  gCHV . . . . D
		  OTHER PUBLIC
		    SECTOR
		  _____ E
		    (SPECIFY)
		
		PRIVATE MEDICAL
		SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . F
		  PHARMACY . . . G
		  PVT DOCTOR . . . H
		  MOBILE CLINIC I
		  OTHER PRIVATE
		    MED. SECTOR
		  _____ J
		    (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . K
		  TRADITIONAL
		    PRACTITIONER L
		  BLACK BAGGER/
		    DRUG PEDDLER M
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL A
			  GOVT HEALTH
			    CENTER . . . . . B
			  GOVT HEALTH
			    CLINIC C
			  gCHV . . . . D
			  OTHER PUBLIC
			    SECTOR
			  _____ E
			    (SPECIFY)
			
			PRIVATE MEDICAL
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . F
			  PHARMACY . . . G
			  PVT DOCTOR . . . H
			  MOBILE CLINIC I
			  OTHER PRIVATE
			    MED. SECTOR
			  _____ J
			    (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . K
			  TRADITIONAL
			    PRACTITIONER L
			  BLACK BAGGER/
			    DRUG PEDDLER M
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL A
				  GOVT HEALTH
				    CENTER . . . . . B
				  GOVT HEALTH
				    CLINIC C
				  gCHV . . . . D
				  OTHER PUBLIC
				    SECTOR
				  _____ E
				    (SPECIFY)
				
				PRIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . F
				  PHARMACY . . . G
				  PVT DOCTOR . . . H
				  MOBILE CLINIC I
				  OTHER PRIVATE
				    MED. SECTOR
				  _____ J
				    (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . K
				  TRADITIONAL
				    PRACTITIONER L
				  BLACK BAGGER/
				    DRUG PEDDLER M
				
				OTHER _____ X
				    (SPECIFY)

535	CHECK 534:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		
		↓ (SKIP TO 537) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			
			↓ (SKIP TO 537) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				
				↓ (SKIP TO 537) ←

536	Where did you go first for advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

537	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1
		NO 2
		  (GO BACK TO 503
		  IN NEXT COLUMN;
		  OR, IF NO MORE
		BIRTHS, GO TO 553)
		DON'T KNOW 8
			YES 1
			NO 2
			  (GO BACK TO 503
			  IN NEXT COLUMN;
			  OR, IF NO MORE
			BIRTHS, GO TO 553)
			DON'T KNOW 8
				YES 1
				NO 2
				  (GO TO 503 IN
				  NEXT-TO-LAST
				  COLUMN OF NEW
				  QUESTIONNAIRE;
				  OR, IF NO MORE
				BIRTHS, GO TO 553)
				DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

538	What medicine did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
	
	NEW MALARIA TABLET = ARTEMISININ COMBINATION THERAPY (ACT)
		ANTIMALARIAL DRUGS
		  SP/FANSIDAR . . . A
		  CHLOROQUINE B
		  AMODIAQUINE C
		  QUININE . . . . D
		  NEW MALARIA
		    TABLET (ACT) E
		  OTHER ANTI-
		    MALARIAL
		    _____ . . . F
		      (SPECIFY)
		
		ANTIBIOTIC DRUGS
		  PILL/SYRUP . . . G
		  INJECTION . . . H
		
		OTHER DRUGS
		  ASPIRIN I
		  PARACETAMOL J
		  IBUPROFEN . . . K
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . . Z
			ANTIMALARIAL DRUGS
			  SP/FANSIDAR . . . A
			  CHLOROQUINE B
			  AMODIAQUINE C
			  QUININE . . . . D
			  NEW MALARIA
			    TABLET (ACT) E
			  OTHER ANTI-
			    MALARIAL
			    _____ . . . F
			      (SPECIFY)
			
			ANTIBIOTIC DRUGS
			  PILL/SYRUP . . . G
			  INJECTION . . . H
			
			OTHER DRUGS
			  ASPIRIN I
			  PARACETAMOL J
			  IBUPROFEN . . . K
			
			OTHER _____ X
			      (SPECIFY)
			DON'T KNOW . . . . . Z
				ANTIMALARIAL DRUGS
				  SP/FANSIDAR . . . A
				  CHLOROQUINE B
				  AMODIAQUINE C
				  QUININE . . . . D
				  NEW MALARIA
				    TABLET (ACT) E
				  OTHER ANTI-
				    MALARIAL
				    _____ . . . F
				      (SPECIFY)
				
				ANTIBIOTIC DRUGS
				  PILL/SYRUP . . . G
				  INJECTION . . . H
				
				OTHER DRUGS
				  ASPIRIN I
				  PARACETAMOL J
				  IBUPROFEN . . . K
				
				OTHER _____ X
				      (SPECIFY)
				DON'T KNOW . . . . . Z

539	CHECK 538: ANY CODE A-F CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED ☐ NOT CIRCLED ☐ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED ☐ NOT CIRCLED ☐ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED ☐ NOT CIRCLED ☐ (SKIP TO 542) ←

541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE OR MORE
		  DAYS AFTER
		  FEVER 3
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE OR MORE
			  DAYS AFTER
			  FEVER 3
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE OR MORE
				  DAYS AFTER
				  FEVER 3
				DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED ☐ ↓	CODE 'B' NOT CIRCLED ☐ (SKIP TO 544) ←	CODE 'B' CIRCLED ☐ ↓	CODE 'B' NOT CIRCLED ☐ (SKIP TO 544) ←	CODE 'B' CIRCLED ☐ ↓	CODE 'B' NOT CIRCLED ☐ (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	
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED ☐ ↓	CODE 'C' NOT CIRCLED ☐ (SKIP TO 546) ←	CODE 'C' CIRCLED ☐ ↓	CODE 'C' NOT CIRCLED ☐ (SKIP TO 546) ←	CODE 'C' CIRCLED ☐ ↓	CODE 'C' NOT CIRCLED ☐ (SKIP TO 546) ←
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	
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED ☐ ↓	CODE 'D' NOT CIRCLED ☐ (SKIP TO 548) ←	CODE 'D' CIRCLED ☐ ↓	CODE 'D' NOT CIRCLED ☐ (SKIP TO 548) ←	CODE 'D' CIRCLED ☐ ↓	CODE 'D' NOT CIRCLED ☐ (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	
548	CHECK 538: NEW MALARIA TABLET (ACT) ('E') GIVEN	CODE 'E' CIRCLED ☐ ↓	CODE 'E' NOT CIRCLED ☐ (SKIP TO 550) ←	CODE 'E' CIRCLED ☐ ↓	CODE 'E' NOT CIRCLED ☐ (SKIP TO 550) ←	CODE 'E' CIRCLED ☐ ↓	CODE 'E' NOT CIRCLED ☐ (SKIP TO 550) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

549	How long after the fever started did (NAME) first take the new malaria tablet (ACT)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE OR MORE
		  DAYS AFTER
		  FEVER 3
		DON'T KNOW ... 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE OR MORE
			  DAYS AFTER
			  FEVER 3
			DON'T KNOW ... 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE OR MORE
				  DAYS AFTER
				  FEVER 3
				DON'T KNOW ... 8

550	CHECK 538:
	
	OTHER ANTIMALARIAL ('F') GIVEN
		CODE 'F' CODE 'F'
		CIRCLED NOT
		           CIRCLED
		☐ ⬐
		
		      (GO BACK TO
		      503 IN NEXT
		      COLUMN; OR,
		      IF NO MORE
		      BIRTHS, GO
		↓ TO 553)
			CODE 'F' CODE 'F'
			CIRCLED NOT
			           CIRCLED
			☐ ⬐
			
			      (GO BACK TO
			      503 IN NEXT
			      COLUMN; OR,
			      IF NO MORE
			      BIRTHS, GO
			↓ TO 553)
				CODE 'F' CODE 'F'
				CIRCLED NOT
				           CIRCLED
				☐ ⬐
				
				      (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

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	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ⬇ NONE ▭———————— RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		▸ 556
554	The last time (NAME FROM 553) passed stools/pupu, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . 03 THROWN INTO GARBAGE . . . . 04 BURIED . . . . 05 LEFT IN THE OPEN . . . . 06 LEFT IN BUSH/FIELD . . . . 07 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a), ALL COLUMNS: NO CHILD ANY CHILD RECEIVED FLUID ⬇ RECEIVED FLUID ▭———————— FROM ORS PACKET FROM ORS PACKET		▸ 557
556	Have you ever heard of a special product called ORS or oral rehydration salts you can get for the treatment of running stomach?	YES . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ⬇ NONE ▭———————— RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		▸ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

| 558 | 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. | | |

Did (NAME FROM 557) (drink/eat):

YES NO DK

a)	Plain water?	**a)**	1	2	8
b)	Juice or juice drinks?	**b)**	1	2	8
c)	Clear broth?	**c)**	1	2	8
d)	Milk such as powdered, tinned, or fresh animal milk?	**d)**	1	2	8

IF YES: How many times did (NAME) drink milk?
    IF 7 OR MORE TIMES, RECORD '7'.
        NUMBER OF TIMES DRANK MILK ☐

e)	Guigoz, Sma Progress or other infant formula?	**e)**	1	2	8

IF YES: How many times did (NAME) drink infant formula?
    IF 7 OR MORE TIMES, RECORD '7'.
        NUMBER OF TIMES DRANK FORMULA ☐

f)	Any other liquids?	**f)**	1	2	8
g)	Yogurt?	**g)**	1	2	8

IF YES: How many times did (NAME) eat yogurt?
    IF 7 OR MORE TIMES, RECORD '7'.
        NUMBER OF TIMES ATE YOGURT ☐

h)	Any Gerber, Cerelac or other commerically fortified baby food?	**h)**	1	2	8
i)	Rice, bread, porridge, cereal, corn/maize or other foods made from grains?	**i)**	1	2	8
j)	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**j)**	1	2	8
k)	Cassava, eddoes, white potatoes, white yams, or any other foods made from roots?	**k)**	1	2	8
l)	Potato greens, bitter leaf, cassava leaf or any dark green, leafy vegetables?	**l)**	1	2	8
m)	Ripe mangoes or pawpaws?	**m)**	1	2	8
n)	Any other fruits or vegetables?	**n)**	1	2	8
o)	Liver, kidney, heart or other organ meats?	**o)**	1	2	8
p)	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**p)**	1	2	8
q)	Eggs?	**q)**	1	2	8
r)	Fresh, tinned or dried fish or crawfish, crab, or kissmeat?	**r)**	1	2	8
s)	Any foods made from beans, peas, lentils, or nuts?	**s)**	1	2	8
t)	Cheese or other food made from milk?	**t)**	1	2	8
u)	Red palm soup or foods made with red palm oil or palm butter?	**u)**	1	2	8
v)	Any other solid, semi-solid, or soft food?	**v)**	1	2	8

| 559 | CHECK 558 (CATEGORIES "g" THROUGH "v"): | | |

NOT A SINGLE ☐ "YES" ↓

AT LEAST ONE ☐ "YES" ──────→ 561

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 　(GO BACK TO 558 TO RECORD ↵ 　FOOD EATEN YESTERDAY) NO . . . . 2 → 601	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

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	⌐→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN .... 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	⌐→ 609
604	Is your (husband/partner) living with you now or is he staying somewhere else?	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. .... ☐☐	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES .... 1 NO .... 2 DON'T KNOW 8	⌐→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... ☐☐ DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK .... ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ MARRIED/ LIVED WITH A MAN ☐ LIVED WITH A MAN ☐ ONLY ONCE ↓ MORE THAN ONCE ↓ In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE .... ☐☐	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

613	Now I would like to ask some questions about man business in order to gain a better understanding of some important life issues.
	
	How old were you when you did man business for the very first time?
		NEVER HAD SEXUAL
		  INTERCOURSE 00
		
		AGE IN YEARS .... ☐☐
		
		FIRST TIME WHEN STARTED
		  LIVING WITH (FIRST)
		  HUSBAND/PARTNER 95
			→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the last time you did man business? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 617 → 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you did man business with this man?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had man business (with this second/third man) did he use a condom?	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 did man business 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 did man business?
	
	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 MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first do man business with this (second/third) man?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months have you done man business with this man? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this man?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	Apart from (this person/these two people) have you done man business 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 the last 12 months, how many men have you done man business with? 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 . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In your whole life, how many men have you done man business with? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . 1 2 MALE ADULTS . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→701

630	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. CLINIC C
		   COMMUNITY HEALTH VOL/gCHV D
		   NACP . . . . E
		
		   OTHER PUBLIC
		     SECTOR _____ F
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . . G
		   PHARMACY . . . . H
		   PRIVATE DOCTOR I
		   PLANNED PARENTHOOD ASSN. LIB J
		   MOBILE CLINIC . . . . K
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ L
		                 (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . M
		   CHURCH . . . . N
		   FRIENDS/RELATIVES . . . . O
		
		OTHER _____ X
		              (SPECIFY)	

631	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 712
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		→ 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 ☐ PREGNANT ☐ 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 ☐ PREGNANT ☐		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709	CHECK 704:
	
	WANTS TO HAVE A/ANOTHER CHILD ☐ WANTS NO MORE/ NONE ☐
	
	You have said that you do not want (a/another) child soon.
	Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	You have said that you do not want any (more) children.
	Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		 NOT HAVING SEX . . . . B
		 INFREQUENT SEX C
		 MENOPAUSAL/HYSTERECTOMY D
		 CAN'T GET PREGNANT . . . . E
		 NOT MENSTRUATED SINCE
		  LAST BIRTH . . . . F
		 BREASTFEEDING . . . . G
		 UP TO GOD/FATALISTIC . . . . H
		
		OPPOSITION TO USE
		 RESPONDENT OPPOSED I
		 HUSBAND/PARTNER OPPOSED . . . J
		 OTHERS OPPOSED . . . . K
		 RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		 KNOWS NO METHOD . . . . M
		 KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		 SIDE EFFECTS/HEALTH
		  CONCERNS . . . . O
		 LACK OF ACCESS/TOO FAR . . . . . P
		 COSTS TOO MUCH . . . . Q
		 PREFERRED METHOD
		  NOT AVAILABLE . . . . R
		 NO METHOD AVAILABLE . . . . S
		 INCONVENIENT TO USE . . . . T
		 INTERFERES WITH BODY'S
		  NORMAL PROCESSES . . . . U
		
		OTHER _____ X
		  (SPECIFY)
		DON'T KNOW . . . . Z	

710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
712	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 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?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	
715	In the past 12 months, have you seen or heard the slogan "Baby by choice not by chance"?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 716
715A	Where have you seen or heard the slogan "Baby by choice not by chance"? Anywhere else?	RADIO . . . . A BILLBOARD . . . . B POSTER . . . . C T-SHIRT . . . . D LEAFLET/FACT SHEET/ BROCHURE E TELEVISION . . . . F MOBILE VIDEO UNIT . . . . G SCHOOL . . . . H HEALTH CARE WORKER . . . . I COMMUNITY EVENT/PRESENTATION J FRIEND/NEIGHBOR/FAMILY MEMBER K OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
716	CHECK 601: YES, YES, NO, CURRENTLY ☐ LIVING ☐ NOT IN ☐ MARRIED ↓ WITH A MAN ↓ UNION		→ 801
717	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY ☐ CURRENTLY ☐ USING ↓ USING OR NOT ASKED		→ 720
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
719	CHECK 304: NEITHER ☐ HE OR SHE ☐ STERILIZED ↓ STERILIZED		→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 803 → 807
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
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 grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	_____ _____ ☐☐	
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	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?	_____ _____ ☐☐	
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 IN KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING ☐ NOT IN UNION ☐ WITH A MAN ↓		► 823
816	CHECK 814: CODE 1 OR 2 ☐ OTHER ☐ CIRCLED ↓		► 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 purchases for the household?	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	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10	1	2	3	
		HUSBAND	1	2	3	
		OTHER MALES	1	2	3	
		OTHER FEMALES . . .	1	2	3	

825	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK	
	If she goes out without telling him?	GOES OUT	1	2	8	
	If she neglects the children?	NEGL. CHILDREN . . .	1	2	8	
	If she argues with him?	ARGUES	1	2	8	
	If she refuses to have sex with him?	REFUSES SEX	1	2	8	
	If she burns the food?	BURNS FOOD	1	2	8	

826	In your opinion, are parents justified in hitting or beating their children in the following situations:		YES	NO	DK	
	If they go out without telling them?	GOES OUT	1	2	8	
	If they do not want to do housework?	HOUSEWORK	1	2	8	
	If they speak when grown-ups are talking?	SPEAK	1	2	8	
	If they do not study well at school?	DON'T STUDY	1	2	8	
	If they ask for clothes and toys?	ASK FOR CLOTHES	1	2	8	

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	

NO.	QUESTIONS AND FILTERS					SKIP
908	Can the virus that causes AIDS be transmitted from a mother to her baby:		YES	NO	DK	
	During pregnancy?	DURING PREG.	1	2	8	
	During delivery?	DURING DELIVERY . . .	1	2	8	
	By breastfeeding?	BREASTFEEDING . . .	1	2	8	

909	CHECK 908: AT LEAST ☐ ONE 'YES' ↓	OTHER ☐	→ 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 ☐	→ 926
	LAST BIRTH SINCE ☐ JANUARY 2011 ↓	LAST BIRTH BEFORE ☐ JANUARY 2011	→ 926

912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL ☐ CARE ↓	NO ANTENATAL ☐ CARE	→ 920

913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS					SKIP
914	During any of the antenatal visits for your last birth were you given any information about:		YES	NO	DK	
	Babies getting the AIDS virus from their mother?	AIDS FROM MOTHER	1	2	8	
	Things that you can do to prevent getting the AIDS virus?	THINGS TO DO	1	2	8	
	Getting tested for the AIDS virus?	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 prenatal checkup?	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 prenatal checkup?	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
		   GOVT. HEALTH CLINIC 13
		   STAND-ALONE VCT CENTER 14
		   NACP 15
		   OTHER PUBLIC
		     SECTOR _____ 16
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PRIVATE DOCTOR 22
		   STAND-ALONE VCT CENTER 23
		   PHARMACY 24
		   PLANNED PARENTHOOD ASSN. LIB 25
		   MOBILE CLINIC 26
		   OTHER PRIVATE
		     MEDICAL SECTOR
		       _____ 27
		        (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		
		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 ☐ OTHER ☐ _____
	    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 . . . . ☐☐ TWO OR MORE YEARS 95	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

929	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVT. HEALTH CLINIC 13
		   STAND-ALONE VCT CENTER 14
		   NACP 15
		   OTHER PUBLIC
		      SECTOR _____ 16
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 21
		   PRIVATE DOCTOR 22
		   STAND-ALONE VCT CENTER 23
		   PHARMACY 24
		   PLANNED PARENTHOOD ASSN. LIB 25
		   MOBILE CLINIC 26
		   OTHER PRIVATE
		     MEDICAL SECTOR
		           _____ 27
		               (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		
		OTHER _____ 96
		           (SPECIFY)
			→ 932

930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

931	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER . . . . B
		   GOVT. HEALTH CLINIC C
		   STAND-ALONE VCT CENTER . . . . . D
		   NACP . . . . E
		   OTHER PUBLIC
		     SECTOR _____ F
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . . G
		   PRIVATE DOCTOR . . . . H
		   STAND-ALONE VCT CENTER I
		   PHARMACY . . . . J
		   PLANNED PARENTHOOD ASSN. LIB K
		   MOBILE CLINIC L
		   OTHER PRIVATE
		     MEDICAL SECTOR
		                         M
		   _____
		             (SPECIFY)
		OTHER SOURCE
		   SHOP . . . . N
		
		OTHER _____ X
		              (SPECIFY)	

932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT □ NOT HEARD □ AIDS ABOUT AIDS Apart from AIDS, have Have you heard about infections that you heard about other can be transmitted through man infections that can be business? transmitted through man business?	YES . . . . 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL □ NEVER HAD SEXUAL □ INTERCOURSE INTERCOURSE		→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐　　　　　　　　　NO ☐		→ 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 man business?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling fluid coming from their vagina/private parts. During the last 12 months, have you had a bad-smelling fluid like this?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
942	Sometimes women have a sore or ulcer on or near their vagina/private parts. During the last 12 months, have you had a sore or ulcer on or near your vagina/private parts?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN　　　　HAS NOT HAD AN INFECTION ☐　　　INFECTION OR ☐ (ANY 'YES')　　　　DOES NOT KNOW		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you go for 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 　GOVT. HEALTH CLINIC . . . . C 　STAND-ALONE VCT CENTER . . . . . D 　OTHER PUBLIC 　　SECTOR _____ E 　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC . . . . . F 　PRIVATE DOCTOR . . . . G 　STAND-ALONE VCT CENTER . . . . . H 　PHARMACY . . . . I 　PLANNED PARENTHOOD ASSN. LIB J 　MOBILE CLINIC . . . . K 　OTHER PRIVATE 　　MEDICAL SECTOR 　　_____ L 　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . M 　TRADITIONAL PRACTITIONER . . . N 　BLACK BAGGER/DRUG PEDDLER O OTHER _____ X 　　　　(SPECIFY)	
946	If a wife knows her husband has a disease that she can get from doing man business, is she justified in asking that they use a condom when they do man business?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to do man business with her husband when she knows he has sex with women other than his wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	CHECK 601: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓ NOT IN UNION ☐		→ 951
949	Can you say no to your (husband/partner) if you do not want to do man business?	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	
951	Now I would like to ask you about something else. As you know some women belong to bush societies, like the Sande society. Have you heard of these societies?	YES . . . . 1 NO 2	→ 1001
952	Are you a member of the Sande society or a woman's bush society?	YES . . . . 1 NO 2	→ 1001
953	Do you think this should continue or should it stop?	CONTINUE . . . . 1 STOP . . . . 2 DOES NOT KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
1006	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C CIGAR . . . . D OTHER _____ X (SPECIFY)	
1008	Now I would like to ask you a few questions about drinking alcohol. In the past month, have you drunk alcohol such as beer, palm wine, or liquor?	YES . . . . 1 NO 2	→ 1011
1009	In the past month, how often have you drunk alcohol? PROBE: How many times in a month?	EVERY DAY . . . . 1 ALMOST EVERY DAY . . . . 2 1-2 TIMES A WEEK . . . . 3 2-3 TIMES A MONTH . . . . 4 ONCE A MONTH 5	
1010	When you did drink alcohol, how many drinks did you usually have? We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor.	NUMBER OF DRINKS . . . . ☐☐	

1011	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?
	
	Getting permission to go to the doctor?
	
	Getting money needed for advice or treatment?
	
	The distance to the health facility?
	
	Not wanting to go alone?
		BIG NOT A BIG
		                PROB- PROB-
		                LEM LEM
		
		PERMISSION TO GO . . . 1 2
		
		GETTING MONEY 1 2
		
		DISTANCE 1 2
		
		GO ALONE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1101

1013	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY-BASED HEALTH
		   INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE D
		OTHER _____ X
		              (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters. I mean all of the children belly born to your natural mother, including those who are living and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ☐☐	
1102	CHECK 1101: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH ☐ (RESPONDENT ONLY)		→ 1114
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ☐☐	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	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
1113	How many children did (NAME) born during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES		SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (8) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (9) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (10)◄┘	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (11)◄┘	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (12)◄┘	YES . . . 1 NO . . . 2 GO TO 1108◄┘ DK . . . 8 GO TO (13)◄┘
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2	YES . . . 1 GO TO 1113◄┘ NO . . . 2
1112	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
1113	How many children did (NAME) born during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.							
1114	RECORD THE TIME.			HOURS . . . . ☐☐			
				MINUTES . . . . ☐☐			

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____ DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____

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: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>
        B BIRTHS
        P PREGNANCIES
        T TERMINATIONS

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

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>
        0 INFREQUENT SEX/HUSBAND AWAY
        1 BECAME PREGNANT WHILE USING
        2 WANTED TO BECOME PREGNANT
        3 HUSBAND/PARTNER DISAPPROVED
        4 WANTED MORE EFFECTIVE METHOD
        5 SIDE EFFECTS/HEALTH CONCERNS
        6 LACK OF ACCESS/TOO FAR
        7 COSTS TOO MUCH
        8 INCONVENIENT TO USE
        F UP TO GOD/FATALISTIC
        A DIFFICULT TO GET PREGNANT/MENOPAUSAL
        D MARITAL DISSOLUTION/SEPARATION
        X OTHER _____
                         (SPECIFY)
        Z DON'T KNOW

Year	Mo#	Month	No.	1	2	Year
	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			